

Supporting Statement A

National Hospital Organ Donation Campaign's Activity Scorecard OMB Control No. 0915-0373 (revision)

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration's (HRSA), Healthcare Systems Bureau, Division of Transplantation (DoT) administers the National Hospital Organ Donation Campaign under the authority of Section 377A(a) of the Public Health Service (PHS) Act. As part of its responsibility to conduct public education and outreach to increase the number of registered organ donors, HRSA launched this campaign in 2011 with a challenge to hospitals nationwide to conduct donor education and donor registry enrollment events in their facilities and communities. Because hospitals are viewed by the public as such a credible source of health information, their endorsement of organ donation is vital to HRSA's efforts to increase donor registration.

2. Purpose and Use of Information Collection

The overall purpose of collecting this information is to incentivize and reward hospital and Organ Procurement Organization (OPO) participation in the campaign, and to enable HRSA to obtain outcome data regarding the campaign. Because conducting organ donation outreach events is not part of a hospital's main purpose and participating in this campaign is voluntary, it has been essential for HRSA to implement a method to motivate hospitals to participate, make participation as easy as possible, and recognize hospitals for their accomplishments. The method is the Activity Scorecard. HRSA, together with its donation community partners, developed the Activity Scorecard that provides suggested outreach activities for hospitals to implement and a way to gather points for achieving recognition.

Without the collection of this information, HRSA and the campaign's 11 National Partners, such as the American Hospital Association and the Association of Organ Procurement Organization, would not be able to recognize hospitals for their extra efforts in planning and registering new organ, eye, and tissue donors. This could significantly reduce the incentive for hospitals to coordinate activities and could also negatively impact overall participation in the campaign as well as the number of new organ, eye, and tissue donors recruited.

Revisions for this submission of the information collection request include formatting changes,

text were added for clarification, redundant information in parentheses were removed, and the point values for two activities have been increased.

3. Use of Improved Information Technology and Burden Reduction

This form is a reader-enabled PDF. It can be emailed by OPOs to hospitals in their service areas or it can be downloaded electronically from the Hospital Campaign [website](#). Participants with a free version of Adobe Reader can open the form electronically and fill in the required information. When participants have completed populating the scorecard 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 Activity Scorecards for all of their service-area hospitals to HRSA.

4. Efforts to Identify Duplication and Use of Similar Information

This scorecard document, collection, and recognition were all created based on recommendations from the Hospital Campaign Leadership Team (see attachment). HRSA is not aware of any other entity that collects this type of information from hospitals nationally or any other entity that recognizes hospitals nationally for their efforts to educate the public about the need for organ, eye, and tissue donors. HRSA learned that some OPOs have adapted the Scorecard for their outreach efforts in high schools.

5. Impact on Small Businesses or Other Small Entities

The information being requested is the minimum required for the intended use of the data, and does not have an impact of small business or other small entities.

6. Consequences of Collecting the Information Less Frequently

HRSA only collects the information once per year so that participants can be recognized on an annual basis. Recognition on a less frequent basis would likely be too infrequent to have the same motivational 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 on November 14, 2016, vol. 81, No. 219; pp. 79506-79507. One public comment was received. As the comment does not specifically address the scorecard itself which is the focus of this information collection request, no changes were made to the scorecard.

Section 8B:

Members of the campaign's Leadership Team were consulted regularly during the development of the scorecard document. HRSA also requested feedback on the draft scorecard document from representatives from the campaign's National Partners. See attachment for the names, titles, and organization of those consulted.

9. Explanation of any Payment/Gift to Respondents

There will be no monetary payment to respondents. Those who respond will be recognized by HRSA and the campaign's national partners through publicity, including the announcement of their achievement on the HRSA Hospital Campaign website and through electronic and print communications distributed by the national partners. In addition, HRSA will provide OPOs with a certificate for each hospital that earns an identified recognition level. OPOs will choose when and how to present these certificates to the hospitals.

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

There are no sensitive questions included in the form.

12. Estimate of Annualized Hour and Cost Burden**Section 12A: Estimated Annualized Burden Hours**

The total number of completed forms is estimated to be 1,250 each year and form completion is expected to average about 22 minutes. Therefore 1,250 respondents' times .367 of an hour (i.e., 22 minutes) would equal a total of 458.75 hours. The average burden hour was estimated based on a sample of eight 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	1,250	1	0.367	458.75
Total		1,250		0.367	458.75

Section 12B: Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Admin Assistants	125	\$16.62	\$2,077.5
Nurse Practitioners	165	\$47.96	\$7,913.4
OPO representatives	168.75	\$19.82	\$3,344.63
Total	458.75		\$13,335.53

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

N/A

14. Annualized Cost to Federal Government

- The redesign cost of the scorecard was \$1,260. This total includes 10 (\$126 hourly average) hours of work by a government contractor to gather input from government personnel, Leadership Team members and National Partners, and time to redesign the form based on their feedback.
- The hours for gathering completed scorecards from the OPOs and hospital partners and for creating the recognition lists is approximated at 120 hours and \$15,120 (using the government contractor hourly average of \$126).
- The estimated annualized for government personnel cost per year is \$4,150.22 (1.5 percent FTE @ \$141,555 = \$2,123.00 and 2.0 percent FTE @ \$101,361.00 = \$2,027.22 per year).

- Total estimated total cost annually is \$20,530.22.

15. Explanation for Program Changes or Adjustments

The current inventory is 367 burden hours with this request being for 458.7 hours, an increase of 91.7 hours. This is due to the increase in the estimated number of respondents.

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

Every 3 years, beginning in 2017, DoT will ask hospitals to record their activities from October 1 through April 30.

HRSA's contractor will compile the information and develop a list of hospitals and OPOs who will be recognized by several national organizations supporting the campaign. For example, OPOs will be recognized at the annual meeting of their national association (the Association of Organ Procurement Organizations), and hospital awardees will be recognized by the American Hospital Association in its communication venues. HRSA will post OPO and hospital awardees on organdonor.gov. 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 the hospitals themselves will post information on their own web sites. The certificates will be emailed to the OPOs, which will print and present them to their recognized hospitals.

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.