

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

Attachment C: Site Information Form

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

Databases

Welcome, Mary

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

888-324-9790

DatabaseOnSafetyCulture@westat.com

OMB Control Number: 0935-0162

Expiration Date: 8/31/2022

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

Site Details

Save

* Medicare Provider ID (length must be 6 characters)

* AHA ID (length must be 7 characters) ☐ This hospital does not have an AHA ID.

* Hospital Name

* Address

Address 2

* City

* State --Select a state--

* Zip Code

* Does this hospital share an AHA ID with another hospital? ☐ Yes ☐ No ☐ Don't Know

* Please indicate the total number of licensed beds in your hospital. --Select--

* Please identify the type of organization that controls and operates your hospital. --Select--

* Please indicate your teaching status. --Select--

Site Contact Information

☐ Use my information as the contact for this site

* Contact First Name

* Contact Last Name

Title

Telephone Number () - () - () Ext. ()

Email Address

☐ Value and Efficiency

* For HSOPS 2.0, how many staff and providers were asked to complete the survey? This is NOT the same as number of completed surveys. (Number of surveys distributed - must be greater than or equal to 10)

* For HSOPS 2.0, what was the mode used to administer the survey? --Select a survey mode--

* Staff Surveyed for HSOPS 2.0 --Select--

Please specify

* Data Collection Started Month: --Select-- Year: --Select--

* Data Collection Completed Month: --Select-- Year: --Select--

(Between July 2020 and July 2022)

* How long has your hospital had its primary EMR/EHR system? --Select--

Please only submit data from your most recent survey administration.

To continue click SAVE

Public reporting burden for this collection of information is estimated to average 5 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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Dropdown options for bed size:

* Please indicate the total number of licensed beds in your hospital.	--Select--
* Please identify the type of organization that controls and operates your hospital.	6-24 beds
* Please indicate your teaching status.	25-49 beds
	50-99 beds
	100-199 beds
	200-299 beds
	300-399 beds
	400-499 beds
	500 or more beds

Site Contact Information

Ownership and control:

* Please indicate the total number of licensed beds in your hospital.	--Select--
* Please identify the type of organization that controls and operates your hospital.	--Select--
* Please indicate your teaching status.	Government non federal
	Nongovernment not-for-profit
	Investor-owned (for-profit)
	Government, federal

Site Contact Information

Teaching status:

* Please indicate the total number of licensed beds in your hospital.	--Select--
* Please identify the type of organization that controls and operates your hospital.	--Select--
* Please indicate your teaching status.	--Select--
	Teaching
	Non Teaching

Site Contact Information

To whom the survey was administered:

* Who Administered to	--Select--
	All staff/sample of all staff
	Selected departments/units only (Please specify)
	Selected staff positions only (Please specify)
	Selected departments/units and selected staff positions (Please specify)
* Data Collection Completed	Month: --Select-- Year: --Select--

Survey mode:

* Denominator		(Number of surveys distributed)
* Survey Mode	--Select a survey mode--	
	Paper	
* Who Administered to	Web	
	Mixed Mode (Paper and Web)	
	Other	

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Length of time had EHR system:

* How long has your hospital had its primary EMR/EHR system?

Please only submit data from your most recent survey administration.

To continue click [SAVE](#)

- Select--
- Less than 1 year
- 1 year to less than 2 years
- 2 years to less than 3 years
- 3 years to less than 5 years
- 5 years to less than 10 years
- 10 years or more
- Don't know