Site-Level Data File Specifications
AHRQ Medical Office Survey on Patient Safety Culture

Use these instructions if you are <u>submitting data from one or more medical offices</u>.

<u>INSTRUCTIONS:</u>

Step 1: Site-level data must be in Excel format (.xls, .xlsx).

Step 2: Include a header row with the variable name for each column.
Please include all variable names from the table below and ensure that each one is entered in the correct column. Failure to do so will result in delays in processing your data.

Step 3: Site IDs must match IDs in respondent-level data file.
Please enter a unique Site ID for each medical office. Make sure that each medical office's Site ID matches its Site ID in your respondent-level data file. This step is crucial for linking site-level and respondent-level data.

Step 4: File must contain one record for each medical office.
Enter each medical office in a separate row, including all required variables from the table below.

<u>DEFINITION OF A MEDICAL OFFICE:</u>
- *A **medical office** is defined as an outpatient facility in a specific location.*
- *Each **medical office** located in a building containing multiple medical offices is considered a separate medical office.*
- *Providers in a single **medical office** should share administrative and clinical support staff. If they do not share these staff, the offices should be considered separate offices.*

Column	Variable Name	Variable Label	Type	Details/Comments
Column A*	SiteID	Site ID	Numeric	Unique Site ID matching respondent-level data file.
Column B*	SiteName	Site Name	Character	Please use a unique name for each medical office.
Column C*	Address1	Street Address 1	Character	
Column D	Address2	Street Address 2	Character	
Column E*	City	City	Character	
Column F*	State	State	Character	2-character State abbreviation
Column G*	ZipCode	Zip Code	Character	5-digit zip code (include leading zeroes)
Column H	ZipPlusFour	Zip Code +4	Numeric	4-digit zip code extension
You must enter the name, phone number, and email of the contact person at each medical office.				
Column I*	Contact_First	Contact First Name	Character	
Column J*	Contact_Last	Contact Last Name	Character	
Column K*	Contact_Phone	Contact Phone #	Numeric	10-digit phone number with no spaces or dashes
Column L	Contact_Ext	Contact Extension	Numeric	Phone number extension
Column M*	Contact_Email	Contact Email Address	Character	

*Indicates required information for each medical office.

Column	Variable Name	Variable Label	Type	Details/Comments
Column N*	Ownership	Which best describes the majority ownership of this medical office/practice?	Numeric (1-6)	1 = Provider(s) and/or Physician(s) 2 = Hospital or Health System University or Academic Medical Center 3 = Community Health Center 4 = Federal, state, or local government 5 = Other
Column O*	Denominator	Total number of employees asked to complete the survey	Numeric	Must be 5 or more.
Column P*	SurveyMode	What was the mode used to administer the survey?	Numeric (1-3)	1 = Paper only 2 = Web only 3 = Web and paper
Column Q*	EndMonth	End Month of Data Collection Completion	Numeric (1-12)	Month of data collection completion
Column R*	EndYear	End Year of Data Collection Completion	Numeric	Year of data collection completion (YYYY)
Column S*	Num_providers_wk	What is the total number of providers (MDs, DOs, PAs, NPs,) working in this medical office location during a typical week?	Numeric	Enter total number of providers working during a typical week (across all providers)
Column T*	Type_practice	Which of the following best describes the type of practice at this office location?	Numeric (1-2)	1 = Single specialty 2 = Multispecialty

If single specialty ONLY, select one specialty from the list of specialties in Column U.

*Indicates required information for each medical office.

Column	Variable Name	Variable Label	Type	Details/Comments
Column U**	Specialty	What is the specialty of the provider(s) at this office location?		1 = Allergy/Immunology 2 = Anesthesiology 3 = Cardiology 4 = Child & Adolescent Psychiatry 5 = Dermatology 6 = Diagnostic Radiology 7 = Emergency Medicine 8 = Endocrinology/Metabolism 9 = Family Practice/Family Medicine 10 = Forensic Pathology 11 = Gastroenterology 12 = General Practice 13 = General Preventive Medicine 14 = General Surgery 15 = Geriatrics 16 = Hematology/Oncology 17 = Internal Medicine 18 = Medical Genetics 19 = Nephrology 20 = Neurology 21 = Nuclear Medicine 22 = OB/GYN or GYN 23 = Ophthalmology 24 = Orthopedics 25 = Otolaryngology 26 = Pathology – Anatomic/Clinical 27 = Pediatrics 28 = Physical Medicine & Rehabilitation 29 = Psychiatry 30 = Public Health & Rehabilitation 31 = Pulmonary Medicine 32 = Radiology 33 = Rheumatology 34 = Surgery (All) 35 = Urology 36 = Vascular Medicine 37 = Other specialty

** Required only for single specialty medical offices.

Column	Variable Name	Variable Label	Type	Details/Comments
Column V	Training ***	Have any providers or staff in this office taken efficiency and reliability training such as Lean, Six Sigma, ISO 9000/9001 or another similar training?	Numeric (1-2)	1 = Yes 2 = No

For Medical Offices that administered the SOPS Medical Office Value and Efficiency Supplemental Items at the end of the SOPS Medical Office Survey, please answer the following question.

*** Only required if you are submitting SOPS Medical Office Value and Efficiency item set data with your SOPS Medical Office survey data