

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0920-1071)

TITLE OF INFORMATION COLLECTION: Customer satisfaction survey for soliciting feedback on NICE Network nursing infection prevention and control in-person conference sessions.

PURPOSE:

CDC and the American Nurses Association (ANA) have created the Nursing Infection Control Education (NICE) Network, a collaboration of 20 specialty nursing organizations who will develop infection prevention and control (IPC) training materials to assist nurses responding to healthcare-associated infections (HAIs) and emerging infectious disease threats.

As a contract requirement, the NICE Network members will hold one IPC-focused in-person training at one of their conferences/meetings. The subcontractors would like to issue a web-based 3-6 month follow-up survey (attachment 1) to evaluate participants’ knowledge, uptake, and application in nursing practice as a result of participating in the interactive session.

The information collected will help CDC and ANA understand:

- Was the information provided at the IPC in-person training relevant to nurses?
- Was nursing practice changed as a result of the IPC training that was offered at the in-person session?
- How can CDC and ANA improve future IPC trainings for nurses?

DESCRIPTION OF RESPONDENTS: Respondents will be nurses who registered to attend the in-person training session of a specialty nursing organization who is a member of the NICE Network.

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: Carla Doan

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

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] 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 [X] No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Private Sector Nurses (Mean hourly wage: \$34.70)	600 (12 organizations *50 participants)	5/60 hours	50 hours
Totals			50 hours

FEDERAL COST: The estimated annual cost to the Federal government is \$2,374.80
40 hours * \$59.37=\$2374.80

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? [X] Yes [] 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?

Targeted respondents are nurse members (e.g. Registered Nurses, Advanced Practice Registered Nurses) from 12 of the 20 nursing specialty organizations sub-contracted with ANA.

Respondents will be selected based on their registration to attend the in-person training session or their receipt of continuing education for the educational event. Nursing specialty organizations will send a pre-scripted email (attachment 2) provided by ANA requesting those registered to participate in the follow-up 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 No

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