

Request for Non-Substantive Change to an Existing Approved Information Collection Approval (OMB Control Number: 2900-0770)

TITLE OF INFORMATION COLLECTION:

Outpatient VEO Survey

I. Introduction

Why is the Veteran Experience Office (VEO) Requesting a Non-Substantive Change for the Outpatient VEO Survey?

This non-substantive change request makes corrections to the Outpatient VEO Survey, approved under OMB Control No. 2900-0770 and is summarized herein. VEO is standardizing the Outpatient surveys to incorporate the A-11 experience domains in accordance with Section 280 (i.e., managing customer experience and improving service delivery) of the Federal Program Inventory. High-Impact Service Providers (HSPs), which are those Federal entities designated by OMB to have the most-impact customer-facing services are required to implement the guidance in Sections 28.10 through 280.13. Incorporating the A-11 experience domains into the Outpatient surveys will ensure a more consistent, comprehensive, robust, and deliberate approach to customer experience (CX) across government.

II. Description of Non-Substantive Changes

What is the current status of this ICR?

The Veterans Experience Office (VEO) has been working with the Veterans Health Administration (VHA) to collect Veteran responses through surveys regarding their Outpatient experiences.

Correction One

VEO is adding the following question corresponding with the satisfaction A-11 experience domain to the Outpatient surveys: I am satisfied with the service I received from <Division Name>.

Correction Two

VEO is updating the wording of the trust question in the Outpatient surveys to comply with the A-11 experience trust domain specifications. The updated question is as follows: I trust <Division Name> to fulfill our country's commitment to Veterans.

DESCRIPTION OF RESPONDENTS:

Veterans patients

TYPE OF COLLECTION: (Check one)

Customer Comment Card/Complaint Form

Customer Satisfaction Survey

- Usability Testing (e.g., Website or Software)
 Focus Group

- Small Discussion 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:
 Anil Tilbe
Anil.Tilbe@va.gov

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, will any information that is collected be included in records that are subject to the Privacy Act of 1974? Yes No
3. If Yes, has an up-to-date System of Records Notice (SORN) been published? Yes No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? Yes No

BURDEN HOURS

Category of Respondent	No. of Respondents	Participation Time	Burden
Veteran	1,900,000 Annual	3 minutes	19,000 hours
Totals	1,900,000	3 minutes	19,000 hours

FEDERAL COST: The estimated annual cost to the Federal government is 0.

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 will be surveying Veterans who have recently made an outpatient appointment, completed the outpatient visit, had a prescription filled at a VA pharmacy and/or had lab work done at a VA facility. We will only be surveying Veterans on one of these interactions, not all of them to minimize burden. Additionally, any Veteran who is invited to complete one of these surveys will be quarantined from receiving other transactional survey invitations for a period of 90 days, also to minimize burden.

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 E-mail

2. Will interviewers or facilitators be used? Yes No

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

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

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. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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 per row.

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.

Submit all instruments, instructions, and scripts are submitted with the request.