CUSTOMER SATISFACTION SURVEY FOR NUTRITION AND FOOD SERVICE VA FORM 10-5387

A. JUSTIFICATION

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

Title 38 U.S.C. Section 219, requires the Secretary of Veterans Affairs to evaluate programs to determine their effectiveness in delivery of services. Consequently, VA's Office of the Inspector General has suggested and the Under Secretary for Health has agreed that VA may achieve significant savings through advanced food preparation and advanced food delivery systems. To determine the level of patient satisfaction and quality of services provided using this new technology, survey will be performed at the medical centers. The on-going quarterly survey is essential to providing Nutrition and Food Service personnel with reliable, timely information on the quality of food and nutritional services provided to veteran patients.

- 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.
- a. VA Form 10-5387 is used to collect and evaluate the necessary information to determine whether improvements are needed to enhance the patient's nutritional therapy. All meals served to patients are an integral part of total patient therapy. This applies to regular diets as well as modified diets. Appropriate nutritional care can only be provided when food is actually consumed. Close monitoring of the patient's food intake is essential for the clinical dietitian to make comprehensive assessments with subsequent recommendations to the physician.
- b. The survey is taken by patient category and/or location where the meal is eaten. When standards fall below the patient's expectations, there may be barriers, which interfere with patient food consumption. These barriers must be identified and Nutrition and Food Service will take actions, which are appropriate, and/or necessary to provide the patient with the food that meets acceptable service standards. Information obtained through this survey will have practical utility at all levels of the program to plan and redirect resources and efforts to improve or maintain a high quality of service.
- 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.

In light of the Government Paperwork Elimination Act (GPEA), the possibility of automating this information was carefully considered. Based upon on our Cost Benefit and Risk Analysis, VA decided not to make any attempts to automate this data collection. The current method of obtaining the required information is considered the most efficient and causes the least burden to a hospitalized veteran patient. As in other health care facilities, the form is distributed to the patient at bedside with pencils. Patient information relative to the satisfaction levels;

particularly satisfaction level changes that take place pre- and post-implementation must be carefully scrutinized prior to any system-wide utilization of new state-of-the-art food technology. VA Form 10-5387 is the data collection instrument.

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.

There is no similar information collected elsewhere. Veteran patients are the only source for this information. VA Form 10-5387 has been used for some time to assess patient food service satisfaction levels with existing conventional food preparation systems. In order to make a comparison, it is necessary to use the same data collection tool.

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

This data collection does not involve small businesses or other small entities.

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.

A quarterly frequency is desirable due to patient turnover, changes in patient status, and changes in diet prescription and/or treatment modalities. Collection of data on a less frequent basis would not provide for the timely identification of problem areas.

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.

The collection is conducted in a manner consistent with 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 August 1, 2012, pages 45717-45718. VA 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.

A VA executive task force was appointed to set parameters for an evaluation of the efficacy of updating advanced food preparation and advanced delivery systems. The data collection instrument is reviewed internally at periodic intervals to assure its appropriateness. 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.

No payments or gifts are provided to respondents.

10. Describe any assurance of privacy, to the extent permitted by law, provided to respondents and the basis for the assurance in statue, regulation, or agency policy.

Each patient who volunteers to participate in the survey is assured privacy. It is recognized that the survey must be completed voluntarily in order to receive reliable results. Survey instructions to patients specify that responding to the survey is completely voluntary, private, and will have no effect on entitlement to VA medical benefits, and that the form does not need to be signed. The patient completes the questionnaire anonymously (giving neither name nor social security number). Since the responses are not individually identifiable, there is no need to store or process these forms in accordance with the Privacy Act. Space is provided on the form for the name solely for the purpose of answering any question posed by a specific veteran in the Comments portion of the form.

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 asked of a sensitive nature.

12. Respondent Burden Estimates

a. Number of respondents, frequency of response, annual burden & how burden was estimated

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Per Survey	Frequency	No. of Facilities	Responses	Minutes	Total Hours
200	4	157	125,600	2	4,187

b. If this request for approval covers more than one form, provide separate hour burden estimates for each form and aggregate the hour burdens in Item 13 of OMB 83-I.

This collection covers only one form.

c. Provide estimates of annual cost to respondents for the hour burdens for collections of information. The cost of contracting out or paying outside parties for information collection activities should not be included here. Instead, this cost should be included in Item 14.

The annual cost to respondents is estimated at \$\$62,805 (4,187 hours x \$15 per hour).

- 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 is no capital, start-up, operation or maintenance costs.
 - b. Cost estimates are not expected to vary widely. The only cost is that for the time of the respondent.
 - 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.

Cost to the Federal Government is estimated at \$72,597.

	HOURLY WAGE	HOURS	FACILITIES	TOTAL
GS 4/5, Dietetics Technician	\$11.98	20	157	\$37,617
GS 13/5, Chief Dietician	\$35.01	6	157	\$32,979
Printing				\$2,000

TOTAL \$72,597

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

There are no changes in burden hours.

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.

There are no plans to publish this data, other than in our internal Annual Report.

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

VA requests approval to omit the expiration date for the OMB approval from VA Form 10-5387. Since this form is stocked at each field facility and the Forms and Publications Depot, displaying the expiration date would result in the waste of existing stock every three years. It is not cost effective to VA or any one else to pay to reprint a form to simply modify the expiration date. Since the form has not changed, it is possible for a respondent to become confused when they see a form showing an expired date for OMB approval. Therefore, VA seeks to minimize its own costs for 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 Form.

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 exceptions.

B. COLLECTIONS OF INFORMATION EMPLOYING STATISTICAL METHODS

No statistical methods are used in this data collection.