

**After-Death Bereaved Family Member Satisfaction Survey
VA Form 10-21081(NR)
2900-0701**

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.

Surveys will be attempted for all inpatient deaths during the implementation phases of this project. Given that the estimated response rate for these bereaved family member surveys is approximately 50% and the phased in implementation of the survey in three VISNs (or regions) the first year and six VISNs the following year, VHA has chosen to avoid any sampling methodology. For fiscal year 2005, there were 25,100 inpatient deaths in the VA system. Assuming approximately 1,200 surveys per VISN, during the first year of this survey process, we estimate 7,200 surveys completed, and 12,600 surveys completed in year 2 for an average over years 1 and 2 of 9,900 surveys/year.

	Universe	VISNs	Response rate	Surveys
Year 1	1,200 deaths/VISN	12	50%	7,200
Year 2	1,200 death/VISN	21	50%	12,600

Total average over years 1 and 2: 9,900

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**

This Bereaved Family Member Survey will be performed only once with each family of a veteran inpatient death. As such, no sampling procedure will be required. Implementation of the survey process will be phased-in gradually as facilities throughout regions of the country are trained in the survey process and data reporting techniques. Responses to the survey will be entered by VA employees or appropriately trained volunteers into a central data repository. Through the use of the data repository at the Philadelphia VAMC Center for Health Equity Research and Promotion, facilities across the country can enter and retrieve information via a secure web server. The survey data is stored within the VA firewall, with password protected access in a manner similar to accessing patient information across the VA system.

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.

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The instructional toolkit developed by the Palliative Care Outcomes Review Team for implementing the Bereaved Family Member Survey process includes an advanced notice of the call that allows the grieving family member the choice of opting-out of the survey or contacting the VA on their terms. There is also a protocol to attempt at least three phone contacts of the family at varying times of the day and early evening to maximize response rates. VHA anticipates no substantial non-response bias between the deceased relatives of respondents vs. non-respondents with respect to site of care (e.g. health care facility), site of death, age, or ethnicity. However, since our records contain demographic data, this will be carefully monitored.

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.

VHA is not aware of any data collection which will provide VISN specific information. Since this will be a phased implementation, VHA will be able to test methodology as the program is implemented.

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.

David Casarett MD MA
Center for Health Equity Research and Promotion
Philadelphia VAMC
Division of Geriatric Medicine
University of Pennsylvania

Mailing address:
3615 Chestnut Street
Philadelphia, PA
19104

Contact:
casarett@mail.med.upenn.edu
Phone: 215 898 2583
Fax: 215 573 8684