

AHRQ Ambulatory Surgery Center Survey on Patient Safety Culture Database, Supporting Statement B

Attachment G: Example Screen Shots of Ambulatory Surgery Center Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Ambulatory Surgery Center(s)

1107947@westat.com | Logout

Databases

Welcome, Susie

Submitting Data

1. Enter Site Information
2. Submit Questionnaire
3. Submit Data Use Agreement
4. Submit Survey Data File(s)

Check Your Submission Status

Your Account

- Change Password
- Edit Contact Information

Logout

Submit Data Use Agreement (DUA)

Each ambulatory surgery center or health system/chain wishing to participate in the SOPS Ambulatory Surgery Center Survey Database is required to sign a 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 1-888-882-8277.

Ambulatory Surgery Center Data Use Agreement (PDF, 142 KB, PDF HELP)

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

[Upload your DUA](#)

Stay Connected

888-324-9790
DatabasesOnSafetyCulture@westat.com

OMB Control Number: 0935-0242
Expiration Date: 9/30/2021

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Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Ambulatory Surgery Center(s), continued

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 (mm/dd/yyyy)

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 Ambulatory Surgery Center(s), continued

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

Submit DUA: Select file

Note: Acceptable file format is .pdf.

File: No file chosen

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

| Select | Site Name | CCN | Address 1 | Address 2 | City | State | Zip Code |
|--------------------------|--------------|------------|----------------|-----------|-----------|-------|----------|
| <input type="checkbox"/> | Sample ASC 1 | 01C3456789 | 123 Elm Street | | Rockville | MD | 20852 |

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Figure 2: Submit Questionnaire and Link Questionnaire to Ambulatory Surgery Center(s)

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Questionnaires

Instructions:

- To upload a questionnaire, click on "Upload a questionnaire".
- If you already have an approved questionnaire and you have added or replaced ambulatory surgery centers using the same questionnaire, link your ambulatory surgery centers 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:

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Figure 2: Submit Questionnaire and Link Questionnaire to Ambulatory Surgery Center(s), continued

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

Submit Questionnaire: Select file

To submit a Questionnaire

- Select the survey version of the questionnaire.
- Select the language of the questionnaire.
- Select "Next"

*** Language**

English

Spanish

Other

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Figure 2: Submit Questionnaire and Link Questionnaire to Ambulatory Surgery Center(s), continued

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

Submit Data: Select Sites

To submit a Questionnaire

- Select "Browse..." and select your Questionnaire file.
- Select the sites that used this questionnaire.
- Select "Submit File"

Questionnaire

* Select Questionnaire File

No file chosen

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

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

| Select | Site Name | Survey Version | CCN | Address 1 | Address 2 | City | State | Zip Code |
|-------------------------------------|--------------|----------------|------------|----------------|-----------|-----------|-------|----------|
| <input checked="" type="checkbox"/> | Sample ASC 1 | | 01C3456789 | 123 Elm Street | | Rockville | MD | 20852 |

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Figure 3: Upload Data for Each Participating Ambulatory Surgery Center

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Submit Survey Data File(s)

Instructions:

- Once your questionnaire is approved you can begin submitting your data file(s). Select "Submit Data File" next to the ambulatory surgery center you are submitting data for to upload your file(s).
- View data specifications (PDF, 202 KB, PDF HELP)
- View sample data file (XLSX, 11 KB)

<< Previous | Next >> Records: 1

| # | Submit | Status | Site Name | CCN | Address | City | State | Denominator | End Month/Year | Current Data File | Current Data File Status |
|----|--------|---------|------------|------------|----------------|-----------|-------|-------------|----------------|-------------------|--------------------------|
| 1. | | Pending | Sample ASC | 01C3456789 | 123 Elm Street | Rockville | MD | 100 | 3/2020 | | |

<< Previous | Next >>

Search:

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Figure 3: Upload Data for Each Participating Ambulatory Surgery Center (continued)

Instructions:

[superadmin](#) | [Return to Admin](#)

1. Verify that the data you are submitting matches the following site information:
 - Ambulatory Surgery Center Name, and
 - Ambulatory Surgery Center Address.
2. Select 'Browse' to locate the data file.
3. Select 'Next'.

Submit Data: Select file (Step 1 of 2)

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

Sample ASC 1
123 Elm Street
Rockville MD, 20852

* Select File:

No file chosen

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

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Note: Acceptable file format is .pdf.

File: No file chosen

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

| Select | Site Name | CCN | Address 1 | Address 2 | City | State | Zip Code |
|--------------------------|--------------|------------|----------------|-----------|-----------|-------|----------|
| <input type="checkbox"/> | Sample ASC 1 | 01C3456789 | 123 Elm Street | | Rockville | MD | 20852 |