

Supporting Statement A

National Hospital Organ Donation Campaign's Activity Scorecard

OMB Control No. 0915-XXXX (NEW)

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration, Healthcare Systems Bureau, Division of Transplantation (HRSA/HSB/DoT) administers the Workplace Partnership for Life program under the authority of Section 377A(a) of the Public Health Service (PHS) Act. The Workplace Partnership for Life program seeks to increase the number of registered organ, eye, and tissue donors and to increase awareness about organ donation.

DoT launched the National Hospital Organ Donation Campaign in June 2011 to involve hospitals in a national effort to increase donor registry enrollment by collaborating with their local organ procurement organizations (OPO) to conduct donation education events in their hospitals and communities. The main organizing and information dissemination arm of the campaign is a series of monthly 1-hour webinars where a few select hospital/OPO teams make presentations about their successful outreach strategies so that all participants can learn from each other. The campaign also supports a leadership team comprised of representatives from OPOs, Donate Life America (DLA) affiliates, and hospitals, who provide suggestions for continuous campaign development and execution. Based on their experience of hospital receptivity to the opportunity to be recognized among their peers in HRSA/DoT's previous and very successful Donation and Transplantation Collaborative, the leadership team recommended that a system of awards and recognition be developed so that hospitals could work toward specific goals by obtaining credits for the various activities they implement. The resulting Hospital Campaign Activity Scorecard (Appendix A) was developed for two purposes: 1) to motivate and assist hospitals to conduct donor registration activities by providing a turn-key menu of outreach strategies to simplify and facilitate activity implementation, and 2) to provide a basis for reward and recognition.

Each activity on the programmable PDF is assigned a particular number of points based on the activity's potential for generating registrations. Hospitals can complete the Activity Scorecard and submit it annually by email to DoT or to their OPO or DLA. This is a voluntary activity. Hospitals can participate in the campaign without using or submitting the Activity Scorecard.

DoT anticipates that most hospitals enrolled in the campaign (currently 926) will submit a completed Activity Scorecard once a year for the next 3 years.

A list of hospitals that reach recognition levels will be shared with campaign participants during monthly webinars, in monthly campaign e-newsletters from DoT, and in communications pieces sent out by the campaign's ten national partners, which include the American Hospital Association, the Association of Organ Procurement Organizations, and the American Society of Transplant Surgeons (see Attachment B). In addition, OPOs, DLA affiliates, participating state hospital associations, DoT, and the national partners can use the results to recognize hospital participation and successes. A "write-in" option that allows hospitals to list additional activities will also help to identify new practices that can be shared with all hospital partners on monthly webinars.

2. Purpose and Use of Information Collection

The overall purpose of collecting this information is two-fold: 1) to incentivize and reward hospital and OPO participation in the campaign, and 2) to enable DoT/HRSA to obtain outcome data regarding the impact of the campaign.

The Scorecards themselves will be an instrument of motivation for hospitals to participate in the campaign even before data are collected. The Scorecards provide a roadmap to success and recognition. Participants can see the activities and their point values and easily determine a course of action that will get them to their goal.

After Scorecards are submitted, DoT will create a certificate for each hospital earning recognition and mail them to the OPOs to present to the hospitals in their donation service area. This presentation can be made in special meetings, press conferences, or other ways. A list will be developed of hospitals that achieved gold, silver, and bronze recognition levels that will be used in several ways by various entities. As examples, the list will be posted on organdonor.gov, and distributed to national partners to publicize as they wish, such as in newsletters, websites, meetings, etc. Hospitals themselves will likely post information on their websites, newsletters, and social media outlets. Also, OPOs whose service area hospitals meet recognition levels will be recognized each year at the annual meeting of the Association of Organ Procurement Organizations and a list will be posted on organdonor.gov. A record will be made of any "write-in" activities provided and the respective participants may be asked to discuss those activities on a subsequent webinar.

In addition, this information will be used by DoT to assess the impact of this campaign for programmatic, accountability, and budgeting purposes.

3. Use of Improved Information Technology and Burden Reduction

This form will be a reader-enabled PDF. It can be emailed by OPOs to their hospitals or it can be downloaded electronically from the organdonor.gov hospital campaign webpage. Participants with a free version of Adobe Reader can open the form electronically and fill in their hospital name, contact name, and email address. They can then indicate the number of times they

performed each activity, and the form will total the number of points toward recognition automatically. (Note: this feature will be programmed upon approval.) When hospitals have completed the document, they can save it to their computers and attach it to an email to their OPO. The OPO can then forward the completed PDF to DoT.

We considered adding a submit button to the form which would allow respondents to automatically email the form to a specific email address by clicking the submit button. While this would eliminate the need to save the document and open a new email message, it would not allow each hospital to send the document to their individual OPO/DLA representative. We decided against doing this because it is important to keep the OPOs/DLAs in this process as they are the primary liaison with the hospitals.

4. Efforts to Identify Duplication and Use of Similar Information

To our knowledge, no other entity collects this type of information from hospitals nationally and no other known entity recognizes hospitals nationally for their efforts to educate the public about the need for organ, eye, and tissue donors and encourage enrollment in state donor registries. The Scorecard and recognition strategy were created based on recommendations from the Hospital Campaign Leadership Team (Attachment C). A few OPOs reported doing similar incentive-based programs with their hospitals and encouraged DoT to replicate these efforts at a national level. Specifically, representatives from Louisiana Organ Procurement Organization and Donate Life Ohio shared their lists of recommended activities for their hospitals as a guideline for the federal program.

5. Impact on Small Businesses or Other Small Entities

The information being requested is the minimum required for the intended use of the data.

6. Consequences of Collecting the Information Less Frequently

We are proposing to collect the information only once per year so that participants can be recognized once per year. Recognition on a less frequent basis would likely be too infrequent to have the same motivating potential.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulations outlined in 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice/Outside Consultation

Section 8A:

A 60-day Federal Register Notice was published in the *Federal Register* on July 15, 2013, vol. 78, No. 135; pp. 42088-42089. There were no public comments.

Section 8B:

Members of the campaign's leadership team were consulted regularly during the development of the document. DoT requested feedback on the draft document from representatives from the

campaign's national partners as well. See Attachment C for the names, titles, telephone numbers and e-mail addresses of those consulted.

9. Explanation of any Payment/Gift to Respondents

There will be no monetary payment/gift to respondents. Those who respond will be recognized by HRSA\DoT and the campaign's national partners through publicity. In addition, HRSA will provide OPOs with certificates for each hospital that earned recognition.

10. Assurance of Confidentiality Provided to Respondents

The collection of the Activity Scorecard is for public recognition of the hospital efforts by DoT and national partners. People will respond to the form because they wish to receive recognition. A contact name and email is requested for both the hospital and the affiliated OPO or DLA. These names will not be publicized.

11. Justification for Sensitive Questions

No sensitive questions are included in the form.

12. Estimates of Annualized Hour and Cost Burden

12A. Estimated Annualized Burden Hours

The total number of completed forms is estimated to be 1000 each year and form completion is expected to average about 22 minutes. Therefore, 1000 respondents times .36 of an hour (i.e., 22 minutes) would equal a total of 366.67 hours. The average burden hour was estimated based on a sample of 8 potential respondents. These individuals were asked to time how long it took them to complete the form.

| Type of Respondent | Form Name | No. of Respondents | No. Responses per Respondent | Average Burden per Response (in hours) | Total Burden Hours |
|--|--|---------------------------|-------------------------------------|---|---------------------------|
| OPO representatives, hospital nurse practitioners, and administrative assistants | National Hospital Organ Donation Campaign's Activity Scorecard | 1000 | 1 | 0.36 | 366.67 |
| Total | | 1000 | 1 | 0.36 | 366.67 |

12B.

Estimated Annualized Burden Costs

| Type of Respondent | Total Burden Hours | Hourly Wage Rate | Total Respondent Costs |
|---------------------------|---------------------------|-------------------------|-------------------------------|
| Admin Assistants | 250 | \$14.63 | \$3.66 |
| Nurse Practitioners | 330 | \$43.25 | \$32.44 |
| OPO representatives | 420 | \$19.74 | \$24.64 |

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

N/A

14. Annualized Cost to Federal Government

- The cost for development and design of the scorecard was \$2,900. This includes 23 (\$126 hourly average) hours of work by a government contractor to gather input from the leadership team and national partners, design the form, get feedback from government personnel and make changes to the form.
- Gathering completed scorecards from the OPOs and hospital partners and creating the recognition lists will require approximately at 80 hours of contractor time at a total cost of

\$10,080 (using the government contractor hourly average of \$126).

- Total estimated cost over 3 years is \$46,331, or \$15,444 per year.

Itemized estimates are below.

Contractor costs:

\$30,240 for collection and recognition (\$10,080 per year)

+

\$2,900 for first year development and design

=

\$33,140 = 3-year total

Government costs:

The cost for 3 years of the data collection for government personnel is estimated at \$13,191.00. The estimated annualized cost per year is \$4,397.00 (1.5 percent FTE @ \$136,771 = \$2,517.00 and 2.0 percent FTE @ \$94,969 = \$1,880.00 per year).

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation, Publication, and Project Time Schedule

Each of the three years, beginning with 2014, DoT will ask hospitals to record their activities from February 1 through April 30. This period includes two national outreach events for organ, eye, and tissue donation, National Donor Day (February 14) and Donate Life Month (April). The deadline for submitting a form will be May 31. DoT's contractor will compile the information and develop a list of recognized hospitals and OPOs. Organ procurement organizations will be recognized at the June annual meeting of their national association, the Association of Organ Procurement Organizations. The hospital awardees will be recognized by the AHA in its communication venues. DoT will post OPO and hospital awardees on organdonor.gov in June each year. Other recognition venues or events are likely to take place; for example, it is likely that some state hospital associations may provide recognition for their hospitals, and that hospitals themselves will post information themselves. The certificates will be printed and distributed in August.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

N/A

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.