

# 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

1107947@westat.com | Logout

### 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

\* 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.

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

\* Please indicate your teaching status.

#### 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.

Phone Number  (Area Code)  (Main 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?

\* Staff Surveyed for HSOPS 2.0   
Please specify

\* Data Collection Started Month:  Year:

\* Data Collection Completed Month:  Year:   
(Between July 2020 and July 2022)

\* 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

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### Dropdown options for bed size:

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

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

\* Please indicate your teaching status.

Site Contact Information

6-24 beds
25-49 beds
50-99 beds
100-199 beds
200-299 beds
300-399 beds
400-499 beds
500 or more beds

### Ownership and control:

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

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

\* Please indicate your teaching status.

Site Contact Information

Government non federal
Nongovernment not-for-profit
Investor-owned (for-profit)
Government, federal

### Teaching status:

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

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

\* Please indicate your teaching status.

Site Contact Information

Teaching
Non Teaching

### To whom the survey was administered:

\* Who Administered to

\* Data Collection Completed Month:  Year:

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)

### Survey mode:

\* Denominator  (Number of surveys distributed)

\* Survey Mode

\* Who Administered to

Paper
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