

# AHRQ Nursing Home Survey on Patient Safety Culture Comparative Database, Supporting Statement B

## Attachment G: Example Screen Shots of Nursing Home 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 website interface for submitting a Data Use Agreement (DUA). At the top, the AHRQ logo and tagline 'Advancing Excellence in Health Care' are visible, along with the website URL 'www.ahrq.gov'. A search bar and navigation links like 'E-mail Updates', 'Contact Us', 'Site Map', and 'Print Page' are located in the upper right. The main content area is titled 'Submit Data Use Agreement' and includes a breadcrumb trail: 'You are here: Databases > Submitting Data > Upload DUA'. A 'Logout' link is in the top right. The left sidebar contains a 'Databases' menu with options: 'Welcome', 'Submitting Data' (with sub-items: '1. Enter Nursing Home Site Information', '2. Submit Data Use Agreement', '3. Submit Nursing Home Questionnaire', '4. Submit Respondent Level Data File(s)'), 'Check Your Submission Status', 'Your Account' (with sub-items: 'Change Password', 'Edit Contact Information'), and 'Logout'. The main content area explains that each Nursing Home or System/Chain must sign a DUA and provides contact information for technical assistance. A prominent 'Upload your DUA' button is centered on the page. At the bottom, contact information for 'DatabasesOnSafetyCulture@westat.com' and the phone number '888-324-9790' is provided.

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

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

Welcome

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

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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

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

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**Databases**

Welcome

- Submitting Data
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- Check Your Submission Status
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You are here: [Databases](#) > [Submitting Data](#) > Upload DUA [Logout](#)

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	Medicare Provider ID	Address 1	Address 2	City	State	Zip Code
<input type="checkbox"/>	NH 2018 Test	123113	123 Safe Home Rd		Sopsville	AL	12345

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## Attachment G: Example Screen Shots of Nursing Home Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 2: Submit Questionnaire and Link Questionnaire to Nursing Home(s)

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**Databases**

Welcome

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

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

### Questionnaires

Instructions:

- To upload a questionnaire, click on **"Upload a questionnaire"**.
- If you already have an approved questionnaire and you have added or replaced nursing homes using the same questionnaire, link your nursing homes 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:   Contains

# AHRQ Nursing Home Survey on Patient Safety Culture Comparative Database, Supporting Statement B

## Attachment G: Example Screen Shots of Nursing Home Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 2: Submit Questionnaire and Link Questionnaire to Nursing Home(s), continued

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**Databases**

Welcome

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

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888-324-9790  
Surveys on Patient Safety Culture  
OMB Control Number: 0935-0195, Expiration Date: 9/30/2018

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

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	Medicare Provider ID	Address 1	Address 2	City	State	Zip Code
<input type="checkbox"/>	NH 2018 Test	123113	123 Safe Home Rd		Sopsville	AL	12345



# AHRQ Nursing Home Survey on Patient Safety Culture Comparative Database, Supporting Statement B

## Attachment G: Example Screen Shots of Nursing Home Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 3: Upload Data File for Each Participating Nursing Home

The screenshot displays the AHRQ website interface for submitting data files. At the top, there are logos for the U.S. Department of Health & Human Services and AHRQ. The main header identifies the site as 'SURVEYS ON PATIENT SAFETY CULTURE COMPARATIVE DATABASES'. A navigation menu includes links for 'E-mail Updates', 'Contact Us', 'Site Map', and 'Print Page', along with a search box.

The left sidebar contains a 'Databases' section with a 'Submit Respondent Level Data File(s)' option highlighted. Below this, there are sections for 'Check Your Submission Status', 'Your Account', and 'Logout'. A 'Stay Connected' banner is also present.

The main content area is titled 'Submit Respondent Level Data File(s)' and includes instructions for users. Below the instructions is a table showing the status of submitted data files. The table has columns for 'Submit', 'Status', 'Medicare Provider ID', 'Site Name', 'Address', 'City', 'State', 'Denominator', 'End Month/Year', and 'Current Data File'. One record is listed with a status of 'Pending' and a Medicare Provider ID of '123456'. The site name is 'Sample Nursing Home' and the address is '123 Main Street, Rockville, MD'. The denominator is '11' and the end month/year is '1/2014'. Below the table is a search bar with a 'Find' button and a scroll bar.

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**Databases**

Welcome, M

- Submitting Data**
  1. Enter Nursing Home Site Information
  2. Submit Nursing Home 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**

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**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 nursing home you are submitting data for to upload your file(s).
- View data specifications ([PDE](#), 174 KB, [PDF HELP](#))
- View sample data file ([XLSX](#), 13 KB)

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

Submit	Status	Medicare Provider ID	Site Name	Address	City	State	Denominator	End Month/Year	Current Data File
1. <a href="#">Submit data file</a>	Pending	<a href="#">123456</a>	<a href="#">Sample Nursing Home</a>	123 Main Street	Rockville	MD	11	1/2014	

<< Previous | Next >>

Search:  Contains

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Figure 3: Upload Data File for Each Participating Nursing Home, continued

The screenshot displays the AHRQ website interface for submitting data. 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 shows the 'Submit Data: Select file' step, which includes instructions to verify site information (Nursing Home Name and Address) and a file upload section with a 'Browse...' button and a 'Next >' button. A sample nursing home address is provided: 'Sample Nursing Home, 123 Main Street, Rockville MD, 20850'. A note specifies that only Excel files (.xls and .xlsx) are acceptable.

Skip Navigation

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**Databases**

Welcome, M

- **Submitting Data**
  1. Enter Nursing Home Site Information
  2. Submit Nursing Home 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

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

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

- Nursing Home Name, and
- Nursing Home 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 Nursing Home**  
123 Main Street  
Rockville MD, 20850

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

No file selected.