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

# SOPS® Database De-Identified Data Research Abstract Form

## Instructions

Please use this form to describe the research for which you are requesting AHRQ Surveys on Patient Safety Culture® (SOPS®) de-identified data. Save this completed form with your last name in the file name (e.g., “Smith SOPS De-identified Research Abstract.doc”) and submit to SOPSResearchData@westat.com (Subject line: SOPS De-identified Data Request).

**Notes**: Because participating organizations (i.e., hospitals, medical offices, ambulatory surgery centers, nursing homes, and community pharmacies) voluntarily submit data to the SOPS Database, the data do not constitute a nationally representative sample. Replication of statistics published in the *SOPS Database Reports* may not be possible due to post-hoc data cleaning and because some sites did not authorize the inclusion of their data in the de-identified data files. Documentation of cleaning that was done is provided with the data files.

Date Completing Research Abstract Form

Project Title

Purpose

Hypotheses

Methodology

[Specify measures and proposed analyses, including level of analysis, i.e., respondent-level or organization-level]

Expected Project Timeline

Expected Outcomes of the Research/How Results will be Presented

Funding Sources

[Include grant or contract number]

Survey and Database Year(s) Needed for Analyses Outlined Above.

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

Core Datasets

The following core SOPS survey datasets are available for research purposes.

| **Survey** | **SOPS Database Report Year** | **Dates of Survey Data Collection** | **Number of Sites** | **Number of Respondents** | **Check Dataset Requesting** |
| --- | --- | --- | --- | --- | --- |
| **Hospital 2.0** | **2022** | Nov. 2020 – July 2022 | 400 | 206,410 | [ ]  |
| **Hospital 2.0** | **2021** | Nov. 2018 – Oct. 2020 | 172 | 87,856 | [ ]  |
| **Hospital 1.0** | **2021** | Dec. 2017 – Oct. 2020 | 320 | 191,977 | [ ]  |
| **Hospital 1.0** | **2018** | Jul. 2015 – June 2017 | 630 | 382,834 | [ ]  |
| **Medical Office** | **2024** | Nov. 2021 – Sept. 2023 | 1,164 | 15,449 | [ ]  |
| **Medical Office** | **2022** | Nov. 2019 – Oct. 2021 | 1,100 | 13,277 | [ ]  |
| **Medical Office** | **2020** | Dec. 2017 – Oct. 2019 | 1,475 | 18,396 | [ ]  |
| **Ambulatory Surgery Center** | **2023** | Jan. 2022 – June 2023 | 243 | 7,458 | [ ]  |
| **Ambulatory Surgery Center** | **2021** | Aug. 2020 – June 2021 | 235 | 8,918 | [ ]  |
| **Ambulatory Surgery Center** | **2020** | Aug. 2014 – July 2019 | 282 | 10,527 | [ ]  |
| **Nursing Home** | **2023** | Jan. 2022 – Sept. 2022 | 62 | 3,224 | [ ]  |
| **Nursing Home** | **2019** | Jan. 2016 – Jul. 2018 | 191 | 10,499 | [ ]  |
| **Community Pharmacy** | **2019** | Apr. 2014 – Sept. 2018 | 331 | 2,157 | [ ]  |

Supplemental Item Set Datasets

Users of SOPS surveys have the option of including additional SOPS questions, known as supplemental item sets. The following SOPS supplemental item set datasets are available for research purposes.

| **Supplemental Item Set** | **SOPS Database Report Year** | **Dates of Survey Data Collection** | **Number of Sites** | **Number of Respondents** | **Check Dataset Requesting** |
| --- | --- | --- | --- | --- | --- |
| **Hospital**  |  |  |  |  |  |
| **Health Information Technology Patient Safety** | **2021** | Nov. 2018 – Oct. 2020 | 21 | 11,408 | [ ]  |
| **Workplace Safety** | **2021/2022 (combined)** | May 2021 – July 2022 | 40 | 11,710 | [ ]  |
| **Medical Office** |  |  |  |  |  |
| **Diagnostic Safety** | **2022/2024 (combined)** | Sept. 2021 – Sept. 2023 | 102 | 760 | [ ]  |

Contact Information

If Primary Contact is a student, please also provide your supervisor in 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.