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

Attachment A: 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: 0935-0162
Expiration Date: 10/31/2025

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 June 21, 2024?

○ Yes

○ No

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

[_____]

* 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 SOPS Hospital Survey 2.0 with/without supplemental items?

○ Yes

○ No

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

○ Yes

○ No

*7. Did you administer the SOPS Workplace Safety Supplemental Item Set with your SOPS Hospital Survey?

○ Yes

○ No

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

○ Yes

○ No

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.

* 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]

Attachment A: Eligibility and Registration Form

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

SOPS Hospital Data Submission

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

Confirm your registration information

Organization Name: New Org

Email: rosetyler@westat.com

First Name: Jane

Last Name: Doe

Address 1: 1234 W Main

Address 2:

City: Cypress

State: CA

Zip: 12345

Telephone: 9876543210

Fax:

[Previous] [Next]

Attachment A: Eligibility and Registration Form

Databases

Welcome, Joe

Submitting Data

1. Enter Hospital Site Information

2. Submit Hospital Questionnaire

3. Submit Data Use Agreement

4. Submit Survey Data File(s)

Check Your Submission Status

Your Account

Change Password

Edit Contact Information

Logout

Stay Connected

888-324-9790

DatabasesOnSafetyCulture@westat.com

**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]