

AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

Attachment G: Example Screen Shots of Medical Office Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Medical Office(s)

The screenshot displays the AHRQ Medical Office Survey on Patient Safety Culture Data Submission Web Site. The page features a header with the U.S. Department of Health & Human Services logo and the AHRQ logo. The main content area is titled "Submit Data Use Agreement" and includes a "Data Use Agreement" section. A navigation menu on the left lists various options, and a "Stay Connected" section is at the bottom left.

U.S. Department of Health & Human Services www.hhs.gov

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

Surveys on Patient Safety Culture™

[E-mail Updates](#) | [Contact Us](#) | [Site Map](#) | [Print Page](#)

Search

Databases

Welcome

- **Submitting Data**
 1. Enter Medical Office Site Information
 - 2. Submit Data Use Agreement**
 3. Submit Medical Office Questionnaire
 4. Submit Respondent Level Data File(s)
- **Check Your Submission Status**
- **Your Account**
 - Change Password
 - Edit Contact Information
- **Logout**

Stay Connected

DatabasesOnSafetyCulture@westat.com
888-324-9790

You are here: [Databases](#) > [Submitting Data](#) > Upload DUA [Logout](#)

Submit Data Use Agreement

Data Use Agreement

Each medical office wishing to participate in the Medical Office Survey on Patient Safety Culture Comparative Database is required to sign a Data Use Agreement (DUA) each submission period. The DUA assures the confidentiality of the data and explains how the data will be used. The completed and signed DUA can be submitted at any time. The DUA can be uploaded directly to the submission system through the DUA submission portal, emailed to DatabasesOnSafetyCulture@westat.com, or faxed to 1-888-852-8277.

Medical Office Data Use Agreement ([PDF](#), 188 KB, [PDF HELP](#))

For technical assistance, please email DatabasesOnSafetyCulture@westat.com or call 1-888-324-9790.

AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

Attachment G: Example Screen Shots of Medical Office Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Medical Office(s), continued

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

Surveys on Patient Safety Culture™ E-mail Updates | Contact Us | Site Map | Print Page
Search

Databases Logout

You are here: [Databases](#) > [Submitting Data](#) > Upload DUA

Welcome

- Submitting Data
 - 1. Enter Medical Office Site Information
 - 2. Submit Data Use Agreement**
 - 3. Submit Medical Office Questionnaire
 - 4. Submit Respondent Level Data File(s)
- Check Your Submission Status
- Your Account
 - Change Password
 - Edit Contact Information
- Logout

Stay Connected

DatabasesOnSafetyCulture@westat.com
888-324-9790

Please fill out the information below for the DUA you will upload:

A field with an asterisk (*) before it is a required field.

Signed by

* First Name
* Last Name
Title
* Signed Date

DUA Contact Information

Use your information as the contact for this site

* DUA Organization
* Contact First Name
* Contact Last Name
Title
* Address
Address 2
* City
* State
* Zip Code
* Telephone number () - Ext.
Fax () -
* Email Address

AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

Attachment G: Example Screen Shots of Medical Office Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Medical Office(s), continued

U.S. Department of Health & Human Services www.hhs.gov

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

Surveys on Patient Safety Culture™

E-mail Updates | Contact Us | Site Map | Print Page
Search

Databases

Welcome

- Submitting Data
 - 1. Enter Medical Office Site Information
 - 2. Submit Data Use Agreement**
 - 3. Submit Medical Office Questionnaire
 - 4. Submit Respondent Level Data File(s)
- Check Your Submission Status
- Your Account
 - Change Password
 - Edit Contact Information
- Logout

Stay Connected

DatabasesOnSafetyCulture@westat.com

You are here: [Databases](#) > [Submitting Data](#) > Upload DUA [Log](#)

A field with an asterisk (*) before it is a required field.

Submit DUA: Select file

Note: Acceptable file format is .pdf.

No file selected.

* Select the sites that this DUA covers [Check All](#) [Uncheck All](#)

Select	Site Name	Address 1	Address 2	City	State	Zip Code
<input type="checkbox"/>	MO	MO		MO SOPS	AL	12345

AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

Attachment G: Example Screen Shots of Medical Office Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 2: Submit Questionnaire and Link Questionnaire to Medical Office(s)

U.S. Department of Health & Human Services www.hhs.gov

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

**SURVEYS ON PATIENT SAFETY CULTURE
COMPARATIVE DATABASES**

[E-mail Updates](#) | [Contact Us](#) | [Site Map](#) | [Print Page](#)
Search

Databases

Welcome, M

- **Submitting Data**
 1. Enter Medical Office Site Information
 - 2. Submit Medical Office Questionnaire**
 3. Submit Data Use Agreement
 4. Submit Respondent Level Data File(s)
- **Check Your Submission Status**
- **Your Account**
 - Change Password
 - Edit Contact Information
- **Logout**

Stay Connected

DatabasesOnSafetyCulture
@westat.com
888-324-9790

You are here: [Databases](#) > [Submitting Data](#) > Questionnaires

Questionnaires

Instructions:

- To upload a questionnaire, click on "**Upload a questionnaire**".
- If you already have an approved questionnaire and you have added or replaced medical offices using the same questionnaire, link your medical offices to the questionnaire by clicking on the file name of the accepted questionnaire below.

[Upload a questionnaire](#)

<< Previous | Next >> Records: 0

Status	Date Received	File Name	Language	Number of Sites using this Questionnaire
--------	---------------	-----------	----------	--

<< Previous | Next >>

Search: Status Contains

AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

Attachment G: Example Screen Shots of Medical Office Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 2: Submit Questionnaire and Link Questionnaire to Medical Office(s), continued

U.S. Department of Health & Human Services www.hhs.gov

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

SURVEYS ON PATIENT SAFETY CULTURE
COMPARATIVE DATABASES

[E-mail Updates](#) | [Contact Us](#) | [Site Map](#) | [Print Page](#)

Search

Databases

Welcome, M

- **Submitting Data**
 1. Enter Medical Office Site Information
 - 2. Submit Medical Office Questionnaire**
 3. Submit Data Use Agreement
 4. Submit Respondent Level Data File(s)
- **Check Your Submission Status**
- **Your Account**
 - Change Password
 - Edit Contact Information
- **Logout**

Stay Connected

DatabasesOnSafetyCulture@westat.com
888-324-9790
Surveys on Patient Safety Culture

AHRQ Advancing Excellence in Health Care

You are here: [Databases](#) > [Submitting Data](#) > Upload Questionnaire

A field with an asterisk (*) before it is a required field.

Submit Questionnaire: Select file

Note: Acceptable file formats are .doc, .docx, .wpd, .pdf, or .rtf.

No file selected.

* **Language**

English
 Spanish
 Other

* **Select the sites that used this questionnaire** [Check All](#) [Uncheck All](#)

Select	Site Name	Address 1	Address 2	City	State	Zip Code
<input type="checkbox"/>	Sample Medical Office	123 Main Street		Rockville	MD	20850

AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

Attachment G: Example Screen Shots of Medical Office Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 3: Upload Data for Each Participating Medical Office

The screenshot displays the AHRQ website interface for submitting data. At the top, there is a header for the U.S. Department of Health & Human Services and the AHRQ logo. Below this, a navigation bar contains links for 'E-mail Updates', 'Contact Us', 'Site Map', and 'Print Page', along with a search box. The main content area is titled 'Submit Respondent Level Data File(s)' and includes instructions for users. A table below the instructions shows a list of submitted data files with columns for 'Submit', 'Status', 'Site Name', 'Address', 'City', 'State', 'Denominator', 'End Month/Year', 'Current Data File', and 'Current Data File Sta'. The table contains one entry: '1. Submit data file' with a status of 'Pending', site name 'Sample Medical Office', address '123 Main Street', city 'Rockville', state 'MD', denominator '20', and end month/year '1/2012'. A search bar at the bottom of the table area contains the text 'Submit' and a 'Find' button.

U.S. Department of Health & Human Services www.hhs.gov

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

SURVEYS ON PATIENT SAFETY CULTURE COMPARATIVE DATABASES

[E-mail Updates](#) | [Contact Us](#) | [Site Map](#) | [Print Page](#)

Search

Databases

Welcome, M

- Submitting Data**
 1. Enter Medical Office Site Information
 2. Submit Medical Office Questionnaire
 3. Submit Data Use Agreement
 - 4. Submit Respondent Level Data File(s)**
- Check Your Submission Status**
- Your Account**
 - Change Password
 - Edit Contact Information
- Logout**

Stay Connected

DatabasesOnSafetyCulture@westat.com
888-324-9790

You are here: [Databases](#) > [Submitting Data](#) > Submit Respondent Level Data File(s)

Submit Respondent Level Data File(s)

Instructions:

- Once your questionnaire is approved you can begin submitting your data file(s). Select "**Submit Data File**" next to the medical office you are submitting data for to upload your file(s).
- View data specifications ([PDF](#), 383 KB, [PDF HELP](#))
- View sample data file ([XLSX](#), 18 KB)

<< Previous | Next >> **Records: 1**

Submit <input type="checkbox"/>	Status	Site Name	Address	City	State	Denominator	End Month/Year	Current Data File	Current Data File Sta
1. Submit data file	Pending	Sample Medical Office	123 Main Street	Rockville	MD	20	1/2012		

<< Previous | Next >>

Search: Contains

AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

Attachment G: Example Screen Shots of Medical Office Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 3: Upload Data for Each Participating Medical Office, continued

The screenshot displays the AHRQ website interface for data submission. At the top, there are navigation links for 'U.S. Department of Health & Human Services' and 'www.hhs.gov', along with the AHRQ logo and 'www.ahrq.gov'. The main header features 'SURVEYS ON PATIENT SAFETY CULTURE COMPARATIVE DATABASES' and a search bar. The left sidebar contains a 'Databases' menu with options like 'Submitting Data', 'Check Your Submission Status', and 'Your Account'. The main content area is titled 'Submit Data: Select file (Step 1 of 2)' and includes instructions to verify site information (Medical Office Name and Address) and a note that only Excel files are acceptable. A sample address is provided: 'Sample Medical Office, 123 Main Street, Rockville MD, 20850'. Below this is a 'Browse...' button and a 'Next >' button.

U.S. Department of Health & Human Services www.hhs.gov

AHRQ Agency for Healthcare Research and Quality
Advancing Excellence in Health Care www.ahrq.gov

SURVEYS ON PATIENT SAFETY CULTURE COMPARATIVE DATABASES

[E-mail Updates](#) | [Contact Us](#) | [Site Map](#) | [Print Page](#)

Search

Databases

Welcome, M

- **Submitting Data**
 1. Enter Medical Office Site Information
 2. Submit Medical Office Questionnaire
 3. Submit Data Use Agreement
 4. Submit Respondent Level Data File(s)
- **Check Your Submission Status**
- **Your Account**
 - Change Password
 - Edit Contact Information
- **Logout**

Stay Connected

DatabasesOnSafetyCulture@westat.com
888-324-9790

You are here: [Databases](#) > [Submitting Data](#) > File Upload/Quality Report

Instructions:
Verify that the data you are submitting matches the following site information:

- Medical Office Name, and
- Medical Office Address.

Select 'Browse' to locate the data file.
Select 'Next'.

Submit Data: Select file (Step 1 of 2)

Data file must match Site Name, Address, City, State, and Zip code.

Sample Medical Office
123 Main Street
Rockville MD, 20850

Note: Only Excel files are acceptable (valid file extensions are .xls and.xlsx).

No file selected.