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		1107947@westat.com Logout
	A field with an asterisk (*) before it is a required field.	
Welcome, Mary Submitting Data	-Site Details	7
Enter Hospital Site Information	Save	
2. Submit Hospital Questionnaire	" Medicare Provider ID (length must be 6 characters)	
3. Submit Data Use Agreement	* AHA ID (length must be 7 characters) This hospital does not have an AHA ID.	
4. Submit Survey Data File(s)	* Hospital Name	
Cheok Your Submission Status	* Address 2	
Your Account	* City	
Change Password		
Edit Contact Information	- June 1 March	
Logout	" Zip Code " Does this hospital share an AHA ID with another hospital? Yes O No O Don't Know	
Stay Connected	* Please indicate the total number of licensed beds in your hospitalSelect-	
888-324-9790	* Please identify the type of organization that controls and operates your hospital.	
DatabasesOnSafetyCulture@westal.com	* Please indicate your teaching status. —Select—	
		ı
OMB Control Number: 0935-0162 Expiration Date: 8/31/2022	Site Contact Information	
	☐ Use my information as the contact for this site	
	* Contact First Name	
	* Contact Last Name	
	Title	

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.

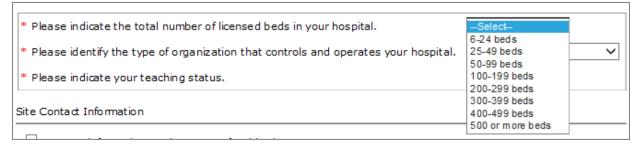
☐ Value and Efficiency			
* For HSOPS 2.0, how many staff and providers were asked to complete the survey? This is NOT the same as number of completed surveys.	(Number of surveys distributed - must be greater than or equal to 10)		
* For HSOPS 2.0, what was the mode used to administer the survey?	Select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

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

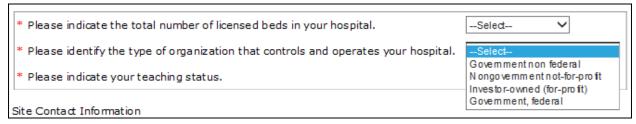
Attachment C: Site Information Form

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

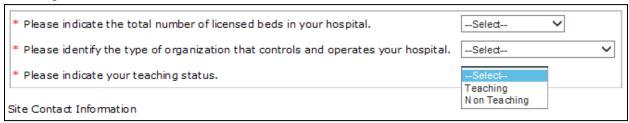
Dropdown options for bed size:



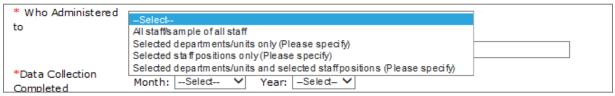
Ownership and control:



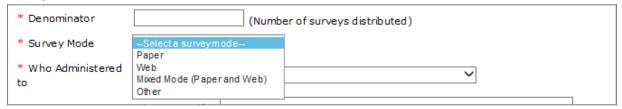
Teaching status:



To whom the survey was administered:



Survey mode:



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

Length of time had EHR system:

