

**DOCUMENTATION FOR THE GENERIC CLEARANCE  
FOR THE COLLECTION OF QUALITATIVE RESEARCH & ASSESSMENT**

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**TITLE OF INFORMATION COLLECTION:** Healthcare System Stress Pulse Query

- INTERVIEWS
- SMALL DISCUSSION GROUPS
- FOCUS GROUPS
- QUESTIONNAIRES
- OTHER (EXPLAIN:)

**DESCRIPTION OF THIS SPECIFIC COLLECTION**

**1. Intended purpose**

The Hospital Preparedness Program (HPP) supports priorities outlined by the National Preparedness Goal (the Goal) established by the Department of Homeland Security (DHS). The Goal guides entities at all levels of government in the development and maintenance of capabilities to prevent, protect against, respond to, and recover from major events. Emergency response efforts are sometimes disparate; and effective coordination is often lacking across governmental jurisdictions, communities, and the health and emergency response systems. Disasters and public health emergencies can stress healthcare systems to the breaking point and disrupt delivery of vital medical services. During such incidents, the healthcare system may experience significant shortfalls of trained staff, ambulances, medical supplies, pharmaceuticals and anti-virals; and medical surge strategies may need to be implemented and alternate care facilities may need to be used. The Healthcare System Stress Pulse Query and subsequent analysis will allow HPP, and its awardees, to better plan for these situations as necessary to provide the best possible health care during incidents, which will help mitigate resource depletions.

**2. Need for the collection**

This data collection effort is crucial to the HPP's information sharing and decision-making capabilities for its awardees. Data of this nature are not collected by any other agency or organization.

On a daily basis, we know that the healthcare system is often stretched beyond its conventional capacity and capability. Surge capacity occurs across a continuum that is often based on resource availability and demand for health services. One end of the continuum is defined by conventional responses - the maximal utilization of service usually provided in healthcare facilities; at the other end of the continuum is crisis care, when the care provided is the best possible given very limited resource availability. When disaster events or incidents occur, Hospitals and Emergency Departments may be further challenged with even more resource imbalances, than their normal conventional or contingency status. To that end, it is useful to periodically query frontline clinicians to assess how stressed their current healthcare delivery setting is operating under.

The data collected through this query will help HPP define, develop, and implement a tiered process to assess what impact an incident is having on the healthcare delivery system, assess stress, and appropriately treat patients via appropriate standards of care. Information obtained through this timely data collection process will help inform:

- Situational awareness of HPP awardees; and
- Strategies for surge, preparedness, mitigation, resource allocation, and best practices that can be shared with awardees.

### **3. Planned use of the data**

Results from these data analyses help HPP to better coordinate effective communication, share information, and monitor progress of its healthcare emergency preparedness and progress of national preparedness goals. Both traditional and innovative approaches to situational awareness are needed to enable transmission of data and to develop timely public risk communications. This data collection effort will improve coordination and enhance integration to help create a better common operating picture among our HPP awardees.

### **4. Date(s) and location(s)**

Data will be collected on an ongoing schedule (up to four times a year) and during times of a major incident (up to two times a year). All data will be collected through an online survey.

### **5. Collection procedures**

The data collection will be conducted through an online survey. Through contract support, a voluntary multidisciplinary panel of healthcare professionals (e.g., intensivists, emergency department doctors, nurses, pharmacists, pediatricians) was created to respond to the Healthcare System Stress Pulse Query. In preparation for the data collection, an email and possibly a text message will be sent to respondents informing them that a request will be coming. An email containing a link to the Healthcare System Stress Pulse Query and reminder message will be sent to the panel. The respondents will be responsible for completing the survey; however, the respondents may discuss with and gather information from other healthcare professionals working within the same healthcare organization in order to generate the most accurate and objective responses. Healthcare professionals will have up to four days to return the survey. Respondents are given the opportunity to request an aggregated summary of the results of the query. After each collection, the Office of the Assistant Secretary for Preparedness and Response (ASPR) and Contractor staff will compile the data by completing descriptive statistics and (e.g., frequencies, cross tabulations) pulling out the main themes from responses.

## **6. Number of collections (e.g., focus groups, surveys, sessions)**

Two types of survey collections will be conducted.

1: Ongoing collections: Up to four times annually, the voluntary panel participants will receive a standard survey that addresses potential healthcare issues, such as staffing, availability of resources, and changes in standard of care.

2: Major incident-specific collections: Up to two times a year, in cases of a major public health emergency (e.g., severe flu season), the voluntary panel participants will receive a survey based on the ongoing collection survey that addresses healthcare issues specific to that emergency (e.g., practices used to treat patients, resources running low). Questions will include none, some, or all of the questions in the ongoing collections survey, plus incident-specific questions that gather more details about the specific incident.

## **7. Description of respondents/participants**

The applicable population (universe) is any healthcare professional who volunteered to be on the panel (500 healthcare delivery professionals). Volunteers will be healthcare professionals (e.g., intensivists, emergency department doctors, nurses, pharmacists, pediatricians), which are the type of entities directly involved with HPP.

The anticipated response rate is 90-100 percent.

## **8. Description of how results will be used**

The information gathered from the responses will be summarized by ASPR and the Contractor for this project. Contractor staff will pull out the main themes from the responses and provide a summary to ASPR. ASPR will then decide the implications these themes have for healthcare practice. Information will be used to provide situational awareness of HPP awardees and direct strategies for surge, preparedness, mitigation, resource allocation, and best practices.

## **9. Description of how results will or will not be disseminated and why or why not**

The data from the completed surveys will be directed to appropriate divisions in ASPR to allow for situational knowledge and ability to vary activities based on current needs. Results will also be shared as situational knowledge to any respondent who indicates interest in receiving an aggregate summary of findings when completing the query.

If information would be valuable to employees of State, local, tribal or territorial health departments or others, as determined by ASPR, findings will be disseminated through the website for The Health and Human Services (HHS) ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE). TRACIE aims to provide audiences and stakeholders better access to information, promising practices, and technical assistance through three mechanisms available on the TRACIE website: (1) a technical resources database; (2) a direct-service technical assistance center; and (3) an information exchange discussion board

**AMOUNT OF ANY PROPOSED STIPEND OR INCENTIVE – None**

**BURDEN HOUR COMPUTATION** (Number of responses (X) estimated response or participation time in minutes (/60) = annual burden hours):

<b>Category of Respondent</b>	<b>No. of Respondents</b>	<b>No. of Responses</b>	<b>Participation Time</b>	<b>Total Burden Hours</b>
Healthcare practitioners and technical occupations (ongoing)	500	4	15/60 hours	500 hours
Healthcare practitioners and technical occupations (major incident-specific)	500	2	20/60 hours	333 hours
<b>TOTAL</b>				<b>833</b>

**BURDEN COST COMPUTATION**

<b>Category of Respondent</b>	<b>Total Burden Hours</b>	<b>Hourly Rate</b>	<b>Total Respondent Cost</b>
Healthcare practitioners and technical occupations (ongoing)	500	36.54	\$18,270.00
Healthcare practitioners and technical occupations (major incident-specific)	333	36.54	\$12,167.82
<b>TOTAL</b>			<b>\$30,437.82</b>

**OTHER SUPPORTING INFORMATION**

**REQUESTED APPROVAL DATE:** October 9, 2015

**NAME OF CONTACT PERSON:** Pamela Shayne Brannman, ASPR Director, TRACIE

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**DEPARTMENT/OFFICE/BUREAU:** HHS/ASPR