

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

Databases	SOPS Hospital Data Submission
About the SOPS Database	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.
Submitting Data	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	
Feedback Reports	
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.

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

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

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:

[Previous](#) [Next](#)

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:

[Previous](#) [Next](#)

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

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

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](#)