Attachment A: Nursing Home Eligibility and Registration Form

SOPS Databases Submission System

Submitting Data

Hospital

Medical Office

Nursing Home

Community Pharmacy

Ambulatory Surgery Center

Feedback Reports

Hospital

Medical Office

Nursing Home

Community Pharmacy

Ambulatory Surgery Center

Stay Connected

888-324-9790

DatabasesOnSafetyCulture@westat.com

OMB Control Number: 0935-0195
Expiration Date: 10/31/2024

Nursing Home Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Nursing Home Survey on Patient Safety Culture Database, we need to collect some information about you and your survey.

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

* 1. Which of the following do you represent?

○ Nursing home/Nursing home system/chain

○ Quality Improvement Organization (QIO)

○ An organization or vendor submitting data on behalf of a nursing home or nursing home system/chain

◉ Another type of healthcare organization (please specify)

Please specify: _____

* 2. Will you have completed survey data collection and be able to submit your final electronic data file by October 21, 2024?

◉ Yes

○ No

* 3. How many nursing homes will you be submitting for?

[3]

* 4. Have you used the Action Planning Tool for the AHRQ Surveys on Patient Safety Culture®?

◉ Yes

○ No

* 5. Did you make any changes to the AHRQ Nursing Home Questionnaire?

◉ Yes

○ No

* If yes, please describe the changes (select all that apply)

☐ Added/Revised work areas

☐ Added/Revised staff positions

☐ Added items

☐ Removed items

☐ Modified wording of item text

☐ Modified response options

☐ Reordered the items

☐ Other (please specify)

Please specify:

[   ]

Attachment A: Nursing Home Eligibility and Registration Form (continued)

Nursing Home Survey on Patient Safety Culture Eligibility Form

We welcome your interest! To determine your organization's eligibility for participation in the Nursing Home Survey on Patient Safety Culture 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: --Select a state-- ▾

* Zip Code: _____

* Telephone number: _____ Ext.: ____

Fax number: _____

* Email Address: _____

* Confirm Email Address: _____

[Previous] [Next]

Nursing Home Survey on Patient Safety Culture Eligibility Form

If the registration information is incorrect, please click on the "Previous" button below and update your information.

Confirm your registration information

Organization Name: Sample NH

Email: 1107947@westat.com

First Name: Suzie

Last Name: Que

Address 1: 224 Elm Street

Address 2:

City: Rockville

State: MD

Zip: 20852

Telephone: 2222222222

Fax:

[Previous] [Next]

Attachment A: Nursing Home Eligibility and Registration Form (continued)

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

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]