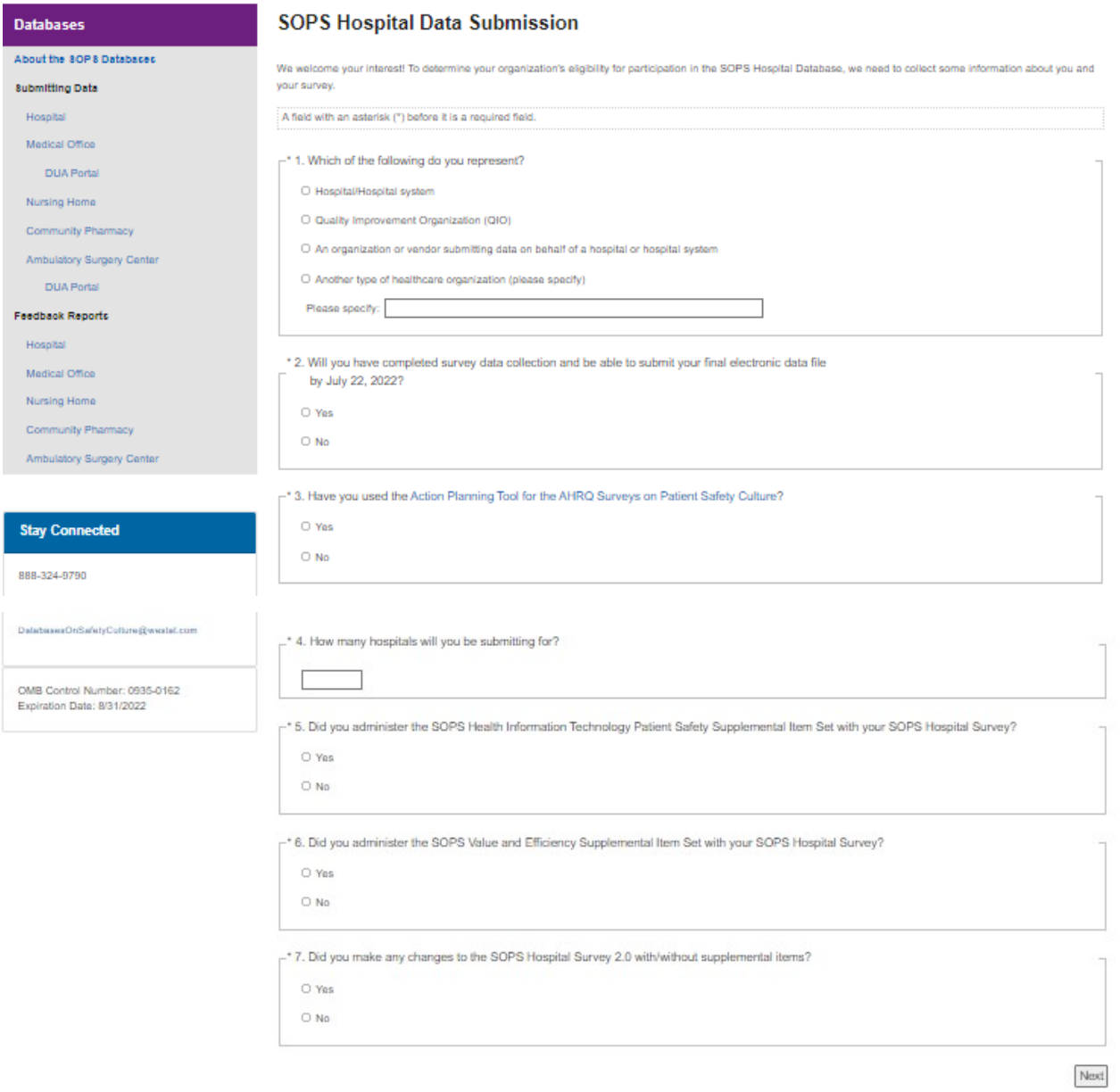
AHRQ Hospital Survey on Patient Safety Culture Database, Supporting Statement A

Attachment A: Eligibility and Registration Form

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX



Databases

About the SOPS Databases

Submitting Data

- Hospital
- Medical Office
  - DUA Portal
- Nursing Home
- Community Pharmacy
- Ambulatory Surgery Center
  - DUA Portal

Feedback Reports

- Hospital
- Medical Office
- Nursing Home
- Community Pharmacy
- Ambulatory Surgery Center

Stay Connected

888-324-9790

DatabasesOnSafetyCulture@westat.com

OMB Control Number: 0935-0162
Expiration Date: 8/31/2022

SOPS Hospital Data Submission

We welcome your interest! To determine your organization's eligibility for participation in the SOPS Hospital 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?

- ○ Hospital/Hospital system
- ○ Quality Improvement Organization (QIO)
- ○ An organization or vendor submitting data on behalf of a hospital or hospital system
- ○ 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 July 22, 2022?

- ○ Yes
- ○ No

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

- ○ Yes
- ○ No

* 4. How many hospitals will you be submitting for?

_____

* 5. Did you administer the SOPS Health Information Technology Patient Safety Supplemental Item Set with your SOPS Hospital Survey?

- ○ Yes
- ○ No

* 6. Did you administer the SOPS Value and Efficiency Supplemental Item Set with your SOPS Hospital Survey?

- ○ Yes
- ○ No

* 7. Did you make any changes to the SOPS Hospital Survey 2.0 with/without supplemental items?

- ○ Yes
- ○ No

Next

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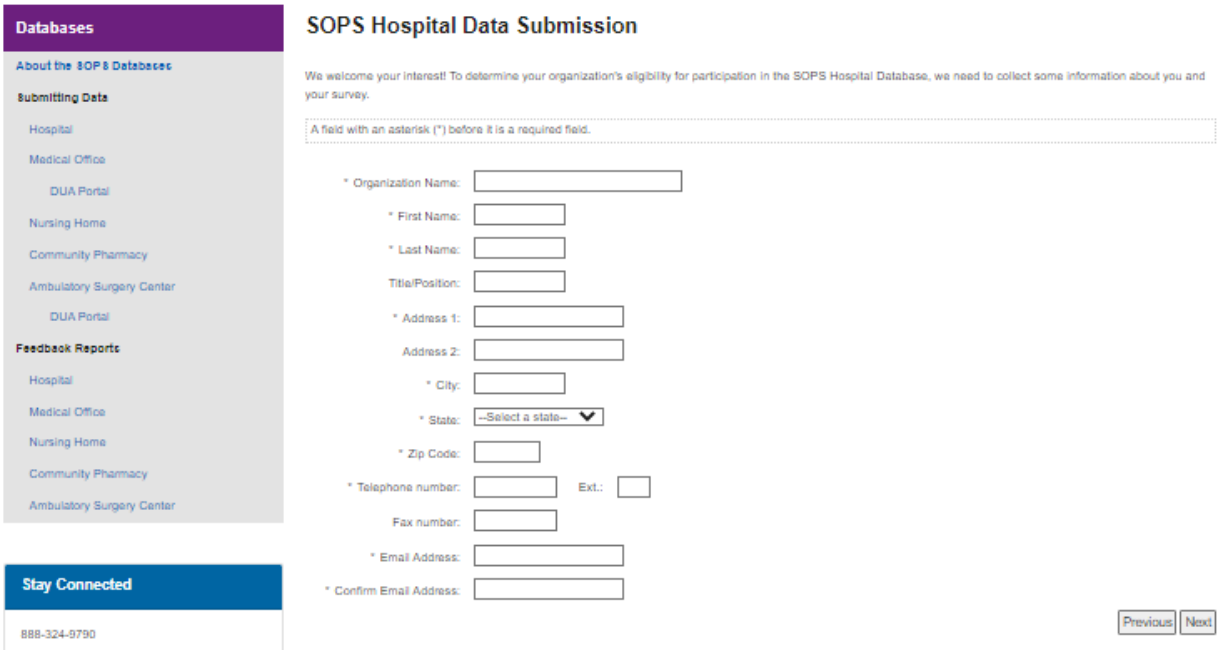

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