

AHRQ Ambulatory Surgery Center Survey on Patient Safety Culture Database, Supporting Statement B

Attachment G: Example Screen Shots of Ambulatory Surgery Center Survey on Patient Safety Culture Data Submission Website Information Collection

Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Ambulatory Surgery Center(s)

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Databases

Welcome, Susie

Submitting Data

1. Enter Site Information
2. Submit Questionnaire
3. Submit Data Use Agreement
4. Submit Survey Data File(s)

Check Your Submission Status

Your Account

- Change Password
- Edit Contact Information

Logout

Submit Data Use Agreement (DUA)

Each ambulatory surgery center or health system/chain wishing to participate in the SOPS Ambulatory Surgery Center Survey Database is required to sign a DUA each submission period. The DUA assures the confidentiality of the data and explains how the data will be used. The completed and signed DUA can be submitted at any time. The DUA can be uploaded directly to the submission system through the DUA submission portal, emailed to DatabasesOnSafetyCulture@westat.com, or faxed to 1-888-882-8277.

[Ambulatory Surgery Center Data Use Agreement \(PDF, 142 KB, PDF HELP\)](#)

For technical assistance, please email DatabasesOnSafetyCulture@westat.com or call 1-888-324-9790.

[Upload your DUA](#)

Stay Connected

888-324-9790
DatabasesOnSafetyCulture@westat.com

OMB Control Number: 0935-0242
Expiration Date: 9/30/2021

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Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Ambulatory Surgery Center(s), continued

Please fill out the information below for the DUA you will upload:

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

Signed by

* First Name

* Last Name

Title

* Signed Date (mm/dd/yyyy)

DUA Contact Information

Use your information as the contact for this site

* DUA Organization

* Contact First Name

* Contact Last Name

Title

* Address

Address 2

* City

* State

* Zip Code

* Telephone number () - Ext.

Fax () -

* Email Address

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Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Ambulatory Surgery Center(s), continued

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

Submit DUA: Select file

Note: Acceptable file format is .pdf.

File: No file chosen

* Select the sites that this DUA covers [Check All](#) [Uncheck All](#)

Select	Site Name	CCN	Address 1	Address 2	City	State	Zip Code
<input type="checkbox"/>	Sample ASC 1	01C3456789	123 Elm Street		Rockville	MD	20852

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Figure 2: Submit Questionnaire and Link Questionnaire to Ambulatory Surgery Center(s)

The screenshot displays the 'Questionnaires' page of the AHRQ Ambulatory Surgery Center Survey on Patient Safety Culture Database. The page is divided into several sections:

- Databases:** A purple header with a navigation menu including 'Welcome, Susie', 'Submitting Data' (with sub-items: 1. Enter Site Information, 2. Submit Questionnaire, 3. Submit Data Use Agreement, 4. Submit Survey Data File(s)), 'Check Your Submission Status', 'Your Account' (with sub-items: Change Password, Edit Contact Information), and 'Logout'.
- Questionnaires:** A section with instructions and an 'Upload a questionnaire' button. The instructions state: 'To upload a questionnaire, click on "Upload a questionnaire".' and 'If you already have an approved questionnaire and you have added or replaced ambulatory surgery centers using the same questionnaire, link your ambulatory surgery centers to the questionnaire by clicking on the file name of the accepted questionnaire below.'
- Table:** A table with columns: #, Status, Date Received, File Name, Language, and Number of Sites using this Questionnaire. The table is currently empty, showing '<< Previous | Next >> Records: 0' and '<< Previous | Next >>'.
- Search:** A search bar with a dropdown menu set to 'Status', a 'Contains' dropdown, an input field, and a 'Find' button.
- Stay Connected:** A blue header with contact information: 888-324-9790, DatabasesOnSafetyCulture@westat.com, OMB Control Number: 0935-0242, and Expiration Date: 9/30/2021.

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Figure 2: Submit Questionnaire and Link Questionnaire to Ambulatory Surgery Center(s), continued

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

Submit Questionnaire: Select file

To submit a Questionnaire

- Select the survey version of the questionnaire.
- Select the language of the questionnaire.
- Select "Next"

*** Language**

English

Spanish

Other

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Figure 2: Submit Questionnaire and Link Questionnaire to Ambulatory Surgery Center(s), continued

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

Submit Data: Select Sites

To submit a Questionnaire

- Select "Browse..." and select your Questionnaire file.
- Select the sites that used this questionnaire.
- Select "Submit File"

Questionnaire

* Select Questionnaire File

No file chosen

Note: Acceptable file formats are .doc, .docx, .wpd, .pdf, or .rtf.

* Select the sites that used this questionnaire [Check All](#) [Uncheck All](#)

Select	Site Name	Survey Version	CCN	Address 1	Address 2	City	State	Zip Code
<input checked="" type="checkbox"/>	Sample ASC 1		01C3456789	123 Elm Street		Rockville	MD	20852

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Figure 3: Upload Data for Each Participating Ambulatory Surgery Center

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Submit Survey Data File(s)

Instructions:

- Once your questionnaire is approved you can begin submitting your data file(s). Select "Submit Data File" next to the ambulatory surgery center you are submitting data for to upload your file(s).
- View data specifications (PDF, 202 KB, PDF HELP)
- View sample data file (XLSX, 11 KB)

<< Previous | Next >> Records: 1

#	Submit	Status	Site Name	CCN	Address	City	State	Denominator	End Month/Year	Current Data File	Current Data File Status
1.		Pending	Sample ASC	01C3456789	123 Elm Street	Rockville	MD	100	3/2020		

<< Previous | Next >>

Search:

Stay Connected

888-324-9790
DatabasesOnSafetyCulture@westat.com

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Figure 3: Upload Data for Each Participating Ambulatory Surgery Center (continued)

Instructions:

[superadmin](#) | [Return to Admin](#)

1. Verify that the data you are submitting matches the following site information:
 - Ambulatory Surgery Center Name, and
 - Ambulatory Surgery Center Address.
2. Select 'Browse' to locate the data file.
3. Select 'Next'.

Submit Data: Select file (Step 1 of 2)

Data file must match Site Name, Address, City, State, and Zip code.

Sample ASC 1
123 Elm Street
Rockville MD, 20852

* Select File:

No file chosen

Note: Only Excel files are acceptable (valid file extensions are .xls and .xlsx).

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Figure 3: Upload Data for Each Participating Ambulatory Surgery Center (continued)

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

Submit DUA: Select file

Note: Acceptable file format is .pdf.

File: No file chosen

* Select the sites that this DUA covers [Check All](#) [Uncheck All](#)

Select	Site Name	CCN	Address 1	Address 2	City	State	Zip Code
<input type="checkbox"/>	Sample ASC 1	01C3456789	123 Elm Street		Rockville	MD	20852