

Healthcare Associated Infections (HAI) Project  
Response to OMB Questions

November 5, 2008

Q. Overall, OMB believes the revisions have greatly improved this collection and appreciate the effort AHRQ put into the revisions. However, we are still concerned that AHRQ is attempting to aggregate data across the various project sites (see, for example, the overview document which says “Responses from the three forms will inform the basis of analysis across the partnerships ...” and page 4 of the supporting statement Part A which says “Each ACTION partnership will aggregate information...” and “Further, the assessment program will gather the aggregate information from the five ACTION partnerships for synthesis and analysis and assemble and report on an overall assessment of lessons learned...”) or derive lessons which other hospitals can implement based on this study (see, for example, the language on page 2 of the supporting statement part A which says “the goal of the HAI project is to obtain information ... in order to assist other hospitals with improving patient safety” or page 1 of supporting statement Part B which says “This one-time exploratory study uses three instruments ... to inform future improvements in hospital safety...”).

Please clarify what AHRQ means by these statements? How, precisely, are the ACTION partnerships going to aggregate information and how will the assessment program further aggregate across the 5 ACTION partnerships?

A. Given that AHRQ is conducting several case studies in this ICR, it seems prudent to use the same instruments in each case study. In this context by “Aggregate” we simply mean collect the responses from each of the sites and perform similar synthesis and analysis of EACH site. It may be possible to draw some comparisons between sites. However, given the nature of the selection of the sites (neither random nor with purposeful and specific contrasts) such comparisons would be useful only for hypothesis generation and identifying fruitful areas for further research.

Q. Given the design of this study, it seems that the goal of this project should be limited to, as is stated in the Overview document, to “highlight topics for further research on hospital infection prevention at the point of care,” rather than informing future improvements in hospital safety.

A. We agree that the primary purpose of the project is to highlight topics for future study, but hopefully those future studies will provide information for hospitals to use to keep patients safe.

## Healthcare Associated Infections (HAI) Project (continued)

- Q. Please specify what the study's limitations are and how they will be acknowledged in any published reports/journal articles.
- A. The study will be described as a set of case studies intended for hypothesis generation and for the identification of areas for future research. The sites will be identified as part of a convenience sample
- Q. Apologies if this has already been answered, but will AHRQ be able to withstand a FOIA request under the cited statute on page 6 of supporting statement part A?
- A. AHRQ's legislation will prevent release of indentifiable data as part of a FOIA request.
- Q. Questionnaires: on all 3 instruments, please clarify what "whatever employment period is applicable" is supposed to mean.
- A. The parenthetical statement was added so that those individuals employed less than 12 months would be encouraged to respond.
- Q. Patient Safety and Infection Prevention Catalogue:
- Q. 6.1: appears to be a leading question. OMB would suggest revising the language to be "If your hospital has implemented changes to improve patient safety and infection prevention in the past 12 months, what were the two most important changes that have been made? (leave blank if your hospital has not implemented changes to improve patient safety and infection prevention in the past 12 months.)"
- A. We agree. We have made the suggested edit.
- Q. 6.2: it seems important to find out why the 2 daily work practices are not being instituted at the hospital. OMB would suggest adding a follow-up question to 6.2 that addresses this.
- A. We agree. We have added the follow-up question.
- Q. HAI information collection and reporting summary:
- Q. 3.1: please clarify which "rates" this question is referring to. Is this the list of rates in section 1?
- A. We have reworded the sentence to read "...does the collection of infection rates help identify....."

Healthcare Associated Infections (HAI) Project (continued)

Q. 3.3: appears to be a leading question. OMB would suggest revising the 2<sup>nd</sup> question to be “Was the hospital able resolve these challenges? If so, how?”

A. We agree. We have made the suggested edit.

Q. 4.1 (see comment regarding 6.1 above)

A. We agree. We have made the suggested edit.

Q. 4.2 (see comment regarding 6.2 above)

A. We agree. We have made the suggested edit.

Q. Patient Safety and Infection Prevention Assessment

Since this is the questionnaire that providers will be completing—and will therefore give you the best information on barriers at the point of care—it seems worthwhile to include questions 3.2, 3.3, and 3.4 (in revised form, as per the earlier comment) from the HAI information collection and reporting summary in this questionnaire.

A. We agree and have made the suggested edit.

Q. 5.1 (see comment regarding 6.1 above)

A. We agree and have made the suggested edit.

Q. 5.2 (see comment regarding 6.2 above)

A. We agree and have made the suggested edit.

Copies of the revised forms are attached.