Agency for Healthcare Research and Quality (AHRQ) SOPS® Database De-Identified Data Research Abstract Form

EXAMPLE OF A COMPLETED FORM

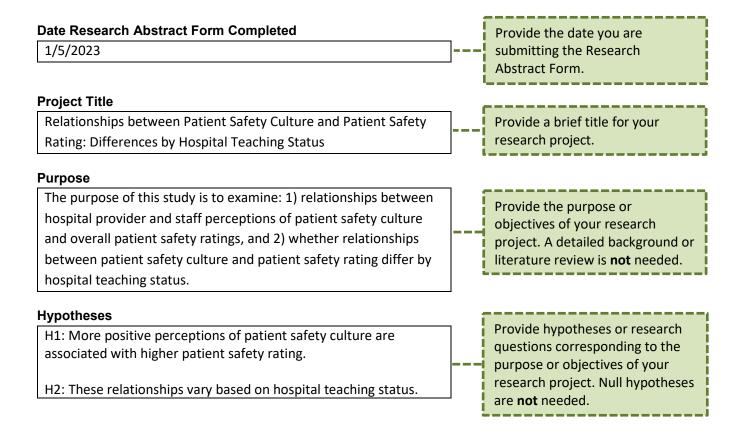
This completed abstract presents an example of how to complete this form.

Annotations and notes are shown in text boxes.

Instructions

Please use this form to describe the research for which you request 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, nursing homes, community pharmacies, and ambulatory surgery centers) voluntarily submit data to the SOPS Databases, the data do not constitute a nationally representative sample. Replication of statistics published in the *Surveys on Patient Safety Culture Database Reports* may not be possible due to post-hoc cleaning and because some sites did not authorize the inclusion of their data in these de-identified files. Documentation of cleaning is provided with the data files.



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

Measures

Independent variables (perceptions of patient safety culture):

All 10 composite measures in SOPS Hospital Survey 2.0

Dependent variable (patient safety rating):

Patient Safety Rating (Item E1)

Moderator variable:

• Teaching status (teaching vs. nonteaching)

Control variables:

• Hospital characteristics (bed size and ownership)

Level of Analysis

Analysis will be conducted at the hospital level.

Analysis Plan

To test our hypotheses, we will conduct separate linear regressions for each composite measure with patient safety rating. Each model will include a two-way interaction term (composite measure by teaching status) and control for hospital characteristics.

Indicate the SOPS measures you plan to use to test your hypotheses (e.g., composite measures, single items). Explain how these measures will operationalize the concepts in your hypotheses.

Indicate the level of analysis to be used (e.g., individual level, unit level, organization level).

Indicate the statistical method you will use to test your hypotheses.

Expected Project Timeline

January 2023 - June 2023

Provide an estimated start and end date for your research project.

Expected Outcomes of the Research/How Results will be Presented

Results will be presented at professional conferences and submitted for publication in a peer-reviewed journal.

Describe how the results of your research project will be shared or presented (e.g., conference presentation, journal article, dissertation). Indicate if you are a student and conducting this research as part of a degree program.

Funding Sources [Include grant or contract number]

None.

Include the funding source. If not applicable, write "None."

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]

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	\boxtimes	
	2021	Jan. 2019 – Oct. 2020		
	2021	Dec. 2017 - Oct. 2020		Select the survey
Hospital 1.0	2018	Jul. 2015 – June 2017		and database
	2016	Jul. 2013 – June 2015		year(s) for your analyses. If you select more than one dataset, your
	2020	Dec. 2017 - Oct. 2019		
Medical Office	2018	May 2016 – Sept. 2017		Hypotheses and/or
	2016	March 2014 - Oct. 2015		Methodology sections must
Nursing Home	2019	Jan. 2016 – Jul. 2018		incorporate a justification for the data requested.
	2016	Jan. 2014 – Apr. 2016		
Community Pharmacy	2019	Apr. 2014 – Sept. 2018		
	2015	Nov. 2013 – Nov. 2014		
Ambulatory Surgery Center	2021	Aug. 2020 – June 2021		
	2020	Aug. 2014 – July 2019		

Contact Information

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

Primary Contact Information

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Other Contact/Supervisor Information

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