AHRQ Surveys on Patient Safety Culture^{TM} (SOPS®)

Hospital Survey Version 2.0

Site-Level Data File Specifications

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Use these instructions if you are <u>submitting data from multiple hospitals all at the same time</u>.

<u>INSTRUCTIONS:</u>

Step 1: Site-level data must be in Excel format (.xls, .xlsx).

Step 2: Include a header row with the variable name for each column.
Please include all variable names from the table below and ensure that each one is entered in the correct column. Failure to do so will result in delays in processing your data.

Step 3: Site ID(s) must match IDs in respondent-level data file.
Please enter a unique Site ID for each hospital. Make sure that each hospital's Site ID matches its Site ID in your respondent-level data file. This step is crucial for linking site-level and respondent-level data.

Step 4: File must contain one record for each hospital.
Enter each hospital in a separate row, including all required variables from the table below.

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Column	Variable Name	Variable Label	Type	Details/Comments
Column A*	SiteID	Site ID	Numeric	Unique Site ID matching respondent-level data file.
Column B*	SiteName	Site Name	Character	Please use a unique name for each site.
Column C*	Address1	Street Address 1	Character	
Column D	Address2	Street Address 2	Character	
Column E*	City	City	Character	
Column F*	State	State	Character	2-character State abbreviation
Column G*	ZipCode	Zip Code	Character	5-digit zip code (include leading zeroes)
Column H	ZipPlusFour	Zip Code +4	Numeric	4-digit zip code extension
*You must enter the name, phone number, and email of the contact person **at each hospital.** The contact person entered can be the same for all hospitals if they will be distributing the results to all hospitals.*				
Column I*	Contact_First	Contact First Name	Character	
Column J*	Contact_Last	Contact Last Name	Character	
Column K*	Contact_Phone	Contact Phone #	Numeric	10-digit phone number with no spaces or special characters. Example: 3014442222
Column L	Contact_Ext	Contact Extension	Numeric	Phone number extension
Column M*	Contact_Email	Contact Email Address	Character	
*If a site **does not** have a **unique AHA ID**, then Bed Size, Ownership, and Teaching Status are required.*				
Column N*	MedProvID	Medicare Provider ID	Character	6-character Medicare Provider ID (include leading zeroes)
*Column "O" **AHA ID is required** for all AHA Registered Hospitals.*				
Column O	AHAID	American Hospital Association ID	Character	7-character AHA ID (include leading zeroes)
Column P*	BedSize	Bed Size	Numeric (1-8)	Please identify the total number of licensed beds in the hospital. 1 = 6-24 beds 2 = 25-49 beds 3 = 50-99 beds 4 = 100-199 beds 5 = 200-299 beds 6 = 300-399 beds 7 = 400-499 beds 8 = 500 or more beds

* Indicates required information for each hospital.

Column	Variable Name	Variable Label	Type	Details/Comments
Column Q*	Ownership	Ownership	Numeric (1-4)	Please identify the type of organization that controls and operates the hospital. 1 = Government non federal 2 = Nongovernment not-for-profit 3 = Investor-owned (for-profit) 4 = Government, federal
Column R*	Teaching	Teaching Status	Numeric (1-2)	Please indicate whether your hospital is teaching or non-teaching. 1 = Teaching 2 = Non-teaching
SOPS Supplemental Items				
Column S*	HITSupps	Did you administer the AHRQ Health Information Technology (HIT) Supplemental Items with HSOPS 2.0?	Numeric (1-2)	1 = Yes 2 = No
Column T*	WPSSupps	Did you administer the AHRQ Workplace Safety Supplemental Items with HSOPS 2.0?	Numeric (1-2)	1 = Yes 2 = No
Column U*	VESupps	Did you administer the AHRQ Value and Efficiency Supplemental Items with HSOPS 2.0?	Numeric (1-2)	1 = Yes 2 = No

* Indicates required information for each hospital.

Column	Variable Name	Variable Label	Type	Details/Comments
Column V*	Denominator	How many providers and staff were asked to complete the survey? This is <u>NOT</u> the same as number of completed surveys.	Numeric	Must be 10 or more
Column W*	SurveyMode	For HSOPS 2.0, what was the mode used to administer the survey?	Numeric (1-3)	1 = Paper 2 = Web 3 = Web and paper
Column X*	StaffSurveyed	Staff Surveyed for HSOPS 2.0	Numeric (1-4)	Please indicated who the survey was administered to: 1 = All staff/sample of all staff 2 = Selected departments/units only (please specify) 3 = Selected staff positions only (please specify) 4 = Selected departments/units and selected staff positions (please specify)

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Column	Variable Name	Variable Label	Type	Details/Comments
Column Y*	PleaseSpecify	Please Specify for HSOPS 2.0	Character (1000 max.)	If StaffSurveyed= 2, 3, or 4, please specify who the survey was administered to.
Column Z*	StartMonth	Start Month for HSOPS 2.0 Data Collection	Numeric (1-12)	Month of data collection completion
Column AA*	StartYear	Start Year for HSOPS 2.0 Data Collection	Numeric	Year of data collection completion (YYYY)
Column AB*	EndMonth	End Month for HSOPS 2.0 Data Collection Completion	Numeric (1-12)	Month of data collection completion
Column AC*	EndYear	End Year for HSOPS 2.0 Data Collection Completion	Numeric	Year of data collection completion (YYYY)

* Indicates required information for each hospital.

*For hospitals that administered the **SOPS Health Information Technology (Health IT) Patient Safety Supplemental Items** at the end of the SOPS Hospital Survey, please answer the following questions.*

Column	Variable Name	Variable Label	Type	Details/Comments
Column AD**	HadEHR	How long has your hospital had its primary EMR/EHR system?	Numeric (1-6, 9)	1 = Less than 1 year 2 = 1 year to less than 2 years 3 = 2 years to less than 3 years 4 = 3 years to less than 5 years 5 = 5 years to less than 10 years 6 = 10 years or more 9 = Don't know

** Only required if you are submitting SOPS Health Information Technology (Health IT) Patient Safety Supplemental Items data with your SOPS Hospital survey data.