

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: Patient Perception Surveys Non-Behavioral Health (CC)

PURPOSE: The purpose of this survey is to solicit 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, (American Nurses Credentialing Center (ANCC), and other accrediting organizations. Our planned activities for the next several years reflect our ongoing emphasis on performance improvement activities, and our reliance on the valuable data generated from these surveys. Additionally, this request amends previously approved requests under this Generic Clearance by: 1) shortening the surveys to reduce burden; 2) using nationally fielded surveys to improve benchmarking; 3) increasing the frequency a returning patient could receive a survey to quarterly to increase data confidence; and 4) combining previously approved requests for inpatients, outpatients, and pediatric patients into a single request.

DESCRIPTION OF RESPONDENTS: The sample will consist of adult and pediatric outpatients admitted to the NIH Clinical Center for participation in clinical research.

TYPE OF COLLECTION: (Check one)

☐ Customer Comment Card/Complaint Form	☒ Customer Satisfaction Survey
☐ Usability Testing (e.g., Website or Software	☐ Small Discussion Group
☐ Focus Group	☐ 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: Natascha Pointer

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? [x] Yes [] No
3. If Applicable, has a System or Records Notice been published? [x] Yes [] 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

Form	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
• Adult Inpatient Survey • Adult and Pediatric Surgery-Procedure Survey	Individual / Household	3,700	8	5/60	2,467
• Pediatric Inpatient Survey • Adult and Pediatric Surgery-Procedure Survey	Individual / Household	1,200	8	5/60	800
	Totals	4,900	39,200		3,267

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individual / Household	3,267	\$11.75	\$38,387
Totals	3,267		\$38,387

*Hourly Wage Rate is minimum wage for Maryland: <http://www.ncsl.org/research/labor-and-employment/state-minimum-wage-chart.aspx> (\$11.75 effective 1/1/21)

FEDERAL COST: The estimated annual cost to the Federal government is \$63,210

Staff	Grade/Step	Salary	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Specialist	12/7	\$104,641	1%		\$1,047

Contractor Cost					\$49,304
Travel					
Other Cost					
Total					\$50,351

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?

Adult patients and the primary care givers of all pediatric patients, admitted to or visiting the NIH Clinical Center (NIHCC), are invited to participate in a patient perception survey following their visit. Survey version will vary depending on services received.

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

In keeping with the standardized survey methodology developed by the survey contractor, an industry leader, the adult patients and primary care givers of NIH Clinical Center (NIHCC) pediatric inpatients receive an emailed survey after visiting a procedure area or upon discharge. Non-respondents are sent a follow up request. Their responses are returned to a third-party contractor, and de-identified results are made available to the NIHCC through a secure, web-based portal.

2. Will interviewers or facilitators be used? [] Yes [x] No

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