

**Request for Approval under the “Generic Clearance for the Collection of  
Qualitative Feedback on Agency Service Delivery”  
(OMB Control Number: 0917-0036)**

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**TITLE OF INFORMATION COLLECTION:** OMB Form No. 0917-0036, Patient Satisfaction Survey, at Cheyenne River Health Center

**PURPOSE:** The information obtained from the customer satisfaction surveys provides feedback to the provider and care teams about the patient’s experience of care. This information is used to make improvements in patients’ care at the facility.

**DESCRIPTION OF RESPONDENTS:** The patient satisfaction survey is made available to patients on a voluntary basis at the end of their visit. Patients are chosen randomly and information is collected on approximately 10-15 patients per provider per month. There is no personally identifiable information on the survey. There are 13 questions based on the patient experience at the Cheyenne River Health Center. Users will need to record a response from #5 (Excellent) to #1 (Very Poor) for questions 1-10 and a response from “Strongly Agree” to “Strongly Disagree” for questions 11 and 12, and “Very sure or No health problems” to “Not at all” to question 13.

**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:  Doriann LeBeau, RN, BSN, Clinical Nurse Supervisor, Outpatient Department for Cheyenne River Health Center

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
Cheyenne River Health Center	45 per month or 540 per yr	5 minutes	45 hrs
<b>Totals</b>	45 per month or 540 per yr	5 minutes	45 hrs

One person spends about 5 minutes on each survey tallying the response rates, collecting the information and reporting the totals in a reporting template. If there are 45 surveys completed each month and 540 per year, which is about 45 hours each year. A GS 9 rate of about \$20 per hour x 45 hours is \$900 per year.

**FEDERAL COST:** The estimated annual cost to the Federal government is     \$900/yr    

**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?

**Administration of the Instrument**

1. How will you collect the information? (Check all that apply)  
 Web-based or other forms of Social Media (**Facebook**)  
 Telephone

- In-person
- Mail
- Other, Explain

2. Will interviewers or facilitators be used?  Yes  No (Most of the time no since patients appear to prefer self-interview.)

**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 Qualitative Feedback on Agency Service Delivery”**

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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)

PATIENT SATISFACTION SURVEY (for the Wind River Service Unit)

**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.

To provide quality improvement measure specific to the “Improving Patient Care” initiative and the AAAHC medical home standards.

**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.

Respondents are the adult patients who utilizes health center services at the Wind River Service Unit..

**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.**