

Site-Level Data File Specifications

AHRQ Community Pharmacy Survey on Patient Safety Culture

Use these instructions if you are submitting data from one or more pharmacies.

INSTRUCTIONS:

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 pharmacy. Make sure that each pharmacy'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 pharmacy.

Enter each pharmacy in a separate row, including all required variables from the table below.

DEFINITION OF A PHARMACY:

- A **pharmacy** is defined as a community pharmacy in a specific location.
- Each **pharmacy** that is part of a pharmacy chain or health care system is considered a separate pharmacy.

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 pharmacy.
Column C	StoreNumber	Store Number	Character	Please enter your store number as identified by your organization.
Column D*	Address1	Street Address 1	Character	
Column E	Address2	Street Address 2	Character	
Column F*	City	City	Character	
Column G*	State	State	Character	2-character State abbreviation
Column H*	ZipCode	Zip Code	Character	5-digit zip code (include leading zeroes)
Column I	ZipPlusFour	Zip Code +4	Numeric	4-digit zip code extension
Column J	NPI	NPI Number (Pharmacy NPI Number)	Numeric	10 digit Pharmacy NPI Number
You must enter the name, phone number, and email of the contact person at each community pharmacy.				
Column K*	Contact_First	Contact First Name	Character	

*Indicates required information for each pharmacy.

Column	Variable Name	Variable Label	Type	Details/Comments
Column L*	Contact_Last	Contact Last Name	Character	
Column M	Contact_Title	Contact Job Title	Character	
Column N*	Contact_Phone	Contact Phone #	Numeric	10-digit phone number with no spaces or dashes
Column O	Contact_Ext	Contact Extension	Numeric	Phone number extension
Column P*	Contact_Email	Contact Email Address	Character	
Column Q*	PharmacyType	Please identify the type of store that <u>best</u> describes this pharmacy (<i>Mark ONE only</i>)	Numeric (1-6)	<ol style="list-style-type: none"> 1. Independent pharmacy 2. Supermarket pharmacy 3. Mass merchant pharmacy / discount retailer pharmacy 4. Chain drugstore (local, regional, national) 5. Integrated health system pharmacy (non-hospital unit based) 6. Other
Column R	Pharmacy_OS	For Other Pharmacy Type, please specify	Character (1000 max.)	If PharmacyType (Column Q) = 6, please specify the Other Pharmacy Type
Column S*	Num_locations	What is the total number of locations/stores affiliated with this pharmacy? (<i>Include this pharmacy when counting</i>)	Numeric (1-7)	<ol style="list-style-type: none"> 1. 1 store (This pharmacy is the only location). 2. 2 to 3 3. 4 to 9 4. 10 to 99 5. 100 to 249 6. 250 to 999 7. 1,000 or more
Column T*	Num_prescriptions_wk	What is the average number of prescriptions filled PER WEEK in this pharmacy?	Numeric	Enter total number of prescriptions filled per week
Column U*	Denominator	What is the total number of individuals who received a survey in this pharmacy location/store?	Numeric	Must be 3 or more. Pharmacies must have at least 5 completed surveys to receive a community pharmacy individual feedback report.
Column V*	EndMonth	End Month of Data Collection	Numeric (1-12)	Month of data collection completion
Column W*	EndYear	End Year of Data Collection	Numeric	Year of data collection completion (YYYY)

*Indicates required information for each pharmacy.

Column	Variable Name	Variable Label	Type	Details/Comments
Column X*	SurveyMode	What was the mode used to administer the survey?	Numeric (1-4)	<ol style="list-style-type: none"> 1. Paper 2. Web 3. Mixed mode (paper & web) 4. Other

*Indicates required information for each pharmacy.