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)

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Attachment G: Example Screen Shots of Ambulatory Surgery Center Survey on Patient Safety Culture Data Submission Web Site Information Collection
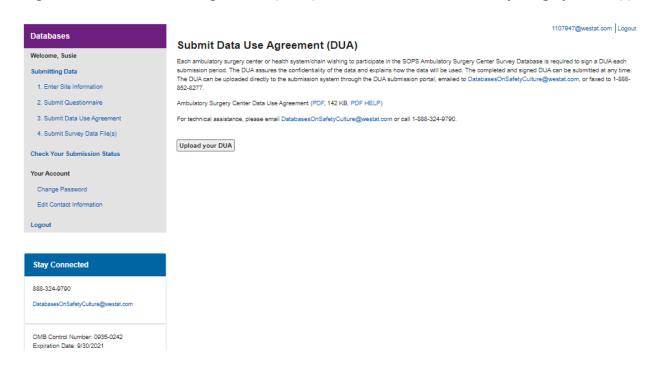
Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Ambulatory Surgery Center(s), continued

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 — --Select a 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: [Choose 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
☐	Sample ASC 1	01C3456789	123 Elm Street		Rockville	MD	20852

[Submit File]

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

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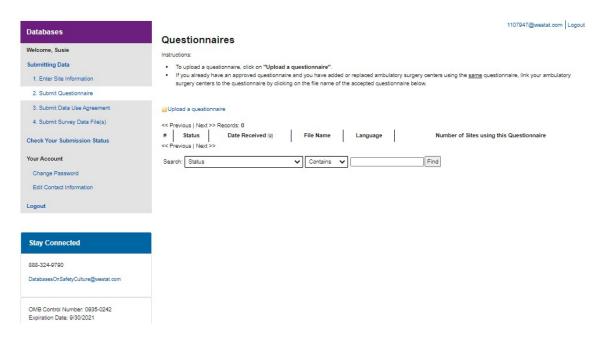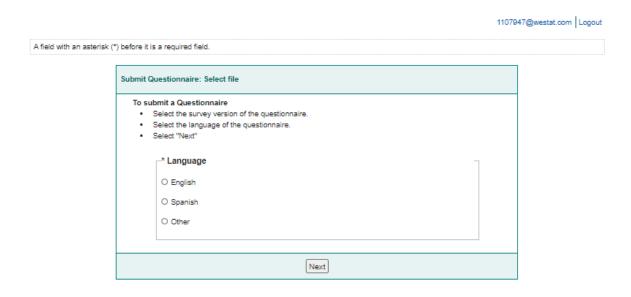Figure 2: Submit Questionnaire and Link Questionnaire to Ambulatory Surgery Center(s), continued

1107947@westat.com | Logout

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

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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

[Choose 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
☐	Sample ASC 1		01C3456789	123 Elm Street		Rockville	MD	20852

[Submit File]

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 3: Upload Data for Each Participating Ambulatory Surgery Center

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

Instructions:
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:

[Choose File] No file chosen

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

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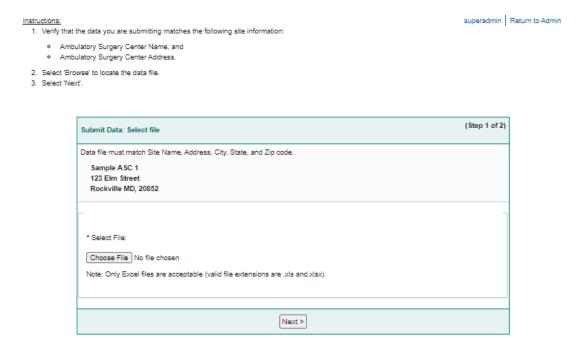
Figure 3: Upload Data for Each Participating Ambulatory Surgery Center (continued)