**Attachment G:**

**HAI NAP Stakeholder Recruitment Email**

**Phase II of a Longitudinal Program Evaluation of HHS Healthcare Associated Infections (HAI) National Action Plan (NAP)**

**January 15, 2014**

Agency of Healthcare Research and Quality (AHRQ)

OMB Control Number: XXXX-XXXX
Expiration Date: XX/XX/XXXX

Attachment G:
HAI NAP Stakeholder CONFIRMATION Email

[DATE]

Dear [HAI NAP Stakeholder]:

Thank you for agreeing to participate in a telephone interview about the HHS Action Plan to Prevent Healthcare-Associated Infections (HAIs) and the related quality improvement initiatives related to HAIs in [healthcare setting]. As a reminder, the interview will include questions about the National Action Plan, the quality improvement initiatives, and HAI Data and Monitoring systems.

This purpose of this email is to confirm the date and time of your scheduled interview. Your interview is scheduled at:

Date: [Day of the week, Calendar date], at

Time: [Time]

At the time of your scheduled interview, please call the toll-free conference line below and enter the passcode to have access to a secure conference line.

 [conference line and passcode]

The phone interview will take 1 hour. If you are unable to speak at this time or need to reschedule, please contact me at the below information.

Thank you and I look forward to speaking with you soon.

Sincerely,

{electronic signature and contact information of Insight researcher}

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0584-XXXX. The time required to complete this information collection is estimated to average I hour per response.