

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 ExpDate: 03/2018)

TITLE OF INFORMATION COLLECTION: Influenza Vaccine Survey

PURPOSE:

The NIH Occupational Medical Service (OMS) utilizes the influenza vaccine survey as a quality improvement tool for the annual Foil-the-Flu program. The Secretary of Health and Human Services directed all Operational Divisions to offer this service to both Federal and contract staff. The four-question survey is sent to contractors-who receive the flu vaccine from OMS. Survey responses are anonymous. OMS staff check survey responses several times each day during the immunization program for suggestions to improve the offering. The resulting “real-time” adjustments helped OMS: 1) reduce waits of more than 10 minutes to less than 3% of the 14,300 vaccines administered in 2015 and 2) achieve 99% approval ratings for the timeliness, communications, and efficiency of the offering.

DESCRIPTION OF RESPONDENTS:

All NIH employees and contractors who receive the 2016-17 influenza immunization through the NIH flu immunization program will be given the opportunity to complete the survey. The respondents will be NIH employees and contractors who have NIH-issued security badges. Approximately 20% of those immunized (including NIH contractors) are required by NIH Clinical Center management to receive the annual flu vaccine.

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: James M. Schmitt, M.D., M.S.

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, is the information that will be collected included in records that are subject to the Privacy Act of 1974? Yes No
3. If Applicable, has a System or Records Notice been published? Yes No

Gifts or Payments:

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

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
NIH contract employees	1,400	1	2/60	47
Totals	1,400	1,400		47

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
NIH contractor	46.66	\$30	\$1340
Totals	46.66		\$1340

*Cite source per bls.gov if applicable

http://www.bls.gov/oes/current/naics4_622300.htm#00-0000

FEDERAL COST: The estimated annual cost to the Federal government is \$1340

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
(Chief Nurse-OMS)	13/7	110,578	0.5		\$552.89
Contractor Cost					
Travel					
Other Cost					
Total					\$1892.89

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?

All individuals who receive the 2016-17 influenza immunization during the NIH flu immunization campaign will be given the opportunity to complete the survey.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media
[] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] No