

Site-Level Data File Specifications

AHRQ Nursing Home Survey on Patient Safety Culture

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

INSTRUCTIONS:

Step 1: Site-level data must be in Excel format (.xls, .xlsx). Please use the template provided.

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 nursing home. Make sure that each nursing home’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 nursing home.

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

DEFINITION OF A NURSING HOME:

- *A **nursing home** has licensed nursing home beds and is not an assisted living, community care, or independent living facility.*
- ***Nursing homes** must be located in the United States or in a U.S. territory.*

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 site.
Column C*	Address1	Street Address 1	Character	
Column D	Address2	Street Address 2	Character	
Column E*	City	City	Character	
Column F*	State	State	Character	2-character State abbreviation
Column G*	ZipCode	Zip Code	Character	5-digit zip code (include leading zeroes)
Column H	ZipPlusFour	Zip Code +4	Numeric	4-digit zip code extension

You must enter the name, phone number, and email of the contact person at each nursing home.

Column I*	Contact_First	Contact First Name	Character	
Column J*	Contact_Last	Contact Last Name	Character	
Column K*	Contact_Phone	Contact Phone #	Numeric	10-digit phone number with no spaces or dashes
Column L	Contact_Ext	Contact Extension	Numeric	Phone number extension
Column M*	Contact_Email	Contact Email Address	Character	

*Indicates required information for each nursing home.

Column	Variable Name	Variable Label	Type	Details/Comments
*Column “N” Medicare Provider ID is required for all Medicare Nursing Homes.				
Column N	MedProvID	Medicare Provider ID	Character	6-character Medicare Provider ID (include leading zeroes)
Column O*	BedSize	Please identify the total number of certified beds in the nursing home.	Numeric (1-4)	<ol style="list-style-type: none"> 1-49 beds 50-99 beds 100-199 beds 200 beds or more
Column P*	Ownership	Please identify the type of organization that controls and operates the nursing home.	Numeric (1-3)	<ol style="list-style-type: none"> 1. For Profit – Operated under private commercial ownership 2. Non Profit – Operated under voluntary or other nonprofit auspices 3. Government – Operated by a governmental entity
Column Q*	Denominator	Total number of employees asked to complete the survey	Numeric	Must be 10 or more
Column R*	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
Column S*	StaffSurveyed	Please indicate who the survey was administered to:	Numeric (1-4)	<ol style="list-style-type: none"> 1. All staff/sample of all staff 2. Selected departments/units only (please specify) 3. Selected staff positions only (please specify) 4. Selected departments/units and selected staff positions (please specify)
Column T	PleaseSpecify	Please specify selected staff.	Character (1000 max.)	If StaffSurveyed = 2, 3, or 4, please specify who the survey was administered to.
Column U*	EndMonth	End month of data collection	Numeric (1-12)	Month of data collection completion
Column V*	EndYear	End year of data collection	Numeric	Year of data collection completion (YYYY)

*Indicates required information for each nursing home.