

Supporting Statement A

National Hospital Organ Donation Campaign's Activity Scorecard OMB Control No. 0915-0373 (extension)

Terms of Clearance: None

A. Justification

1. Circumstances Making the Collection of Information Necessary

The Health Resources and Services Administration's (HRSA), Healthcare Systems Bureau, Division of Transplantation (DoT) administers the Hospital Campaign for Organ Donation under the authority of Section 377A(a) of the Public Health Service (PHS) Act. As part of its responsibility to conduct public education and outreach to increase the number of registered organ donors, HRSA launched this campaign in 2011 with a challenge to hospitals nationwide to conduct donor education and donor registry enrollment events in their facilities and communities. Because hospitals are viewed by the public as such a credible source of health information, their endorsement of organ donation is vital to HRSA's efforts to increase donor registration.

2. Purpose and Use of Information Collection

The overall purpose of collecting this information is to incentivize and reward hospital and Organ Procurement Organization (OPO) participation in the campaign, and to enable HRSA to obtain outcome data regarding the campaign. Because participating in this campaign is voluntary, it has been essential for HRSA to implement a method to motivate hospitals to participate, make participation as easy as possible, and recognize hospitals for their accomplishments. The method is the Activity Scorecard. HRSA, together with its donation community partners, developed the Activity Scorecard that provides suggested outreach activities for hospitals to implement and a way to gather points for achieving recognition.

Without the collection of this information, HRSA and the campaign's 10 National Partners, such as the American Hospital Association and the Association of Organ Procurement Organization, would not be able to recognize hospitals for their extra efforts in planning and registering new organ, eye, and tissue donors. This could significantly reduce the incentive for hospitals to coordinate activities and could also negatively impact overall participation in the campaign as well as the number of new organ, eye, and tissue donors recruited.

For this information collection request, the proposed change to the Scorecard is the addition of the 2020 date. HRSA also intends to create a new electronic version of the Scorecard for future campaigns that will ultimately reduce the level of burden for participants. The electronic

version will be designed to be user-friendly, will take less time to complete, and will provide HRSA with data throughout the campaign rather than once a year. Another benefit of an electronic scorecard is that it will eliminate the possibility of human error as information will no longer be manually entered into a database.

3. Use of Improved Information Technology and Burden Reduction

This form is currently a reader-enabled PDF but will be transferred to an online form in the coming year. It will be housed on organdonor.gov and will allow participants to track their activities online throughout the campaign.

4. Efforts to Identify Duplication and Use of Similar Information

This scorecard document, collection, and recognition were all created based on recommendations from the Hospital Campaign Leadership Team (see attachment). HRSA is not aware of any other entity that collects this type of information from hospitals nationally or any other entity that recognizes hospitals nationally for their efforts to educate the public about the need for organ, eye, and tissue donors. HRSA learned that some OPOs have adapted the Scorecard for their outreach efforts in high schools.

5. Impact on Small Businesses or Other Small Entities

The information being requested is the minimum required for the intended use of the data and does not have an impact on small business or other small entities.

6. Consequences of Collecting the Information Less Frequently

HRSA only collects the information once per year so that participants can be recognized on an annual basis. Recognition on a less frequent basis would likely be too infrequent to have the same motivational potential.

7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

This request fully complies with the regulations outlined in 5 CFR 1320.5.

8. Comments in Response to the *Federal Register* Notice/Outside Consultation

Section 8A:

When the 60-day *Federal Register* notice is published the date will be added to this statement.

Section 8B:

Members of the campaign's Leadership Team were consulted regularly during the development of the scorecard. HRSA also requested feedback on the draft scorecard from representatives from the campaign's National Partners.

Explanation of any Payment/Gift to Respondents

There will be no monetary payment to respondents. Those who respond will be recognized by HRSA and the campaign’s national partners through publicity, including the announcement of their achievement on the HRSA Hospital Campaign website and through electronic and print communications distributed by the national partners. In addition, HRSA will provide OPOs with a certificate for each hospital that earns an identified recognition level. OPOs will choose when and how to present these certificates to the hospitals.

9. Assurance of Confidentiality Provided to Respondents

The collection of the Scorecard is for public recognition of the hospital efforts by DoT and national partners. People will respond to the form because they wish to receive recognition. A contact name and email are requested for both the hospital and the affiliated OPO or DLA. These names will not be publicized.

10. Justification for Sensitive Questions

There are no sensitive questions included in the form.

11. Estimate of Annualized Hour and Cost Burden

Section 12A: Estimated Annualized Burden Hours

The total number of completed forms is estimated to be 1,500 each year and form completion is expected to average about 15 minutes. Therefore 1,500 respondents’ times .25 of an hour (i.e., 15 minutes) would equal a total of 375 hours. The average burden hour was estimated based on a sample of eight potential respondents. These individuals were asked to time how long it took them to complete the form.

Type of Respondent	Form Name	No. of Respondents	No. Responses per Respondent	Total Number of Responses	Average Burden per Response (in hours)	Total Burden Hours
OPO representatives, hospital nurse practitioners, and administrative assistants	National Hospital Organ Donation Campaign’s Activity Scorecard	1,500	1	1,500	.25	375
Total		1,500		1,500		375

Section 12B: Estimated Annualized Burden Costs

Type of Respondent	Total Burden Hours	Hourly Wage Rate	Total Respondent Costs
Admin Assistants	30	\$18.80	\$564
Nurse Practitioners	110	\$52.90	\$5,819
OPO Representatives	235	\$30.01	\$7,052.35
Total	375		\$13,435.35

13. Estimates of other Total Annual Cost Burden to Respondents or Recordkeepers/Capital Costs

Type of Respondent	Total Burden Hours	Wages, including Employer Overhead/Fringe Benefits	Total Respondent Costs
Admin Assistants	30	\$37.60	\$1,128
Nurse Practitioners	110	\$105.80	\$11,638
OPO representatives	235	\$60.02	\$14,104.70
Total	375		\$26,870.70

14. Annualized Cost to Federal Government

- The hours for analyzing and compiling the information in the online database and for creating the recognition lists are approximated at 160 hours and \$20,160 (using the government contractor hourly average of \$126).
- The estimated annualized for government personnel cost per year is \$4,150.22 (1.5 percent FTE @ \$141,555 = \$2,123.00 and 2.0 percent FTE @ \$101,361.00 = \$2,027.22 per year).
- Total estimated total cost annually is \$24,310.22.

15. Explanation for Program Changes or Adjustments

N/A

16. Plans for Tabulation, Publication, and Project Time Schedule

For three years, beginning in 2019, DoT will ask hospitals to record their activities from October 1 through April 30.

HRSA's contractor will compile the information and develop a list of hospitals and OPOs who will be recognized by several national organizations supporting the campaign. For example, OPOs will be recognized at the annual meeting of their national association (the Association of Organ Procurement Organizations), and hospital awardees will be recognized by the American Hospital Association in its communication venues. HRSA will post OPO and hospital awardees on organdonor.gov. Other recognition venues or events are likely to take place. For example, it is likely that some state hospital associations may provide recognition for their hospitals and that the hospitals themselves will post information on their own websites. The certificates will be emailed to the OPOs, which will print and present them to their recognized hospitals.

17. Reason(s) Display of OMB Expiration Date is Inappropriate

N/A

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.