

SUPPORTING STATEMENT

Part A

**Agency for Healthcare Research and Quality's (AHRQ)
Child Hospital Consumer Assessment of Healthcare Providers and Systems
(Child HCAHPS) Survey Database**

August 28, 2018

Agency of Healthcare Research and Quality (AHRQ)

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Supporting Statement A Child HCAHPS Survey Database

1. Circumstances that make the collection of information necessary

AHRQ's mission. The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (<https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/hrqa99.pdf>), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. Research that develops and presents scientific evidence regarding all aspects of health care; and
2. Synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. Initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

Background on the Child Hospital CAHPS Survey (Child HCAHPS). The Child Hospital CAHPS Survey (Child HCAHPS) assesses the experiences of pediatric patients (less than 18 years old) and their parents or guardians with inpatient care. It complements the Adult Hospital CAHPS Survey (Adult HCAHPS), which asks adult inpatients about their experiences. In contrast to the adult version of HCAHPS, there is no publicly available comprehensive database for Child HCAHPS that allows survey users to analyze and compare their survey results in order to assess their performance and identify opportunities for improvement. The proposed Child HCAHPS Database will fill this critical information gap by creating a voluntary database available to all Child HCAHPS users to support both quality improvement and research to enhance the patient-centeredness of care delivered to pediatric hospital patients.

AHRQ supported the development of the Child HCAHPS survey by the Center of Excellence for Pediatric Quality Measurement at Boston Children's Hospital. The Child HCAHPS survey is currently used by approximately 300 hospitals. Hospitals using Child HCAHPS, including the 25 hospital members of the Pediatric Patient Experience Collaborative, have expressed strong interest in working with AHRQ to develop a database that can provide a centralized repository of data.

Rationale for the information collection. Like the survey instrument itself and related toolkit materials to support survey implementation, the Child HCAHPS Database results will be made publicly available on AHRQ's CAHPS website. Technical assistance will be provided by AHRQ through its contractor at no charge to hospitals to facilitate the access and use of these materials for quality improvement and research. Technical assistance will also be provided to support Child HCAHPS data submission.

The Child HCAHPS Database will support AHRQ's goals of promoting improvements in the quality and patient-centeredness of health care in pediatric hospital settings. This research has the following goals:

1. Improve care provided by individual hospitals and hospital systems.
2. Offer several products and services, including providing survey results presented through an Online Reporting System, summary chartbooks, custom analyses, private reports and data for research purposes.
3. Provides information to help identify strengths and areas with potential for improvement in patient care.

Key Project Components

The development and operation of the Child HCAHPS Database will include the following major components undertaken by AHRQ through its contractor (Westat). To achieve the goals of this project, the following activities and data collections will be implemented:

1. **Hospital Recruitment.** Outreach will be conducted with the Child HCAHPS user community (including free-standing children's hospitals, hospitals with pediatric wards, improvement collaboratives, trade associations, survey vendors, etc.) to promote the database and its benefits and to encourage voluntary contributions of survey data. A variety of communications will be used (e.g., GovDelivery announcements, personal email messages, conference and meeting presentations, etc.) to present the value case for the database and key dates and details about submitting data.
2. **Data Submission Platform.** AHRQ's contractor currently provides a web-based user-friendly submission platform for both the CAHPS Health Plan and Clinician & Group survey data. This platform will be used as a model to develop the Child HCAHPS Database submission system, including: data submission specifications; technical assistance and step-by-step instructions for participation; analysis programs for data cleaning and reporting; and data use agreements to protect the confidentiality of the participating organizations and their data.
3. **Submission Notifications and Instructions.** Clear instructions and notifications are of paramount importance for successful submission of valid data, seamless report dissemination, and streamlined communication with survey vendors, hospitals, or other

submitters. Procedures for data submission through the data submission platform will include the following:

- Registration with the submission website to obtain an account with a secure username and password (see Attachment A): The point-of-contact (POC), often the hospital, completes a number of data submission steps and forms, beginning with the completion of the online registration form. The purpose of this form is to collect basic contact information about the organization and initiate the registration process;
 - Submission of signed Data Use Agreements (DUAs) and survey questionnaires (see Attachment B): The purpose of the data use agreement, completed by the participating hospital, is to state how data submitted by or on behalf of hospitals will be used and provides confidentiality assurances;
 - Submission of hospital information form (see Attachment D): The purpose of this form completed by the participating organization, is to collect background characteristics of the hospital;
 - Submission of survey data files: POCs upload their data file using the Hospital data file specifications to ensure that users submit standardized and consistent data in the way variables are named, coded, and formatted.
 - Generation of status reports indicating that submitted files are either accepted or rejected; and
 - Follow-up with submitters in the event of a rejected file, to assist in making corrections and resubmitting the file (see Attachment E).
4. **Data Cleaning and Preparation.** Thorough data cleaning and data preparation are extremely important in maintaining the integrity of the data and for analyzing the data in a valid and reliable way. During data submission, submitters and AHRQ’s contractor’s database team will review survey response frequencies to identify out-of-range values, missing variables, or other data anomalies such as when unexpected responses are detected (e.g., an unusually large proportion of “0” responses on a 0-10 response scale). A submission status report will inform submitters of such errors so that the file can be corrected and resubmitted. Once the data submission period closes, SAS® software will be used for data cleaning, analysis, and reporting.
5. **Data Analysis and Reporting.** Using reporting systems and templates developed for AHRQ’s other CAHPS databases as a model, the contractor will work with database participants to develop reporting products with appropriate data visualization techniques to present results that are meaningful and useful.

2. Purpose and Use of Information

With the approval and addition of the Child HCAHPS Database, data submitted will be used to produce three types of reporting products:

- **Hospital Feedback Reports.** Hospitals that submit data will have access to a customized report that presents findings for their individual submission along with results from the database overall. These “private” hospital feedback reports will display sortable results

for each of the Child HCAHPS core composite measures and for each individual survey item that forms the composite measure.

- **Child HCAHPS Chartbook.** A summary-level Chartbook will be compiled to display top box and other proportional scores for the Child HCAHPS items and composite measures broken out by selected hospital characteristics (e.g., region, hospital size, ownership and affiliation, etc.).
- **Online Reporting System.** Aggregate results also will be made publicly available through an interactive, web-based system that allows users to view survey item and composite results (or build and download a custom report) in a variety of formats.

All three of these reporting products can be used by hospitals and others to:

1. Raise general awareness about pediatric patient experience;
2. Diagnose and assess the current status of patient experience within individual hospitals and pediatric wards;
3. Identify strengths and opportunities for pediatric patient experience improvement;
4. Examine trends in pediatric patient experience over time; and
5. Evaluate the impact of patient experience improvement initiatives and interventions.

Research files for qualified users. The Child HCAHPS Database will serve as a source of primary data available to researchers to help answer important questions related to pediatric patient experiences. AHRQ through its contractor will create and make available de-identified survey data sets for research purposes. Researchers seeking de-identified Child HCAHPS data will fill out a one-page research abstract form for initial review to determine if the required data are available, the proposed analyses are feasible, and if the nature of the request and proposed use of the findings are consistent with research purposes. AHRQ will then make a decision for approval or denial. For requests approved by AHRQ, the researcher will sign a Data Release Agreement, which specifies the appropriate uses of the data, and then the researcher will be given access to a secure FTP site to access and download the data.

3. Use of Improved Information Technology

All information for the Child HCAHPS Database will be collected electronically. The Data Use Agreement (DUA) will be uploaded directly to the Data Submission System through an online portal. Registration will be performed online and data submission information and data upload will be handled through a secure web site. Delivery of confidential survey results will also be done electronically through a secured FTP site.

4. Efforts to Identify Duplication

While there are many survey vendors that collect the Child HCAHPS Survey data and may maintain databases of their own clients' data, AHRQ will be the only entity that serves as a central comprehensive repository of Child HCAHPS survey data. In addition, this proposed database would be the only database for which hospitals could calculate case-mix adjusted comparative performance on the Child HCAHPS measures.

5. Involvement of Small Entities

The collection of information associated with data submission does not unduly burden small business or small health systems, hospitals, or medical practices. Nearly all hospitals with large pediatric wards to free-standing children's hospitals are already contracting to collect inpatient pediatric patient experience survey data. The information being requested is held to the absolute minimum required for the intended uses and is likely already being compiled by survey vendors.

6. Consequences if Information Collected Less Frequently

Child HCAHPS Survey data will be collected (it is usually collected continually) and results reported once a year. Less frequent data collection and delivery of individual feedback reports would prevent timely evaluation and implementation of quality improvement efforts by participating organizations. It also would detract from the ability of survey users and policy makers to monitor overall patterns and trends in survey results and the ability of researchers to access data to conduct timely research.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d)(2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on November 7, 2018, Page 55717 for 60 days (see attachment C).

8.b. Outside Consultations

The CAHPS program has historically maintained a Technical Expert Panel (TEP) to provide expertise and guidance related to the development, functioning, and expansion of the CAHPS Databases. Consistent with this practice, we will establish a TEP for the Child HCAHPS Database to provide expert guidance on issues related to database submission, analysis, and reporting activities. Approximately six TEP members will be drawn from the Child HCAHPS user community to represent a balanced mix of perspectives.

9. Payments/Gifts to Respondents

No payment or remuneration will be provided to participating organizations for submitting data to the Child HCAHPS Database.

10. Assurance of Confidentiality

Hospitals will be assured of the confidentiality of the information they provide under Section 934(c) of the Public Health Service Act, 42 USC 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied.

Confidentiality of the Point-of-Contact for a Participating Organization. The hospitals' POC, who submits data on behalf of their hospital, will be asked to provide his/her name, phone number and email address during the data submission process to ensure that the hospitals' individual survey feedback report is delivered back to that person for use by the hospital. In addition, the POC's contact information is important when any clarifications or corrections of the submitted data set are required and follow up is needed. However, the name of the POC and name of the hospital will be kept confidential and not publicly reported. Only aggregated, de-identified results will be displayed in any public reports.

Confidentiality of the Survey Data Submitted. Hospitals will be assured of the confidentiality of their Child HCAHPS survey data through a DUA that they must sign that has been approved by AHRQ (see Attachment B). The DUA states that their data will be handled in a secure manner using necessary administrative, technical and physical safeguards to limit access to it and maintain its confidentiality. In addition, the DUA states the data will be used for the purposes of the database, that only aggregated results will be reported, and that the hospital will not be identified by name.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated burden hours for the respondent to participate in the database. The 302 POCs in Exhibit 1 are a combination of an estimated 300 hospitals that currently administer the Child HCAHPS survey and the two survey vendors assisting them.

Each hospital will register online for submission. The online Registration form (see Attachment A) will require about 5 minutes to complete. Each submitter will also complete a hospital information form of information about each hospital such as the name of the hospital, hospital size, state, etc. The online hospital information form (see Attachment D) takes on average 5 minutes to complete. The data use agreement will be completed by each of the 300 participating hospitals. Survey vendors do not sign or submit DUAs. The DUA requires about 3 minutes to sign and return by fax or mail. Each submitter, in most cases this will be the survey vendor performing the data collection, will provide a copy of their questionnaire and the survey data file in the required file format. Survey data files must conform to the data file layout specifications provide by the Child HCAHPS Database. Since the unit of analysis is at the hospital level, submitters will upload one data file per hospital. Once a data file is uploaded, the file will be automatically checked to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be

expected to correct any errors in their data file and resubmit if necessary. It will take about one hour to submit the data for each hospital. The total burden is estimated to be 365 hours annually.

Exhibit 1. Estimated Annualized Burden Hours

Form Name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Registration Form	300	1	5/60	25
Hospital Information Form	300	1	5/60	25
Data Use Agreement	300	1	3/60	15
Data Files Submission	2	150	1	300
Total	NA	NA	NA	365

Exhibit 2 shows the estimated annualized cost burden based on the respondents’ time to complete one submission process. The cost burden is estimated to be \$16,722 annually.

Exhibit 2. Estimated annualized cost burden

Form Name	Number of respondents	Total Burden hours	Average Hourly Wage Rate*	Total Cost burden
Registration Form	300	25	53.69 ^a	\$1,342
Hospital Information Form	300	25	53.69 ^a	\$1,342
Data Use Agreement	300	15	94.25 ^b	\$1,414
Data Files Submission	2	300	42.08 ^c	\$12,624
Total	302**	365	NA	\$16,722

* National Compensation Survey: Occupational wages in the United States May 2017, “U.S. Department of Labor, Bureau of Labor Statistics.”

a) Based on the mean hourly wage for Medical and Health Services Managers (11-9111).

b) Based on the mean hourly wage for Chief Executives (11-1011).

c) Based on the mean hourly wages for Computer Programmer (15-1131).

**The 300 POC listed for the registration form, Hospital information form and the data use agreement are the estimated POC’s from the estimated participating hospitals.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3 shows the estimated annualized cost to the government for maintaining and managing the Child HCAHPS Database, analyzing the data and reporting results. The cost is estimated to be \$254,000 annually. Annualized costs for collecting and processing the Child HCAHPS Database are based upon historical CAHPS Clinician & Group Database project costs. AHRQ wishes to begin this data collection, to continue indefinitely, and requests OMB approval for 3 years.

Exhibit 3. Estimated Annualized Cost

Cost Component	Total Cost	Annualized Cost
Database Maintenance	\$132,000	\$44,000
Data Submission	\$225,000	\$75,000
Data Analysis and Reporting	\$405,000	\$135,000
Total	\$762,000	\$254,000

Exhibit 4. Estimated Annual Cost to AHRQ for Project Oversight

AHRQ Staff Position	Percent Time	Annualized Cost
Project Lead- GS- 15, Step- 5	5%	\$7,638
Project Officer- GS 13, Step-5	5%	\$5,495
Total		\$13,133

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2019/DCB.pdf>

15. Time Schedule, Publication and Analysis Plans

Hospitals will be asked to voluntarily submit their Child HCAHPS Survey data to the CAHPS Database annually through an online submission system. Once the submission system is closed, the data are cleaned with standardized programs, aggregated and used to produce survey results. Child HCAHPS survey results will be adjusted by characteristics such as respondent’s age, education, and child’s overall health status in order to account for factors beyond the control of the hospital that would confound comparisons to other hospitals. See Supporting Statement Part B for detailed information on collection procedures for submitting, processing, and reporting Child HCAHPS data.

The estimated time to conduct data collection, data analysis and report production activities is shown below:

- 1) Data submission – 3 weeks
- 2) Data cleaning and data analysis – 1.5 months
- 3) Database report production including individual private feedback reports – 1 month

16. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

- Attachment A: Child HCAHPS Registration Form
- Attachment B: Child HCAHPS Database Data Use Agreement
- Attachment C: 60 Day Federal Register Notice
- Attachment D: Hospital Information Submission Form
- Attachment E: Submission Emails