

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

## Attachment A: Eligibility and Registration Form

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

<b>Databases</b>	<b>SOPS Hospital Data Submission</b>
<b>About the SOPS Database</b>	We welcome your interest! To determine your organization's eligibility for participation in the SOPS Hospital Database, we need to collect some information about you and your survey.
<b>Submitting Data</b>	A field with an asterisk (*) before it is a required field.
Hospital	* 1. Which of the following do you represent?
Medical Office	<input type="radio"/> Hospital/Hospital system
DUA Portal	<input type="radio"/> Quality Improvement Organization (QIO)
Nursing Home	<input type="radio"/> An organization or vendor submitting data on behalf of a hospital or hospital system
Community Pharmacy	<input type="radio"/> Another type of healthcare organization (please specify)
Ambulatory Surgery Center	Please specify: <input type="text"/>
DUA Portal	
<b>Feedback Reports</b>	
Hospital	* 2. Will you have completed survey data collection and be able to submit your final electronic data file by July 22, 2022?
Medical Office	<input type="radio"/> Yes
Nursing Home	<input type="radio"/> No
Community Pharmacy	
Ambulatory Surgery Center	
	* 3. Have you used the Action Planning Tool for the AHRQ Surveys on Patient Safety Culture?
	<input type="radio"/> Yes
	<input type="radio"/> No
	* 4. How many hospitals will you be submitting for?
	<input type="text"/>
	* 5. Did you administer the SOPS Health Information Technology Patient Safety Supplemental Item Set with your SOPS Hospital Survey?
	<input type="radio"/> Yes
	<input type="radio"/> No
	* 6. Did you administer the SOPS Value and Efficiency Supplemental Item Set with your SOPS Hospital Survey?
	<input type="radio"/> Yes
	<input type="radio"/> No
	* 7. Did you make any changes to the SOPS Hospital Survey 2.0 with/without supplemental items?
	<input type="radio"/> Yes
	<input type="radio"/> No
	<input type="button" value="Next"/>

**Stay Connected**

888-324-9790

DatabasesOnSafetyCulture@westat.com

OMB Control Number: 0935-0162  
Expiration Date: 8/31/2022

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.

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**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

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### SOPS Hospital Data Submission

We welcome your interest! To determine your organization's eligibility for participation in the SOPS Hospital Database, we need to collect some information about you and your survey.

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

\* Organization Name:

\* First Name:

\* Last Name:

Title/Position:

\* Address 1:

Address 2:

\* City:

\* State:

\* Zip Code:

\* Telephone number:  Ext.:

Fax number:

\* Email Address:

\* Confirm Email Address:

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**Databases**

**About the SOPS Databases**

**Submitting Data**

- Hospital
- Medical Office
  - DUA Portal
- Nursing Home
- Community Pharmacy
- Ambulatory Surgery Center
  - DUA Portal

**Feedback Reports**

- Hospital

### SOPS Hospital Data Submission

If the registration information is incorrect, please click on the "Previous" button below and update your information.

#### Confirm your registration information

Organization Name: New org  
Email: theresa\_famolaro@hotmail.com  
First Name: Joe  
Last Name: Bro  
Address 1: 4482 marion avenue  
Address 2:  
City: Cypress  
State: CA  
Zip: 90630  
Telephone: 7148275039  
Fax:

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### Databases

Welcome, Joe

#### Submitting Data

1. Enter Hospital Site Information
2. Submit Hospital 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

888-324-8790

[DatabasesOnSafetyCulture@watal.com](mailto:DatabasesOnSafetyCulture@watal.com)

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](#)