**Agency for Healthcare Research and Quality (AHRQ)**

# Hospital Survey on Patient Safety Culture Database: Hospital-Identifiable Research Abstract Form

## Instructions

Please use this form to describe the research for which you require hospital-identifiable AHRQ Surveys on Patient Safety Culture® (SOPS®) Hospital Survey data. Save this completed form with your last name in the file name (e.g., “Smith Hospital-Identifiable Research Abstract.doc”) and submit to [SOPSResearchData@westat.com](mailto:SOPSResearchData@westat.com) (Subject line: SOPS Hospital-Identifiable Research Abstract Request).

Please do not use more space than what is provided in the boxes below so that it will fit into a 1-page request to hospitals.

Project Title

Purpose

Hypotheses

Methodology

[Specify measures and proposed analyses, including level of analysis, e.g., hospital-level]

Expected Project Timeline

Data Year(s) Requested

[Include a rationale in the Hypotheses and Methodology sections if selecting more than one dataset]

| **Survey** | **SOPS Database Report Year** | **End Dates of Survey Data Collection**  **(Range Across Hospitals)** | **Check Dataset Requesting** |
| --- | --- | --- | --- |
| **Hospital 2.0** | **2022** | **Nov. 2020 – July 2022** |  |
| **Hospital 2.0** | **2021** | **Jan. 2019 – Oct. 2020** |  |
| **Hospital 1.0** | **2021** | **Dec. 2017 – Oct. 2020** |  |

Expected Outcomes of the Research/How Results will be Presented

Funding Sources

[Include grant or contract number.]

Institutional Review Board (IRB):

If your organization has an IRB, we will need an IRB letter from approved requesters before releasing SOPS hospital-identifiable data. Does your organization have an IRB?

Yes

No

If Primary Contact is a student, please also provide Other Contact/Supervisor Information below.

Primary Contact Information

Name:

Title:

Organization:

Address 1:

Address 2:

Phone:

City, State, Zip:

Country:

Email:

Other Contact/Supervisor Information

Name:

Title:

Organization:

Address 1:

Address 2:

Phone:

City, State, Zip:

Country:

Email:

If there are more individuals who will be working with the data on this project, please provide their contact information as well.