

AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

Attachment G: Example Screenshots of Medical Office Survey on Patient Safety Culture Data Submission Website Information Collection

Figure 1: Submit Data Use Agreement (DUA) and Link DUA to Medical Office(s)



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Databases

Welcome, Susie

Submitting Data

1. Enter Medical Office Site Information

2. Submit Medical Office Questionnaire

3. Submit Data Use Agreement

4. Submit Survey Data File(s)

Check Your Submission Status

Submit Data Use Agreement (DUA)

Each medical office wishing to participate in the SOPS Medical Office 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 1-888-852-8277.

Medical Office Data Use Agreement (PDF, 188 KB, PDF HELP)

For technical assistance, please email DatabasesOnSafetyCulture@westat.com or call 1-888-324-9700.

Upload your DUA

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AHRQ Medical Office Survey on Patient Safety Culture Comparative Database, Supporting Statement B

Attachment G: Example Screenshots of Medical Office Survey on Patient Safety Culture Data Submission Website Information Collection

Figure 2: Submit Questionnaire and Link Questionnaire to Medical Office(s)

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Databases

Welcome, Susie

Submitting Data

1. Enter Medical Office Site Information
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Check Your Submission Status

Your Account

- [Change Password](#)
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Questionnaires

Instructions:

- To upload a questionnaire, click on "Upload a questionnaire".
- If you already have an approved questionnaire and you have added or replaced medical offices using the same questionnaire, link your medical offices to the questionnaire by clicking on the file name of the accepted questionnaire below.

Please allow up to 3 business days for review.

Upload a questionnaire

<< Previous | Next >> Records: 0

#	Status	Date Received (d)	File Name	Language	Number of Sites using this Questionnaire
<< Previous Next >>					

Search: Status Contains Find

Figure 2: Submit Questionnaire and Link Questionnaire to Medical Office(s), continued

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Databases

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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

[Next](#)

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Figure 3: Upload Data for Each Participating Medical Office



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Databases

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Check Your Submission Status

Your Account

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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 medical office you are submitting data for to upload your file(s).

Data specifications:

- Medical Office Survey Data Specifications (PDF, 383 KB, [PDF HELP](#))
- Medical Office Survey Data Specifications with Value and Efficiency Supplemental Item Set (PDF, 383 KB, [PDF HELP](#))

Sample data files:

- Sample Medical Office Survey Data File (XLSX, 18 KB)
- Sample Medical Office Survey Data File with Value and Efficiency Supplemental Item Set (XLSX, 18 KB)

<< Previous | Next >> Records: 1

#	Submit (i)	Status	Site Name	Address	City	State	Denominator	End Month/Year	Current Data File	Current Data File Status
1.		Pending	Sample Medical Office A	123 Elm Street	Rockville	MD	20	1/2019		

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