

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

Attachment G: Example Screen Shots of Hospital Survey on Patient Safety Culture Data Submission Web Site Information Collection

Figure 1: Submit Questionnaire and Link Questionnaire to Hospital(s)

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

Questionnaires

Instructions:


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

Next Steps:

- After your questionnaire has been reviewed and approved in the submission system, you will then be able to upload your survey data. Your questionnaire will be reviewed within the next 3 business days. You will receive an email notification when your questionnaire has been reviewed.

[Upload a questionnaire](#)

<< Previous | Next >> Records: 2

#	Status	Date Received 	File Name	Language	Number of Sites using this Questionnaire
1.	Submitted	8/22/2024 2:02:33 PM	quex supps.pdf	English	13

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Figure 1: Submit Questionnaire and Link Questionnaire to Hospital(s), continued

Submit Questionnaire: Select file

To submit a Questionnaire

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

*** Survey Version**

- ☐ Version 2.0
- ☐ Version 2.0 with Health IT Patient Safety, and/or Workplace Safety, and/or Value and Efficiency

*** Language**

- ☐ English
- ☐ Spanish
- ☐ Other

Next

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Figure 2: Upload Data for Each Participating Hospital

Databases

Welcome, Soheyla

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

Submit Survey Data File(s)

Instructions:

- Please only submit data from your most recent survey administration.
- Once your questionnaire is approved you can begin submitting your data file(s). Select "Submit Data File" next to the hospital you are submitting data for to upload your file(s).

Version 2.0

- SOPS Hospital Survey 2.0 Data Specifications (PDF, 258 KB, PDF HELP)
 - Sample Hospital Survey 2.0 Data File (XLSX, 13 KB)
- SOPS Hospital Survey 2.0 Data Specifications with Health Information Technology Patient Safety, and/or Workplace Safety, and/or Value and Efficiency (PDF, 258 KB, PDF HELP)
 - Sample Hospital Survey 2.0 with Health Information Technology Patient Safety, and/or Workplace Safety, and/or Value and Efficiency Data File (XLSX, 13 KB)

<< Previous | Next >> Records: 0

| Submit | Status | Medicare Provider ID | AHA ID | Site Name | Address | City | State | Current Data File | Current Data File Status

<< Previous | Next >>

Search: Submit Contains Find

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Figure 2: Upload Data for Each Participating Hospital, continued

Databases

Welcome, Soheyila

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

Instructions:

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

Submit Data: Select file

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

Test
1600 Research Blvd.
Rockville MD, 20850

* Survey Version

☐ Version 2.0

* Select File:

No file chosen

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