

**SUPPORTING STATEMENT FOR RENEWAL OF GENERIC LOCAL VETERANS
HEALTH ADMINISTRATION CUSTOMER SATISFACTION SURVEYS
2900-0570**

A. Justification

1. Explain the circumstances that make the collection of information necessary. Identify legal or administrative requirements that necessitate the collection of information.

In response to Executive Order 12862, the Veterans Health Administration (VHA) conducts both centrally and locally administered surveys to determine the level of satisfaction with existing services among VHA's customers. The surveys solicit voluntary opinions and are not intended to collect information required to obtain or maintain eligibility for a VA program or benefit.

In the past, each local survey was submitted to OMB for approval. However, in 2000 discussions with OMB and VA focused on ways to streamline the procedure while creating a process that ensures that survey integrity is built into local surveying efforts and minimizing the burden on the veteran patients. OMB agreed to a single, one-time review and approval of the pool of questions and the survey template. Patient survey instruments developed locally from this pool of pre-approved questions would then be covered by a single generic approval number and would not need to be individually reviewed and approved by OMB. The proposed pool of questions is submitted for continued OMB approval so that we can provide local facilities with a list of pre-approved questions from which patient satisfaction surveys can be generated. Clearance of the pool of questions was renewed in 2006 for an 18-month period, during which time VHA was instructed to develop a formal tracking system to monitor “the usage of all collections approved under this clearance including instruments, methodology, and total burden hours...” The required tracking system has been developed, and consists of an automated VA Form 10-0458, Local Patient Satisfaction Survey Approval) that requires local survey managers to provide key information about their proposed survey project. The information entered into the form populates a database from which reports can be generated. This ensures that VHA will be able to reliably account for the number of survey projects, the number of respondents, and burden hours expended as required by the generic OMB clearance. Also attached are the instructions for designing a survey or questionnaire.

VHA also agreed to provide OMB with an annual report tracking the number of surveys conducted, the number of veterans surveyed, number of respondents, and burden hours used. This is included as the projected figures for next FY on the Information Collection Budget (ICB). In the event VA identifies the need for other survey questions, these will also be submitted for approval and permanent addition to the pool of questions. In those rare instances when the generic survey questions are not appropriate, the entire Ad-Hoc survey request will be critically reviewed from a methodological perspective by the Office of Quality and Performance (OQP) and submitted to OMB for approval.

2. Indicate how, by whom, and for what purposes the information is to be used; indicate actual use the agency has made of the information received from current collection.

VA will continue to conduct the local customer satisfaction surveys under this generic clearance to advance VHA's progress toward the goal of improving customer satisfaction at the local facility level, as stated in the Executive Order. If the surveys were not conducted, local facilities would not have the specific local information needed to further practices that support the

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best possible customer-focused service. VA will use the information gathered to determine where and to what extent services are satisfactory, and where and to what extent they are in need of improvement. The information may lead to policy changes which improve patient satisfaction at the area impacted by the survey (local facility or network). In addition, voluntary customer surveys will not be used as substitutes for traditional program evaluation surveys that measure objective outcomes. To maximize the voluntary response rates, the information collections will be designed to make participation convenient, simple, and free of unnecessary barriers.

Facility and clinic specific surveys conducted by local facility staff will measure the efficacy of process improvement interventions designed around areas of poor performance highlighted in the centrally conducted national VHA Veteran Healthcare Satisfaction Surveys (2900-0227). Baseline data obtained through these information collections are used to measure performance in the specific areas of the medical facility. Each data collection will consist of the minimum amount of information necessary to determine customer needs and to evaluate performance. The areas of concern to VHA and its customers change rapidly and it is essential to have the ability to evaluate customer concerns in a timely manner.

3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

OQP developed and distributed a hand held electronic data collection device and analysis program called the Patient User Local Satisfaction Evaluator (PULSE). This system contains a library of pre-approved questions from which field staff can construct and administer local surveys. Information technology will be used wherever possible to reduce the information collection burden placed on the public by this data collection. However, there are instances when use of the PULSE is not appropriate. In those cases, telephone or web-based responses will be utilized where feasible.

4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

VA will use its internal review process at the OQP Durham Office to examine each information collection to prevent duplication of effort or redundancy in all information collected. The information to be gathered from the surveys as a whole is unique and not available from any other sources with the appropriate level of specificity required.

This local surveying (2900-0570) is designed to obtain patient perceptions of care at discreet levels of the organization (i.e. specific clinic, specific bed section, special program, etc.). VA does conduct nationwide surveys (2900-0227), which permit comparisons between various VA facilities, and with facilities in the private sector. However, the results of the nationwide surveys do not reach individual facilities for quite some time and they do not focus on specific small clinical areas. This prevents immediate changes to improve quality of care (e.g., identifying the need for floor plan redesign in the Eye Clinic at VAMC Albany NY).

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5. If the collection of information impacts small businesses or other small entities, describe any methods used to minimize burden.

No small businesses or other small entities are impacted by this information collection.

6. Describe the consequences to Federal program or policy activities if the collection is not conducted or is conducted less frequently as well as any technical or legal obstacles to reducing burden.

Most of these customer satisfaction surveys are recurring so that VHA can create ongoing measures of performance and determine how well the agency meets customer service standards. The burden consists only of that information which is essential to maintain the validity and support the goals of the Executive Order. VHA will use a variety of activities including written, web-based, and telephonic questionnaires and surveys as well as focus groups to gauge customer perceptions of VA services as well as customer expectations and desires. The results of these information collections should lead to improvements in the quality of VHA service delivery by helping to shape the direction and focus of specific programs and services. If these surveys were not conducted or conducted less frequently, VA would not be responsive to the needs of the patient, be able to quickly correct quality of care issues or meet the needs of the veteran by quickly improving service.

7. Explain any special circumstances that would cause an information collection to be conducted more often than quarterly or require respondents to prepare written responses to a collection of information in fewer than 30 days after receipt of it; submit more than an original and two copies of any document; retain records, other than health, medical, government contract, grant-in-aid, or tax records for more than three years; in connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study and require the use of a statistical data classification that has not been reviewed and approved by OMB.

There are no special circumstances that require the collection of information to be conducted in a manner that is inconsistent with the guidelines in 5 CFR 1320.6.

8. a. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the sponsor's notice, required by 5 CFR 1320.8(d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the sponsor in responses to these comments. Specifically address comments received on cost and hour burden.

The notice of Proposed Information Collection Activity was published in the Federal Register on October 11, 2007; Volume 72; Number 196; Page 57997. We received no comments in response to this notice.

b. Describe efforts to consult with persons outside the agency to obtain their views on the availability of data, frequency of collection, clarity of instructions and recordkeeping, disclosure or reporting format, and on the data elements to be recorded, disclosed or reported. Explain any circumstances, which preclude consultation every three years with representatives of those from whom information is to be obtained.

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VA, through the office of Quality and Performance, has expert staff available for advising, consulting, and working with individual facilities regarding local survey efforts. In addition, there are a number of private sector and educational institutions that concentrate on satisfaction surveying which are available as external resources to all agency employees. These are utilized whenever necessary. Every three years, when extension of the OMB approval is sought, Outside consultation is conducted with the public through the 60- and 30-day Federal Register notices.

9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

There are no plans to provide payments or gifts to respondents.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

These surveys are generally anonymous. In those rare instances when identities are collected, they will be carefully protected. Names and personal identifiers will be used to locate survey participants, when appropriate/and or necessary and will thereafter be stripped from any files as well as reports.

11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior and attitudes, religious beliefs, and other matters that are commonly considered private; include specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

There are no questions of a sensitive nature.

12. Estimate of the hour burden of the collection of information:

a. Ad Hoc Local Facilities Surveys (VA Medical Facilities) and Special Emphasis Programs Conducted by Headquarters

Number of respondents is estimated at	107851
Frequency of response is annually	1.53
Number of responses is estimated at	165012
Average estimated response time is	Avg. 10.71 min.
Annual burden is estimated at	29,455 hours

NOTE: Annual Responses = 4% of Pre-Approved
Burden Hours = 6% of Pre-Approved

b. Pre-Approved Local Facilities Surveys (VA Medical Facilities)

Number of respondents is estimated at	373,848
Frequency of response is annually	1.9
Number of responses is estimated at	720,785

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Average estimated response time is	Avg. 8.1 min.
Annual burden is estimated at	95,892 hrs.

TOTAL= 481,699 Respondents 885,797 Responses 125,347 hours

13. Provide an estimate of the total annual cost burden to respondents or recordkeepers resulting from the collection of information. (Do not include the cost of any hour burden shown in Items 12 and 14).

- a. There are no capital, start-up, operation or maintenance costs.
- b. Cost estimates are not expected to vary widely.
- c. There are no anticipated capital start-up cost components or requests to provide information.

14. Provide estimates of annual cost to the Federal Government. Also, provide a description of the method used to estimate cost, which should include quantification of hours, operation expenses (such as equipment, overhead, printing, and support staff), and any other expense that would not have been incurred without this collection of information. Agencies also may aggregate cost estimates from Items 12, 13, and 14 in a single table.

Because the design procedures and method of collection vary so widely, VHA cannot estimate the cost of this effort to the Federal Government. However, VA will incur minimal internal administrative costs in developing, printing, and mailing the small low burden survey instruments, and in data analysis and reporting results. These costs are easily outweighed by the benefits gained.

15. Explain the reason for any program changes or adjustments reported in Items 13 or 14 of OMB 83-I

The figures on this report are actual adjusted Fiscal Year 2007 usage figures. The burden hour decrease is primarily due to a reduced number of ad hoc surveys being approved and conducted. Although we do not project any significant program changes or adjustments in future years, we will continue providing actual usage figures on each future ICB.

16. For collections of information whose results will be published, outline plans for tabulation and publication. Address any complex analytical techniques that will be used. Provide the time schedule for the entire project, including beginning and ending dates of the collection of information, completion of report, publication dates, and other actions.

Differences in methods in both facilities and locations within a specific facility preclude meaningful aggregation and grouped analyses. Primary utility is for local quality improvement and not for formal publication or comparison between facilities.

17. If seeking approval to omit the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

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These surveys do not display an expiration date, and if we are required to do so it would result in unnecessary waste of existing stock of forms at each field facility and/or reprogramming PULSE hand held collection devices every three years. It is not cost effective to pay to reprint a form or reprogram automated devices just to change the expiration date. VA also seeks to minimize its cost to itself of collecting, processing and using the information by not displaying the expiration date. For the reasons stated, VA continues to seek an exemption that waives the displaying of the expiration date on the VA Forms.

18. Explain each exception to the certification statement identified in Item 19, “Certification for Paperwork Reduction Act Submissions,” of OMB 83-I.

There are no such exceptions.