REQUEST FOR APPROVAL OF PILOT OF THE HCAHPS/SHEP SATISFACTION SURVEY INSTRUMENTS, VA FORMS OF THE 10-21083(NR) SERIES
2900-new

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

1. Provide a numerical estimate of the potential respondent universe and describe any sampling or other respondent selection method to be used. Data on the number of entities (e.g., households or persons) in the universe and the corresponding sample are to be provided in tabular format for the universe as a whole and for each strata. Indicate expected response rates. If this has been conducted previously include actual response rates achieved.

The universe consists of 14,500 VA inpatients that are discharged in a given month from Medical, Surgical, Psychiatry, Rehabilitation Medicine, Neurology, or Spinal Cord services to the community, and were admitted and discharged from the same service. The overall response rate expected is to be 50%.

Stratification factor	System-wide census
SHEP sampling method	7,250
HCAHPS sampling method	7,250

2. Describe the procedures for the collection of information, including:

- **Statistical methodology for stratification and sample selection**
- **Estimation procedure**
- **Degree of accuracy needed**
- **Unusual problems requiring specialized sampling procedures**
- **Any use of less frequent than annual data collection to reduce burden**

The entire universe of 14,500 eligible patients will constitute the sample; a 50% response rate has historically been achieved in the SHEP inpatient survey. Pre-stratification will be 50% using the SHEP sampling methodology, and 50% using the HCAHPS sampling method. The SHEP sampling method uses discharging bed sections to identify medicine, surgery, psychiatry, spinal cord injury, neurology, and rehabilitation medicine patients. The HCAHPS method uses Diagnosis-related groups (DRG's) to identify medicine, surgery, and obstetrics patients, and excludes psychiatry patients. We are seeking a degree of accuracy of plus or minus 10% on the measure of overall satisfaction, and a 95% confidence level for each of the five survey instruments, the two sampling groups, and the 23 VA networks (VISN's). No attempt will be made to detect score differences at the level of the 160 VA medical center facilities. The pilot survey project is a one-time effort.

3. Describe methods to maximize response rate and to deal with issues of non-response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield "reliable" data that can be generalized to the universe studied.

The proposed sample of 14,500 will yield a response rate of 50% or 7,250 responses. We will maximize the response rate by utilizing a personalized prenotification letter from the VA, by prominently featuring the VA seal on the survey, by using an official VA cover letter, and by sending a thank you/ reminder postcard. The proposed sampling scheme will result in ~ 63 respondents per survey per sampling scheme and per VISN, which will give the desired accuracy of the estimate of overall satisfaction, for purposes of comparing the 5 surveys.

4. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions of 10 or more individuals.

This project itself represents a test. The purpose of the test is to make a management decision about which survey instrument gives the best response rate and the most accurate estimate of overall satisfaction.

5. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractor(s), grantee(s), or other person(s) who will actually collect and/or analyze the information for the agency.

Statistical aspects of this design were determined within the agency by John Elter, PhD (919-993-3035, Ext 224), Trang Lance, MPH (Biostatistician), and James Schaeffer, MPH (Biostatistician). The data will be collected and tabulated by NRC-Picker Corporation under contract, and the analyses will be performed by John Elter, PhD and Trang Lance, MPH.