**Attachment B: Site Information (Data File Specifications)**

Site-Level Data File Specifications

AHRQ Ambulatory Surgery Center Survey on

Patient Safety Culture

**Use these instructions if you are submitting data from multiple ambulatory surgery centers all at the same time.**

**INSTRUCTIONS:**

**Step 1: Site-level data must be in Excel format (.xls, .xlsx).**

**Step 2: Include a header row with the variable name for each column.**

Please include all variable names from the table below and ensure that each one is entered in the correct column. Failure to do so will result in delays in processing your data.

**Step 3: Site IDs must match IDs in respondent-level data file.**

Please enter a unique Site ID for each ambulatory surgery center. Make sure that each ambulatory surgery center’s Site ID matches its Site ID in your respondent-level data file. This step is crucial for linking site-level and respondent-level data.

**Step 4: File must contain one record for each ambulatory surgery center.**

Enter each ambulatory surgery center in a separate row, including all required variables from the table below.

**Definition of aN Ambulatory Surgery Center:**

* *An* ***ambulatory surgery center*** *is defined as a facility where patients have surgeries, procedures, and treatments and are NOT expected to need an inpatient stay, and has been certified and approved to participate in* [*the Centers for Medicare & Medicaid Services' ASC program*](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ASCPayment/index.html)*.*

| **Column** | **Variable Name** | **Variable Label** | **Type** | | | **Details/Comments** |
| --- | --- | --- | --- | --- | --- | --- |
| Column A\* | SiteID | Site ID | | Numeric | Unique Site ID matching respondent-level data file. | |
| Column B\* | SiteName | Site Name | | Character | Please use a unique name for each ambulatory surgery center. | |
| Column C\* | Address1 | Street Address 1 | | Character |  | |
| Column D | Address2 | Street Address 2 | | Character |  | |
| Column E\* | City | City | | Character |  | |
| Column F\* | State | State | | Character | 2-character State abbreviation | |
| Column G\* | ZipCode | Zip Code | | Character | 5-digit zip code (include leading zeroes) | |
| Column H | ZipPlusFour | Zip Code +4 | | Numeric | 4-digit zip code extension | |
| **You must enter the name, phone number, and email of the contact person at each ambulatory surgery center.** | | | | | | |
| Column I\* | ContactFirst | Contact First Name | | Character |  | |
| Column J\* | ContactLast | Contact Last Name | | Character |  | |
| Column K\* | ContactPhone | Contact Phone # | | Numeric | 10-digit phone number with no spaces or dashes | |
| Column L | ContactExt | Contact Extension | | Numeric | Phone number extension | |
| Column M\* | ContactEmail | Contact Email Address | | Character |  | |
| \*Indicates required information for each ambulatory surgery center. | | | | | | |
| Column N\* | Denominator | Total number of employees asked to complete the survey | Numeric | | | Must be 5 or more. |
| Column O\* | SurveyMode | What was the mode used to administer the survey? | Numeric  (1-4) | | | 1. Paper 2. Web 3. Mixed mode (paper & web) 4. Other |
| Column P\* | EndMonth | End Month of Data Collection Completion | Numeric (1-12) | | | Month of data collection completion |
| Column Q\* | EndYear | End Year of Data Collection Completion | Numeric | | | Year of data collection completion (YYYY) |
| Column R\* | Ownership | Which best describes the majority ownership of this ambulatory surgery? | Numeric (1-2) | | | 1. Freestanding 2. Hospital Affiliated |
| Column S\* | TypeProcedure | Which of the following best describes the types of procedures performed at this location? | Numeric (1-2) | | | 1. Single Specialty 2. Mixed Specialty |
| **If single specialty ONLY, select one specialty from the list of specialties in Column T.** | | | | | | |
| Column T\*\* | Specialty | What is the specialty of the procedure(s) performed at this location? |  | | | 1. Non-surgical - Ophthalmology & 2. Gastrointestinal 3. Non-surgical - Pain 4. Non-surgical - Ophthalmology 5. Dermatology 6. Orthopedic 7. Pain 8. Gastrointestinal Only 9. Other Specialty |
| Column U\* | NumDoctors | What is the total number of doctors who work at least 4 times in the past month for past 6 months? | Numeric | | | Enter total number of doctors |
| Column V\* | NumProcedureRms | What is the total number of operating/procedure rooms at this location? | Numeric | | | Enter total number of rooms |

\*Indicates required information for each ambulatory surgery center.

\*\* Required only for single specialty ambulatory surgery centers.