

CHECKLIST: Submitting to the AHRQ Hospital Survey on Patient Safety Culture Comparative Database

Database Submission Timeline:
Data submission occurs from June 1 – June 19.

You will need the following information about each hospital for which you submit data:

<input type="checkbox"/>	Medicare Provider ID
<input type="checkbox"/>	Hospital Name
<input type="checkbox"/>	Hospital Address
<input type="checkbox"/>	Hospital Point of Contact
<input type="checkbox"/>	Hospital Point of Contact Telephone
<input type="checkbox"/>	Hospital Point of Contact Email
<input type="checkbox"/>	AHA ID * <i>AHA Registered Hospitals must submit AHA ID</i>
<input type="checkbox"/>	Total number of licensed beds: 6-24 beds, 25-49 beds, 50-99 beds, 100-199 beds, 200-299 beds, 300-399 beds, 400-499 beds or 500 or more beds
<input type="checkbox"/>	Type of ownership: For Profit, Non-Profit, or Government
<input type="checkbox"/>	Teaching Status
<input type="checkbox"/>	Who you administered the survey to (All staff, sample of all staff, selected staff only, selected work areas/units only, or selected staff and selected work areas/units)
<input type="checkbox"/>	Number of staff asked to complete the survey (Response Rate Denominator)
<input type="checkbox"/>	Survey Mode (Paper, Web, Mixed, or Other)
<input type="checkbox"/>	Month and year in which data collection was completed
<input type="checkbox"/>	Copy of Hospital questionnaire(s) administered (English and/or Spanish versions)
<input type="checkbox"/>	Hospital Survey on Patient Safety Culture data file
<input type="checkbox"/>	Number of times administered the survey since July 2013 (only submit your most recent data)
<input type="checkbox"/>	Signed Data Use Agreement (DUA)

PLEASE NOTE: Data submission ends on **June 19**. If you do not submit your data by this date, it will not be included in the database.