

**Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 2900-0770)**

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**TITLE OF INFORMATION COLLECTION:**

**Teleretinal Imaging Patient Satisfaction Survey**

**PURPOSE:**

Collection of this information is required to enhance better service delivery for Teleretinal Imaging (TRI) patients. The data will be collected by the Office of Telehealth Services, Boston Telehealth Training Center in Boston, MA (OTS BTTC). The hypothesis will be tested to determine if the TRI service is attributed to the satisfaction of the Veteran and shared with the sites to allow enhancement of service delivery.

**DESCRIPTION OF RESPONDENTS:**

The respondent universe is currently 500,000 (rounded) unique Veterans that are currently utilizing TRI programs across the nation at the end of FY11. The TRI lead distributes the blank survey tools to the actual point of care sites within the network on a quarterly basis.

**TYPE OF COLLECTION:** (Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form          | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software) | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                   | <input type="checkbox"/> Other_                                  |

**CERTIFICATION:**

I certify the following to be true:

1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does not raise issues of concern to other federal agencies.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Rebecca Lamkin

To assist review, please provide answers to the following question:

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974?  Yes  No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published?  Yes  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes [x] No

**BURDEN HOURS**

Category of Respondent	No. of Respondents	Participation Time	Burden
Individuals and Households	25,000	2 minutes	833 hours
<b>Totals</b>			<b>833 hours</b>

**FEDERAL COST:** The estimated annual cost to the Federal government is \$10,000.

All costs associated with collection of the response data to the survey, calculation of averages and display of the data on a web site is accomplished electronically. There was a one-time cost in FY11 to purchase the Teleform software program and RightFax to capture of the responses.

Programming Teleform for scanning, data capture, calculations and display:

GS11 salary \$31.48/hour x 250 hours= \$7870

The other cost is an annual support contract for the Teleform software, at \$2,340.00.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents**

1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?  
[ ] Yes [x] No

**If the answer is yes, please provide a description of both below (or attach the sampling plan)? If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?**

Patients will be identified at the time of their TRI visit. A random sample will be chosen for two weeks each quarter. The Telehealth Clinical Technician (TCT) or designee located at the point of care sites in the VISN administers the satisfaction survey to patients following their TRI encounter.

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)
  - [ ] Web-based or other forms of Social Media
  - [ ] Telephone
  - [x] In-person
  - [ ] Mail
  - [ ] Other, Explain

2. Will interviewers or facilitators be used? [ x] Yes [ ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**

## **Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”**

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:**

**The selection of your targeted respondents.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

**Submit all instruments, instructions, and scripts are submitted with the request.**