

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp Date: 03/2018)

TITLE OF INFORMATION COLLECTION: Patient Perception Survey (CC)

PURPOSE: The purpose of this survey is to solicit patient feedback on the patient experience at the National Institutes of Health Clinical Center (NIHCC). We have ensured that these survey activities, which are designed to gather and measure customers’ perceptions of the quality of the Clinical Center’s services and operations, satisfy the requirements and the spirit of Executive Order (EO) 12862. Furthermore, periodic surveys of patient perceptions of their care is a requirement for hospital accreditation by the Joint Commission. Our planned activities for the next several years reflect our emphasis on performance improvement activities, and our reliance on the valuable data generated from these surveys.

DESCRIPTION OF RESPONDENTS: The sample will consist of approximately 7,500 patients admitted to the NIH Clinical Center for participation in clinical research.

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 |
| <input type="checkbox"/> Focus Group | <input type="checkbox"/> 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: Laura Lee

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
3. If Applicable, has a System or Records Notice 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

ESTIMATED BURDEN HOURS and COSTS

| Category of Respondent | No. of Respondents | No. of Responses per Respondent | Time per Response (in hours) | Total Burden Hours |
|--------------------------|--------------------|---------------------------------|------------------------------|--------------------|
| Inpatients (Gen Public) | 3,000 | 1 | 30/60 | 1,500 |
| Outpatients (Gen Public) | 4,500 | 1 | 30/60 | 2,250 |
| | | | | |
| Totals | 7,500 | 7,500 | | 3,750 |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|-------------------|
| Patients (Gen Public) | 3,750 | \$8.25 | \$30,938 |
| | | | |
| Totals | 3,750 | | \$30,938 |

*Hourly Wage Rate is minimum wage for Maryland: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx>

FEDERAL COST: The estimated annual cost to the Federal government is \$71,705

| Staff | Grade/Step | Salary | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------|----------|-------------|------------------------|---------------------|
| Federal Oversight | | | | | |
| Program Specialist | 12/4 | \$85,238 | 2% | | \$1,705 |
| | | | | | |
| Contractor Cost | | | | | |
| | | | | | \$70,000 |
| Travel | | | | | |
| Other Cost | | | | | |
| | | | | | |
| Total | | | | | \$71,705 |

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?

All patients admitted to the NIH Clinical Center (CC) are sent a patient perception survey not more often than annually while an active patient at the CC.

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

In keeping with the survey methodology developed by the Centers for Medicare and Medicaid Services for the HCAHPS survey, patients receive a mailed survey approximately two weeks after discharge. Non-respondents are sent a follow up request. Their responses are returned to a third-party contractor, and results are made available to the NIH Clinical Center staff through a secure, web-based portal.

2. Will interviewers or facilitators be used? Yes No

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