AHRQ Hospital Survey on Patient Safety Culture Database, Supporting Statement A

Attachment C: Hospital Site Information Form

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

Databases	You are here: Databases > Submitting Data > Site Details	Logout
Welcome, Willow	Site Details	
 Submitting Data 1. Enter Hospital Site Information 	Save	
Submit Hospital Questionnaire	* Medicare Provider ID	
 Submit Data Use Agreement 	* AHA ID	
Submit Respondent Level Data File(s)	* Hospital Name	
■ Check Your Submission	* Address	
Status	Address 2	
 Your Account Change Password 	* City * State —Select a state —	
E d it Contact Information	* Zip Code	
■ Logout	*Does this hospital share an AHA ID with another hospital?	
Stay Connected	○ Yes ○ No ○ Don't Know	
Databases On Safety Culture		
@w estat.com 888-324-9790	* Please indicate the total number of licensed beds in your hospital.	
000-324-31-30-09	* Please identify the type of organization that controls and operates your hospitalSelect	_
	* Please indicate your teaching status.	
	Site Contact Information	
	☐ Use my information as the contact for this site	
	* Contact First Name	
	* Contact Last Name	
	Title	
	* Telephone number () - Ext.	
	* Email Address	
	Data Collection	
	* Denominator (Number of surveys distributed)	
	* Survey Mode —Select a survey mode	
	* Who Administered to —Select—	
	Please specify	
	*Data Collection Completed Month:Seled Y Year: -Seled Y	
	* Including the data you are submitting, how many total times did youSelect ✓ administer the survey since July 2013?	

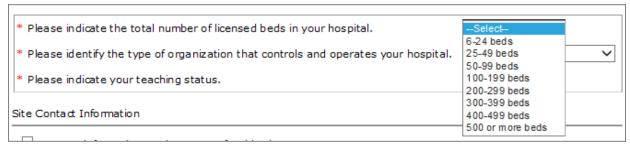
Public reporting burden for this collection of information is estimated to average 3 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 5600 Fishers Lane, Rockville, MD 20857.

AHRQ Hospital Survey on Patient Safety Culture Database, Supporting Statement A

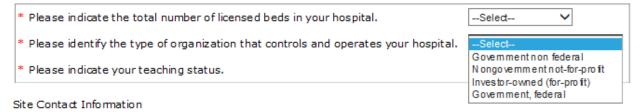
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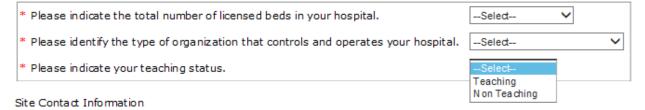
Dropdown options for bed size:



Ownership and control:



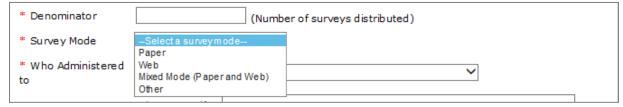
Teaching status:



To whom the survey was administered:



Survey mode:



Number of times administered:

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* Induding the data you are submitting, how many total times did you times did you
administer the
survey since July

-Select
1 time
2 times
3 times 2013?

-Select--1 time 3 times or more