

**SUPPORTING STATEMENT**

**Part A**

*PSO Privacy Protection Center  
Help Desk Survey*

**Version**

*October 2008*

Agency of Healthcare Research and Quality (AHRQ)

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## **A. Justification**

### ***1. Circumstances that make the collection of information necessary***

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see Attachment A), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and
2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

Through the Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act), Congress authorized the creation of Patient Safety Organizations (PSOs) to reduce the incidence of events that adversely affect patient safety. The goals of the Patient Safety Act are to encourage the expansion of voluntary, provider-driven initiatives to improve the safety of health care; to promote more rapid learning about the underlying causes of risks and harms in the delivery of health care; and to share those findings widely, thus speeding the pace of improvement. The Patient Safety Act:

- Encourages the development of Patient Safety Organizations (PSOs)—new organizations that can work with clinicians and health care organizations to identify, analyze, and reduce the risks and hazards associated with patient care.
- Fosters a culture of safety by establishing strong Federal confidentiality and privilege protections for information that physicians, other clinicians, and provider organizations assemble and develop and for deliberations and analyses regarding quality and safety.

- Accelerates the speed with which solutions can be identified for the risks and hazards associated with patient care by facilitating the aggregation of a sufficient number of events in a protected legal environment.

AHRQ administers the provisions of the Patient Safety and Quality Improvement Act of 2005 dealing with PSO operations, and AHRQ has established a technical assistance service to support implementation of the Act. This technical assistance is delivered through the PSO Privacy Protection Center (PPC). The PPC provides a variety of services directly to PSOs. Two major PPC services include: 1) providing assistance with use of the Common Formats for patient safety event reporting, and 2) rendering patient safety event data non-identifiable, prior to submission to the Network of Patient Safety Databases (NPSD).

The Privacy Protection Center Help Desk Survey (see Attachment B) will provide customer feedback on how to improve the quality of services provided. The support provided by the PPC has an impact on the Patient Safety Organization (PSO) initiative and its efforts to improve quality and safety in health care.

## ***2. Purpose and Use of Information***

The information collected is feedback in dichotomous and narrative form on the services provided by the PPC Help Desk. When a customer contacts the PPC Help Desk, an issue is logged in a software tracking system. Once the issue is resolved and closed, it is counted. Every tenth issue that is closed will be flagged and that customer will receive the survey via email. The survey is voluntary so the customer can answer the questions and reply with their feedback, or they can disregard the survey.

Results will be compiled on a monthly basis and summary information will be reported to the AHRQ Project Officer in the PPC Monthly Progress Report. The PPC Help Desk will use this information to improve the quality of services provided to PSOs and customers.

## ***3. Use of Improved Information Technology***

The survey will be submitted to the respondent via email. The respondent will reply with their answers. Use of email is efficient and affordable.

## ***4. Efforts to Identify Duplication***

There are no other customer satisfaction surveys of the PPC Help Desk

## ***5. Involvement of Small Entities***

This information collection will have little or no impact on small entities.

## **6. Consequences if Information Collected Less Frequently**

Collection of survey information by every tenth issue that is resolved provides an adequate but not overburdening number of respondents. Less frequent surveys would reduce the information obtained for the monthly PPC Progress Report.

## **7. Special Circumstances**

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

## **8. Federal Register Notice and Outside Consultations**

### **8.a. Federal Register Notice**

Since this information collection request is being submitted under AHRQ's Customer Satisfaction Generic Clearance (0935-0106) publication in the Federal Register is not required.

### **8.b. Outside Consultations**

There were no consultations with persons outside of AHRQ.

## **9. Payments/Gifts to Respondents**

No payments or gifts will be offered to respondents.

## **10. Assurance of Confidentiality**

Individuals and organizations will be assured of the confidentiality of their replies under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). They will be told the purposes for which the information is collected and that, in accordance with this statute, any identifiable information about them will not be used or disclosed for any other purpose.

Individuals and organizations contacted will be further assured of the confidentiality of their replies under 42 U.S.C. 1306, and 20 CFR 401 and 4225 U.S.C.552a (Privacy Act of 1974). In instances where respondent identity is needed, the information collection will fully comply with all respects of the Privacy Act.

Information that can directly identify the respondent, such as name and/or social security number will not be collected as part of the survey.

## **11. Questions of a Sensitive Nature**

The survey will not contain any questions that would be considered sensitive in nature.

## **12. Estimates of Annualized Burden Hours and Costs**

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to complete the survey. The PPC Help Desk Survey will take about five minutes to complete, resulting in a total of 16.66 burden hours.

Exhibit 2 shows the estimated cost burden associated with the respondent's time to complete the survey. The total annualized cost burden is estimated to be \$457.

### **Exhibit 1. Estimated annualized burden hours**

Form Name	Number of Respondents	Number of responses per respondent	Hours per response	Total Burden hours
PPC Help Desk Survey	200	1	5/60	16.66
<b>Total</b>	200	na	na	16.66

### **Exhibit 2. Estimated annualized cost burden**

Form Name	Number of Respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
PPC Help Desk Survey	200	16.66	\$27.44	\$457
<b>Total</b>	200	16.66	na	\$457

\* Based on the national average wage for "healthcare practitioner and technical occupations." National Compensation Survey: Occupational wages in the United States 2006, U.S. Department of Labor, Bureau of Labor Statistics.

## **13. Estimates of Annualized Respondent Capital and Maintenance Costs**

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to complete the survey.

## **14. Estimates of Annualized Cost to the Government**

Exhibit 3 shows the total and annualized cost to the government for this three year information collection.

**Exhibit 3. Estimated Cost**

<b>Cost Component</b>	<b>Total Cost</b>	<b>Annualized Cost</b>
Project Development	\$350	\$117
Data Collection Activities	\$2016	\$672
Data Processing and Analysis	\$2016	\$672
Publication of Results	\$2016	\$672
Project Management	N/A	N/A
Overhead	N/A	N/A
<b>Total</b>	<b>\$6,398</b>	<b>\$2,163</b>

**15. Changes in Hour Burden**

This is a new information collection.

**16. Time Schedule, Publication and Analysis Plans**

Results will be compiled on a monthly basis and summary information will be reported to AHRQ in the PPC Monthly Progress Report. No statistical analysis of the data is planned.

**17. Exemption for Display of Expiration Date**

AHRQ does not seek this exemption.

Attachments:

Attachment A – Healthcare Research and Quality Act of 1999

Attachment B – PPC Help Desk Questionnaire