

Hospital Data Entry Tool Guide

Link to Hospital Data Entry Tool

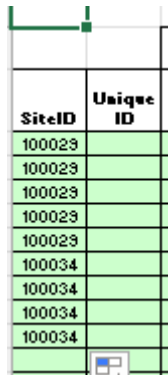
https://ahca.myflorida.com/content/download/24170/file/3130-8015A_October2022.xlsm

Link to Hospital Survey

https://ahca.myflorida.com/content/download/22084/file/Hospital_Patient_Safety_Culture_Survey_AHCA_Form_3130-8015_October2022_%28%29.pdf

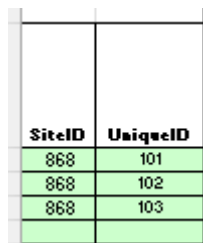
Entering the data within the tool

1. **Site ID:** This is a unique identifier for each location you are submitting data for, if you are providing data from multiple locations. You may use the AHCA file number as the Site ID or any other naming convention. Be sure to keep the Site ID consistent for data collected at a particular location.



| SiteID | Unique ID |
|--------|-----------|
| 100023 | |
| 100023 | |
| 100023 | |
| 100023 | |
| 100023 | |
| 100034 | |
| 100034 | |
| 100034 | |
| 100034 | |
| | |

2. **Unique ID:** This is a unique identifier for each individual survey. You can use any naming convention you wish such as 1,2,3,4 or A, B, C, D. Remember the surveys are to be anonymous so the unique ID should not correspond to any sort of identifier such as employee number or social security number etc.



| SiteID | UniqueID |
|--------|----------|
| 868 | 101 |
| 868 | 102 |
| 868 | 103 |
| | |

3. **Sections A-F:** The survey is divided into sections A-F. Within each section, questions are numbered. Enter the survey response in the corresponding lettered and numbered field.

| SECTION A | | | | | | | |
|-----------|-----------|----|----|----|----|----|----|
| SiteID | Unique ID | A1 | A2 | A3 | A4 | A5 | A6 |
| 100029 | 1 | 2 | 3 | 3 | 3 | 2 | 2 |
| 100029 | 2 | 3 | 3 | 4 | 3 | 4 | 2 |
| 100029 | 3 | 5 | 4 | 4 | 5 | 3 | 3 |
| 100029 | 4 | 3 | 2 | 2 | 3 | 3 | 4 |
| 100029 | 5 | 4 | 5 | 4 | 5 | 5 | 3 |
| | | | | | | | |
| | | | | | | | |

4. Background Questions: The Background Questions sections of the survey and date entry tool are not lettered.

| Background Questions | | | | |
|----------------------|--------------------------|-----------------------|------------------------|---|
| Tenure with Hospital | Tenure in Unit/Work Area | Hours Worked per Week | Direct Patient Contact | C |
| | | | | |
| | | | | |
| | | | | |

5. Section H: Section H is the field where you will enter the responses to the CARE questions. The CARE section is not lettered within the survey, but it is located between Section F and the Background Questions section. Be careful when inputting your data, especially if you are copying and pasting from your AHRQ survey. The CARE questions are not part of the AHRQ survey. This is a Florida PSCS specific question.

| Section H | |
|-----------|----|
| H1 | H2 |
| | |
| | |
| | |