

Attachment A: Nursing Home Eligibility and Registration Form

Databases

[About the SOPS Databases](#)

Submitting Data

- [Hospital](#)
- [Medical Office](#)
 - [DUA Portal](#)
- [Nursing Home](#)
- [Community Pharmacy](#)
- [Ambulatory Surgery Center](#)
 - [DUA Portal](#)

Feedback Reports

- [Hospital](#)
- [Medical Office](#)
- [Nursing Home](#)
- [Community Pharmacy](#)
- [Ambulatory Surgery Center](#)

Stay Connected

888-324-9790

DatabasesOnSafetyCulture@westat.com

OMB Control Number: 0935-0185
Expiration Date: 9/30/2018

Nursing Home Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Nursing Home Survey on Patient Safety Culture Database, we need to collect some information about you and your survey.

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

* 1. Which of the following do you represent?

- Nursing home/Nursing home system/chain
- Quality Improvement Organization (QIO)
- An organization or vendor submitting data on behalf of a nursing home or nursing home system/chain
- Another type of healthcare organization (please specify)

Please specify:

* 2. Will you have completed survey data collection and be able to submit your final electronic data file by September 21, 2022?

Yes
 No

* 3. How many nursing homes will you be submitting for?

* 4. Have you used the Action Planning Tool for the AHRQ Surveys on Patient Safety Culture?

Yes
 No

* 5. Did you make any changes to the AHRQ Nursing Home Questionnaire?

Yes
 No

* If yes, please describe the changes (select all that apply)

- Added/revised unit/work areas
- Added/revised staff positions
- Removed items
- Modified wording of item text
- Modified response options
- Reordered the items
- Other (please specify)

Please specify:

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 #7, Rockville, MD 20857.

Attachment A: Nursing Home Eligibility and Registration Form (continued)

Databases	<h3>Nursing Home Survey on Patient Safety Culture Eligibility Form</h3>
About the SOPS Databases	We welcome your interest! To determine your organization's eligibility for participation in the Nursing Home Survey on Patient Safety Culture Database, we need to collect some information about you and your survey.
Submitting Data	A field with an asterisk (*) before it is a required field.
Hospital	* Organization Name: <input type="text"/>
Medical Office	* First Name: <input type="text"/>
DUA Portal	* Last Name: <input type="text"/>
Nursing Home	Title/Position: <input type="text"/>
Community Pharmacy	* Address 1: <input type="text"/>
Ambulatory Surgery Center	Address 2: <input type="text"/>
DUA Portal	* City: <input type="text"/>
Feedback Reports	* State: <input type="text" value="--Select a state--"/>
Hospital	* Zip Code: <input type="text"/>
Medical Office	* Telephone number: <input type="text"/> Ext.: <input type="text"/>
Nursing Home	Fax number: <input type="text"/>
Community Pharmacy	* Email Address: <input type="text"/>
Ambulatory Surgery Center	* Confirm Email Address: <input type="text"/>
Stay Connected	<input type="button" value="Previous"/> <input type="button" value="Next"/>
888-324-9790	
DatabasesOnSafetyCulture@westat.com	

Databases	<h3>Nursing Home Survey on Patient Safety Culture Eligibility Form</h3>
About the SOPS Databases	If the registration information is incorrect, please click on the "Previous" button below and update your information.
Submitting Data	Confirm your registration information
Hospital	Organization Name: Sample NH
Medical Office	Email: 1107947@westat.com
DUA Portal	First Name: Suzie
Nursing Home	Last Name: Que
Community Pharmacy	Address 1: 224 Elm Street
Ambulatory Surgery Center	Address 2:
DUA Portal	City: Rockville
Feedback Reports	State: MD
Hospital	Zip: 20852
Medical Office	Telephone: 2222222222
Nursing Home	Fax:
Community Pharmacy	<input type="button" value="Previous"/> <input type="button" value="Next"/>
Ambulatory Surgery Center	

Attachment A: Nursing Home Eligibility and Registration Form (continued)

Databases

Welcome, Suzie

Submitting Data

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

Check Your Submission Status

Your Account

[Change Password](#)

[Edit Contact Information](#)

[Logout](#)

Stay Connected

888-324-9790

DatabasesOnSafetyCulture@westat.com

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

**Your account has been activated.
Select a new password.**

Password Requirements:

Passwords must be at least 8 Characters in length, and contain a character from each of the following categories:

- Uppercase letter
- Lowercase letter
- Number
- Non-alphanumeric character ! @ # \$ % * _ - + = &

The password cannot be one you have previously used.

For security purposes, passwords expire after 60 days.

Also, passwords must be changed if you received a temporary password using the Forgot My Password feature.

* New Password:

* Confirm New Password:

[Change Password](#)