

# **Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB Control Number: 0935-0179)**

## **TITLE OF INFORMATION COLLECTION:**

Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (QI) Customer Survey

## **PURPOSE:**

The AHRQ QIs are standardized, evidence-based quality measures that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes, including inpatient mortality, surgical complications, and certain hospital-acquired infections. They address quality of care for patients hospitalized for a broad range of procedures or conditions that are high risk, problem prone, and/or high volume. The purpose of this survey is to gather feedback about the AHRQ QIs, with an emphasis on their use to support hospital quality improvement efforts. The survey will be used to gather information from current users and those who may choose to engage with the program in the future (i.e., potential users) about their experiences with and perceptions of the AHRQ QI program, including facilitators of and barriers to use, as well as whether, how and why they use other measures to support their quality improvement efforts. In particular, the topics areas in the survey include: 1) Reasons for using/not using the AHRQ QIs and AHRQ QI resources, 2) Use of the AHRQ QIs for quality improvement, 3) Other measures used for quality improvement and the reasons for use, 4) Use of the WinQI software, and 5) Opportunities to enhance user experience with the AHRQ QI program, including software, technical assistance and resources (e.g., toolkit). Screenshots of the survey are included in the attached appendix. Taking into account skip patterns, AHRQ QI users could answer up to 25 questions, while potential users could answer up to seven questions. Internal testing with members of the project team showed that the survey takes respondents no longer than 10 minutes to complete. We will conduct descriptive statistical analysis on the data and develop an internal summary report of the key findings, for use by AHRQ staff to inform how the AHRQ QI program can better support quality improvement initiatives.

## **DESCRIPTION OF RESPONDENTS:**

The primary audience for the AHRQ QI Customer Survey is current users of the AHRQ QIs; the survey will also include select questions that are relevant to the experiences of potential users, which will inform changes to the AHRQ QI program aimed at improving its relevance and usability for current and potential users. Respondents will include individuals involved in quality improvement efforts within care delivery or quality improvement-focused organizations, such as hospitals and health systems, Hospital Improvement Innovation Networks (HIINs), state and local government agencies, hospital associations (local, state or regional), or statewide or regional data organizations. Within this group of respondents, “users” are those organizations that report using the AHRQ QIs for quality improvement efforts and “potential users” are those that do not report currently using the AHRQ QIs.

## **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                  |

Focus Group

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: \_\_\_\_\_ Maushami Desoto \_\_\_\_\_

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  N/A
3. If Applicable, has a System or Records Notice been published?  Yes  No  N/A

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?

Yes  No

**Category of Respondent:** *(the options here are Public Sector or Private Sector, or both)*

Both public sector and private sector

**BURDEN HOURS**

Type of Information Collection	Total No. of Respondents	Total Participation Time per Respondent (minutes)	Total per Burden (hours)
Web-based Survey	300	10	50

**FEDERAL COST:** The estimated annual cost to the Federal government is \$356\_\_\_\_\_

<u>Grade</u>	<u>Number of Hours</u>	<u>Value</u>
<u>GS 15-Step 5</u>	<u>2</u>	<u>146</u>
<u>GS 13-Step5</u>	<u>4</u>	<u>210</u>
<u>Total</u>		<u>356</u>

[https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB\\_h.aspx](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/18Tables/html/DCB_h.aspx)

**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  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?

We plan to identify our potential group of respondents in two ways: 1) using established distribution lists currently used by AHRQ to communicate with individuals and organizations who have expressed interest in the AHRQ QIs; and 2) targeted outreach to quality-focused organizations whose constituents are likely to be AHRQ QI users. Using the established distribution lists, we will send the survey to a select group of individuals, including: AHRQ and AHRQ QI listserv members, individuals that have requested AHRQ QI technical assistance, and organizations known to use the quality indicators. We will also post the survey link to the AHRQ QI website. Given that the survey is also intended for potential AHRQ QI users, we plan to supplement the distribution plan by conducting targeted outreach to 10-12 organizations that AHRQ has worked with over the years on efforts related to the QI program or that are a trusted source of information about quality improvement for target audiences, such as Hospital Improvement Innovation Networks (HIINs). We will contact these select organizations and request that they send the survey to their constituents, who may be members or subscribers to an email list or newsletter. Our team will offer to share whatever material the organization would like to include with the survey announcement (e.g., website language, listserv or newsletter announcement, etc). In sending an invitation to complete the survey to both groups of potential respondents, we will include a description of intended respondents – specifically, individuals involved in quality improvement efforts

within care delivery or quality improvement-focused organizations – to allow individuals to choose whether or not they wish to complete the survey.

### **Administration of the Instrument**

1. How will you collect the information? (Check all that apply)

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.**

See separate attachment with screen shots of all survey pages.

## Instructions for completing Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback”

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**TITLE OF INFORMATION COLLECTION:** Provide the name of the collection that is the subject of the request. (e.g. Comment card for soliciting feedback on xxxx)

**PURPOSE:** Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

**DESCRIPTION OF RESPONDENTS:** Provide a brief description of the targeted group or groups for this collection of information. These groups must have experience with the program.

**TYPE OF COLLECTION:** Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

**CERTIFICATION:** Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

**Personally Identifiable Information:** Provide answers to the questions.

**Gifts or Payments:** If you answer yes to the question, please describe the incentive and provide a justification for the amount.

### **BURDEN HOURS:**

**Category of Respondents:** Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected.

**No. of Respondents:** Provide an estimate of the Number of respondents.

**Participation Time:** Provide an estimate of the amount of time required for a respondent to participate (e.g. fill out a survey or participate in a focus group)

**Burden:** Provide the Annual burden hours: Multiply the Number of responses and the participation time and divide by 60.

**FEDERAL COST:** Provide an estimate of the annual cost to the Federal government.

**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.** Please provide a description of how you plan to identify your potential group of respondents and how you will select them. If the answer is yes, to the first question, you may provide the sampling plan in an attachment.

**Administration of the Instrument:** Identify how the information will be collected. More than one box may be checked. Indicate whether there will be interviewers (e.g. for surveys) or facilitators (e.g., for focus groups) used.

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