B.   Collection of Information Employing Statistical Methods If statistical methods will not be used to select respondents and item 17 on Form 83-I is checked "No" use this section to describe data collection procedures.

1. Respondent Universe and Sampling Methods

The entire universe of 6000 hospitals will be asked to provide data. The 62 States/Territories will be responsible gathering the data from the hospitals within their state/territory and providing it to the HHS Secretary's Operations Center. To obtain national situational awareness, data are need from all hospitals. During the H1N1 response we achieved 63% response rate of hospitals across 46 of 51 states and the DC. We anticipate the response rate will improve as states continue to implement automated data systems using HPP funding.

2. Procedures for the Collection of Information

Data will serve as sentinel indicators of stress on the health care system to inform situational awareness and support the ability of HHS to provide public health and medical assistance to hospitals who need assistance to care for the large numbers of patients who may seek care during disasters. Data to be collected are readily available within the health care system. Depending on the nature of the existing systems at the hospitals, the data may be obtained manually or readily available electronically through existing systems. States would have their own procedures for training staff on how to use their existing systems, so there would not be an additional training burden for learning those systems. For manual data collection using the HAvBED system personnel would need to be trained. The system is easy to use and intuitive. Based on the experience of the system administrator in working with users, training time to learn the HAvBED data entry procedures is no more than one hour. On average it takes 40 minutes of explanation and 20 minutes of hands on practice with the training site.

The actual data collection time for the hospitals is approximately 1 hour and the states will spend approximately 3 hours compiling the information from all of the hospitals in their state/territory. For automated systems the time would be less. These estimates are based on data collection during the H1N1 pandemic. Data will not be tested for statistical significance. Descriptive statistics, trends and relationships will be analyzed.

3. Methods to Maximize Response Rates and Deal with Nonresponse

Data will be used to identify hospitals that are under stress and allow HHS to proactively provide assistance to hospitals in need. Knowing

that providing the information will facilitate the provision of Federal public health and medical assistance, hospitals will be likely to provide the information. If hospitals choose to not respond, states/territories every effort will be made to contact the facilities and encourage them to submit the data. If hospitals still do not respond it will decrease our national situational awareness, but will not interfere with our ability to assist those who do respond. Non-responding hospitals will be noted and continued efforts made to contact them through our Regional personnel.

4. Tests of Procedures or Methods to be Undertaken
The HAvBED system has been successfully used during the H1N1 pandemic response. We were able to achieve an average response rate of 63%.

5. Individuals Consulted on Statistical Aspects and Individuals Collecting and/or
Analyzing Data
Data will be collected by the hospital staff and submitted to the states/territories who will submit the information to the HHS Secretary's Operations Center. Data will be analyzed by the HHS ASPR Fusion Cell. The Fusion Cell staff helped design the questions and analysis procedures.

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In addition to the subject matter experts who were referenced above an internal review process was conducted with HHS/ASPR staff.