

Request for Approval under the “Generic Clearance for the Collection of Routine Customer Feedback” (OMB#: 0925-0648 Exp., date: 05/2021)

TITLE OF INFORMATION COLLECTION: Department of Laboratory Medicine
Operational Review: 2020 Stakeholder Perception Survey of Services (CC)

PURPOSE:

This voluntary, anonymized customer satisfaction survey will be used for internal purposes (within the National Institutes of Health (NIH)) to ensure that the NIH Clinical Center (CC) Department of Laboratory Medicine (DLM) is providing high quality services to NIH Institute and Center research and clinical staff, and to inform patient safety and clinical quality improvement activities within DLM.

DESCRIPTION OF RESPONDENTS:

The Department of Laboratory Medicine offers clinical laboratory service to patients participating in research protocols through professional consultation and diagnostic laboratory testing and services. It provides consultation service and testing for other hospital staff in the areas of chemistry (includes standard diagnostic immunology tests), hematology, flow cytometry, microbiology, and phlebotomy. It also facilitates an automated system for ordering varied and numerous tests. DLM consists of five clinical services: Chemistry, Hematology, Microbiology, Flow Cytometry, and Phlebotomy.

NIH Institute and Center clinical and research staff, including contractors, who use CC Department of Laboratory Services will receive the survey as part of their official duties.

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.

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Department of Laboratory Medicine, NIH Clinical Center

To assist review, please provide answers to the following question:

Personally Identifiable Information:

1. Is personally identifiable information (PII) collected? [] Yes [X] 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 [X] No

Gifts or Payments:

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] 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
Individual/Household	3500	1	2/60	117
Totals		3500		117

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual/Household	117	28.25	\$3,305.25
Totals			\$3,305.25

https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000

*Cite source per bls.gov if applicable

FEDERAL COST: The estimated annual cost to the Federal government is \$1232.00

Staff	Grade/Step	Salary*	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Quality Assurance Manager	13/7	123,198	1%		1,231.98
Contractor Cost					
Travel					
Other Cost					
Total					1,231.98

*the Salary in table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf>

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?
[X] 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?

No sampling plan, the entire population of clinicians (Medical and Nursing Staff) working in the NIH Clinical Center will be sent the survey using existing email lists.

Administration of the Instrument

1. How will you collect the information? (Check all that apply)
[X] Web-based or other forms of Social Media
[] Telephone
[] In-person
[] Mail
[] Other, Explain
2. Will interviewers or facilitators be used? [] Yes [X] No

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