

Project Firstline National Training Collaborative for Healthcare Infection Prevention & Control

Request for OMB approval of a New Information Collection

July 22, 2022

Supporting Statement A

Contact:

Anita McLees
National Center for Emerging and Zoonotic Infectious Diseases
Centers for Disease Control and Prevention
1600 Clifton Road, NE
Atlanta, Georgia 30333
Phone: (404) 498-0316
Email: zdu5@cdc.gov

Table of Contents

1. Circumstances Making the Collection of Information Necessary.....	3
2. Purpose and Use of Information Collection.....	3
3. Use of Improved Information Technology and Burden Reduction.....	3
4. Efforts to Identify Duplication and Use of Similar Information.....	4
5. Impact on Small Businesses or Other Small Entities.....	4
6. Consequences of Collecting the Information Less Frequently.....	4
7. Special Circumstances Relating to the Guidelines of 5 CFR 1320.5.....	4
8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency.	4
9. Explanation of Any Payment or Gift to Respondents.....	4
10. Protection of the Privacy and Confidentiality of Information Provided by Respondents.....	5
11. Institutional Review Board (IRB) and Justification for Sensitive Questions.....	5
12. Estimates of Annualized Burden Hours and Costs.....	5
13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers.....	6
14. Annualized Cost to the Government.....	6
15. Explanation for Program Changes or Adjustments.....	6
16. Plans for Tabulation and Publication and Project Time Schedule.....	6
17. Reason(s) Display of OMB Expiration Date is Inappropriate.....	7
18. Exceptions to Certification for Paperwork Reduction Act Submissions.....	7
Attachments.....	7

Goal of the project: The goal of this project is to collect performance/progress information from Project Firstline (PFL) national partner organizations to inform development of tailored infection prevention and control (IPC) communications and trainings and resources designed for frontline healthcare personnel (HCP).

Intended use of the resulting data: Data will be used to provide crucial insights into the diverse needs of HCP, gaps in existing CDC training resources, and to understand the reach and impact of the PFL initiative while improving programming based on lessons learned.

Methods to be used to collect: National partners collect primary data from HCP and then submit monthly data via Qualtrics for both training and communications activities conducted the month prior.

The subpopulation to be studied: HCP and public health professionals.

How the data will be analyzed: The data will be analyzed using basic descriptive statistics. There is no plan to generalize findings. Findings will be used for program reporting and to inform ongoing

1. Circumstances Making the Collection of Information Necessary

This is a new Information Collection Request. We are requesting approval for a period of 36 months. This information collection is authorized under Section 301 of the Public Health Service Act (42 U.S.C. 241) (Attachment 1).

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), and Division of Healthcare Quality and Promotion (DHQP) requests approval for a new information collection request for national partner organizations involved in disseminating infection prevention and control (IPC) materials through CDC's Project Firstline (PFL) initiative funded under CK18-1802 and CK20-2003. Reporting activities were previously covered by the COVID-19 Public Health Emergency (PHE) waiver. Moving forward, Project Firstline seeks to protect reporting activities under a standard ICR for 36 months.

IPC is essential for stopping the spread of infections in healthcare settings, preventing illness and death, and protecting patients and healthcare personnel.¹ The COVID-19 pandemic highlighted gaps in IPC knowledge and practices in U.S. healthcare settings resulting in a need to strengthen IPC practices through evidence-based education and training. In response, CDC's PFL was developed to provide millions of HCP with the necessary IPC knowledge to prevent and control the transmission of infections

¹ Storr, J., Twyman, A., Zingg, W., Damani, N., Kilpatrick, C., Reilly, J., Price, L., Egger, M., Grayson, M. L., Kelley, E., Allegranzi, B., & WHO Guidelines Development Group (2017). Core components for effective infection prevention and control programmes: new WHO evidence-based recommendations. *Antimicrobial resistance and infection control*, 6, 6. <https://doi.org/10.1186/s13756-016-0149-9>

in healthcare. IPC content will be disseminated by CDC and funded partners via trainings, educational resources, and promotional materials to reach healthcare personnel in a variety of settings.

PFL is a new program, and as such, the collection of performance/progress data is critical for successful program implementation and ongoing improvement. Partners are the primary disseminators of PFL training and promotional materials, and gathering data on these types of activities will allow both CDC and partners to monitor progress towards desired outcomes while improving programming based on lessons learned. This information will also provide crucial insights into the diverse needs of HCP and gaps in existing CDC training resources as well as the reach and impact of the initiative. Furthermore, the collaborative network, data-driven training and education programs, and targeted messaging through digital platforms will help drive behavior change - enhancing the readiness of the nation's frontlines to respond to the current COVID-19 pandemic and future disease outbreaks.

2. Purpose and Use of Information Collection

Information is gathered about training and communications activities conducted through Project Firstline (PFL) partner organizations for program planning and monitoring purposes, but also program evaluation purposes (such as assessing reach and effectiveness of training and communication activities). It is essential to have such information to ensure the program is efficient, effective, and having the intended impact on audiences served.

Information from trainings and communications efforts are collected by PFL's 11 funded partners, including the American Academy of Pediatrics (AAP), American Nursing Association (ANA), American Medical Association (AMA), American Hospital Association (AHA), American Health Care Association (AHCA), Asian and Pacific Islander American Health Forum (APIAHF), National Association of County and City Health Officials (NACCHO), National Council of Urban Indian Health (NCUIH), National Indian Health Board (NIHB), National Hispanic Medical Association (NHMA), National Network of Public Health Institutes (NNPHI). One additional partner (RTI International) has assisted with development and testing of reporting tools and a dashboard for project monitoring purposes, as well as data analysis for routine program monitoring and improvement efforts.

CDC does not direct the primary data collection that occurs through national partners. Rather, CDC collects data secondarily from national partners (which serves as a report of program activities). Partner organizations submit aggregate data from trainings delivered as well as data on communications efforts used to promote the trainings (email, social media, website, and podcast metrics). Since partners use their own tailored approaches to data collection, there is no standard form for collecting primary training data. Data collected includes the types of HCP and/or healthcare settings reached with PFL material, the effectiveness of PFL material, and IPC educational needs among HCP.

These various information collections are described in more detail in the chart below:

Respondent	Frequency	Collection Type	Purpose
IPC Training Participants	One-time	<i>Training evaluation data</i> <ul style="list-style-type: none"> • Primary data collection administered by national partners • Non-standardized collection of information (tailored to partner organization approach) • Training participants typically submit information through online platforms 	<ul style="list-style-type: none"> • To understand the types of health care providers and settings reached with PFL materials. • To assess the effectiveness of the training materials, delivery, and understanding of content presented. Information will be used for partners and CDC to adapt materials as needed.
CDC Funded National Partner Organizations (11 total)	Monthly	<i>Aggregate training Data</i> <ul style="list-style-type: none"> • Secondary data collection • Serves as a report to CDC • Submitted through Qualtrics • Each national partner's point of contact completes the standardized reporting form 	To monitor the reach and impact (e.g., learning) of PFL training efforts conducted by partners (live and asynchronous training events). Information will be used to adapt training materials and program strategy as needed.
CDC Funded National Partner Organizations (11 total)	Monthly	<i>Communications data</i> <ul style="list-style-type: none"> • Serves as a report to CDC • Submitted through Qualtrics • Each national partner's point of contact completes the standardized reporting form 	To monitor reach and effectiveness of PFL IPC communications efforts conducted by partners (email, social media, website, and podcasts). Information will be used to draw insights about specific characteristics of each promotional activity to help inform PFL's media and communication strategy.

The Qualtrics forms partner use to report (Attachments 3 and 4) were reviewed by multiple CDC staff and the contractors supporting this project to ensure the questions and topic areas are scientifically accurate, representative of stakeholder needs, and in line with the proposed project objectives. DHQP project officers and subject matter experts, with the support from the NCEZID Science Office, will provide guidance and scientific oversight for the execution of this project. The data will be analyzed using basic descriptive statistics. There is no plan to generalize findings. Findings will be used for program reporting and to inform ongoing internal CDC decisions on training content and delivery.

3. Use of Improved Information Technology and Burden Reduction

Partners have flexibility in how they collect primary data from trainees, and all have indicated the intention to use online data collection methods. Primary training data, collected by partners, is submitted by trainees using various electronic platforms such as Survey Monkey, Google Forms, and

registration capabilities in webinar platforms such as Zoom and WebX. All primary data collected by partners is then submitted to CDC on one streamlined platform, through a landing page that directs them to the appropriate Qualtrics form: one for aggregated training data from primary training data collection and another for data relating to IPC communications activity that has occurred in the prior month.

The Qualtrics forms have advanced, time-saving functionalities that allows partners to avoid manual entry of data and instead upload report of metrics. Auto-save mechanisms have also been incorporated so respondents can enter and exit the form freely without losing information.

4. Efforts to Identify Duplication and Use of Similar Information

This data collection is specific to experiences with the implementation of PFL. Since PFL is a new initiative developed in response to COVID-19, data specific to this initiative do not exist elsewhere at CDC or within other U.S. government agencies and will not be collected by others.

An environmental scan revealed multiple engagements (see list below) related broadly to healthcare and the COVID-19 response; however, it was determined that no data collection activities would be duplicative with PFL efforts. Below are engagements identified in our environmental scan, with indication of how PFLs information collection differs.

- NIH: Federal COVID Response - Audience Feedback to Inform Ongoing Messaging and Strategies for "Combat COVID"
 - Collects feedback from general and healthcare audiences regarding their messaging of COVID-19 treatment and ACTIV clinical trial resources. PFL is collecting information regarding specific frontline HCP we are reaching with IPC education (training and marketing).
- AHRQ: Questionnaire and Data Collection Testing, Evaluation, and Research for the Agency for Healthcare Research and Quality
 - Assesses their specific tools to improve healthcare quality. It is consumer based to improve data collection and procedures and not as focused on training and communications as PFL is.
- AHRQ: The AHRQ Safety Program for Improving Antibiotic Use
 - Collects patient safety information but does not assess HCP baseline or change in patient safety knowledge as a result of education. It focuses on antibiotic stewardship best practices, differing from PFL's general education of IPC.
- AHRQ: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Home and Community Based Services (HCBS) Survey Database
 - Focuses on understanding and improving the healthcare consumer experience in long-term care settings, while PFL focuses on improving IPC practices in healthcare settings. It

surveys healthcare consumers, while PFL surveys HCPs (primarily nurses, allied health, and environmental service workers) to gather information on trainings delivered and marketing/promotion efforts occurring.

- AHRQ: The AHRQ Safety Program for Methicillin-Resistant *Staphylococcus aureus* (MRSA) Prevention
 - Focuses on specific HAIs and healthcare settings and collects data on clinical outcomes and assesses patient safety culture. PFL approaches IPC broadly and prioritizes specific HCP roles (nurses, allied health, and environmental service workers) and captures information about trainings and marketing/promotion efforts.

5. Impact on Small Business or Other Small Entities

This data collection only involves non-profit partners receiving CDC funding to implement program activities. The information collected is not only useful to CDC, but useful to these funded partners for their own program planning, implementation, and evaluation purposes. The information collection will not involve small for-profit businesses or entities.

6. Consequences of Collecting the Information Less Frequently

PFL is a new program, and as such, regular data collection is needed to monitor progress and make timely improvements based on lessons learned. Primary training data is collected by program partners one-time for each training activity to draw insights about specific training elements (HCP roles and settings in attendance, effectiveness of materials/presentation, understanding of content by audience). Without information from individual training participants, CDC and partners would not be able to accurately adapt training elements for specific audiences. Likewise, monthly reporting by project partners provides CDC and partners timely information needed to adapt training materials and promotional messaging. CDC and program partners would not be able to make timely program improvements if data were collected less frequently (e.g., year-end data).

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

This request fully complies with the regulation 5 CFR 1320.5.

8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside the Agency

A. A 60-day Federal Register Notice was published in the *Federal Register* on April 8, 2022, vol. 87, No. 68, pp. 20862-20863 (Attachment 2a). CDC received 3 public comments related to this notice (attachments 2b, 2c, and 2d). None of the comments were considered substantive by the CDC/ATSDR program representatives.

B. No consultation outside of CDC occurred. The development of this project was implemented through a cooperative agreement between CDC and the 11 national partners listed in section 2.2.

9. Explanation of Any Payment or Gift to Respondents

No payments, incentives, or gifts will be provided to respondents.

10. Protection of the Privacy and Confidentiality of Information Provided by Respondents

CDC's Information Systems Security Officer reviewed this submission and determined that the Privacy Act does not apply. A Privacy Impact Assessment therefore is not included as part of this submission.

11. Institutional Review Board (IRB) and Justification for Sensitive Questions

Institutional Review Board (IRB)

On March 14, 2022, NCEZID's Human Subjects Advisor has determined that information collection is not research involving human subjects. IRB approval is not required.

Justification for Sensitive Questions

There are no planned sensitive questions.

12. Estimates of Annualized Burden Hours and Costs

A. Estimated Annualized Burden Hours

Respondents include HCPs participating in infection control trainings delivered by PFL partner and sub-recipient organizations. The HCP participants may come from a variety of settings, including employees of hospitals, universities, medical centers, laboratories, state and federal agencies, tribal organizations, or state and local health departments. Based on prior year information, we expect 4,059 training participants each year. We estimate it will take five minutes to complete an evaluation for a typical training event.

Project Firstline's 11 partner organizations also submit secondary training and communications data to CDC monthly (serving as reports of partner activity). Based on average completion times from May 2022, it will take national partners one hour to complete each month's communications reporting (include time to export/gather metrics submitted) and fifteen minutes to complete each month's training reporting (compiled from training records).

These 3 information collections (primary training data, secondary/aggregate training activity reporting, and communications activity reporting) results in an estimated annual burden to the public of 502 hours, or 1,506 hours over three years.

Type of Respondent	Information Collection Type	# of Respondents	Number of Responses per Respondent	Avg. Burden per Response (in hours)	Total Annual Burden (in hours)
National Partners	Comms Reporting (Secondary Data Collection)	11	12	1.0	132
National Partners	Training Reporting (Secondary Data Collection)	11	12	0.25	33
Training Participants	Primary Data Collection (Unstandardized)	4,059	1	.083	337
Total		4,081			502

B. Estimated Annualized Burden Costs

There is no cost to respondents other than their time to complete the data collection. Salary estimates are from the US Department of Labor ²and CareerOneStop.³

Based on estimates from May 2022, we expect it will take a project manager, from each partner organization, fifteen minutes to report aggregated training data and sixty minutes to report communication metrics monthly. Estimates for the number of types of HCP respondents, are based on prior year information. Additionally, salaries for respondent types that incorporate multiple roles have been averaged (e.g., Environmental/Facility Services represents both supervisors and custodial staff salaries). The annualized burden cost is estimated to be \$19,605.98.

Type of Respondents	No. of respondents	Frequency of Response	Average Burden Time per Response (in hours)	Hourly Wage Rate	Total Respondent Costs
Project Firstline National Partner Training Reporting	11	12	15/60	\$37.22	\$1,228.26
Project Firstline National Partners Comms Reporting	11	12	60/60	\$37.22	\$4,913.04
Registered Nurse	1182	1	5/60	\$36.22	\$3,568.58
Public Health Professional	767	1	5/60	\$35.84	\$2,289.28
Non-Clinical Staff	370	1	5/60	\$27.10	\$834.68
Physician	305	1	5/60	\$100.00	\$2,537.50
Healthcare Administrator	223	1	5/60	\$50.13	\$929.91

² U.S. Department of Labor. Retrieved April 24 2022 from <https://www.dol.gov/wages>

³ U.S. Department of Labor Employment and Training Administration. CareerOneStop, Retrieved April 24 2022 from <https://www.careeronestop.org/>.

Environmental/Facility Services	265	1	5/60	\$23.82	\$525.18
Advanced Practice Nurse	300	1	5/60	\$53.69	\$1,343.59
Nursing/Medical Assistant	84	1	5/60	\$16.03	\$112.21
Emergency Medical Technician	71	1	5/60	\$17.62	\$104.84
Social/Community Services	65	1	5/60	\$33.46	\$181.52
Dentist/Dental Hygienist	63	1	5/60	\$56.74	\$297.89
Licensed Practical Nurse	4	1	5/60	\$23.47	\$8.21
Therapist	4	1	5/60	\$27.55	\$9.64
Technician	2	1	5/60	\$22.51	\$3.94
Laboratory Staff	2	1	5/60	\$26.05	\$4.56
Physician Assistant	2	1	5/60	\$55.48	\$9.71
Pharmacist	2	1	5/60	\$61.88	\$10.31
Other Healthcare Professional	349	1	5/60	\$23.86	\$693.13
Total	4,081				\$19,605.98

13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers

There are no costs to respondents or record keepers other than their time to participate.

14. Annualized Cost to the Government

The estimated annualized costs to develop and maintain reporting for training and communication activities are \$71,680 over the next 3-years. This includes:

- Time spent for one Epidemiologist⁴ to develop and test reporting instruments and dashboards to store/share data for both information collections.
- Two hours per month to routinely monitor training information collected for 3 years.
- Six hours per month to routinely monitor communications information collected for 3 years.

Though a similar process will be followed for both training and communications data collection, the data capture for partner communication activity reporting requires a more complex structure and programming, so the hourly rate and costs in the table below are slightly higher to reflect this.

Information Collection	Activity	Average Hours	Average Hourly Rate	Total Cost
National Partner Training Activity Reporting	Instrument Development and Testing	320	\$35.84	\$11,468.80
	Quality Assurance and Analysis/Code Development	160	\$35.84	\$5,734.40

⁴ U.S. Department of Labor Employment and Training Administration. CareerOneStop, Retrieved April 24 2022 from <https://www.careeronestop.org/>.

	Dashboard Development and Routine Monitoring	192	\$35.84	\$6,881.28
National Partner Communications Activity Reporting	Instrument Development and Testing	320	\$35.84	\$11,468.80
	Quality Assurance, Data Entry, and Technical Assistance	360	\$35.84	\$12,902.40
	Analysis/Code Development	432	\$35.84	\$15,482.88
	Dashboard Development and Routine Monitoring	216	\$35.84	\$7,741.44
Total				\$71,680.00

15. Explanation for Program Changes or Adjustments

This is a new information collection.

16. Plans for Tabulation and Publication and Project Time Schedule

We are requesting a three-year approval for a recurring data/information collection. Each activity will generate information for ongoing program planning, monitoring, and improvement purposes.

Internal reports will be generated with data collected to provide program data and trends for project leadership. Data collected will also be accessible in internally facing dashboards used for program monitoring. There are no plans to pursue publication relating to data collected.

Project Time Schedule	
Activity	Time Schedule
Comms Reporting (Secondary Data Collection)	Following receipt of OMB clearance, PFL will continue monthly data collection (that occurred under the PHE waiver) throughout the 3 year approval period.
Training Reporting (Secondary Data Collection)	Following receipt of OMB clearance, PFL will continue monthly data collection (that occurred under the PHE waiver) throughout the 3 year approval period.
Primary Data Collection (Unstandardized)	Following receipt of OMB clearance, PFL will continue one-time data collection (that began under the PHE waiver) as trainings occur throughout the 3 year approval period.

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

N/A. The OMB expiration date will be displayed.

18. Exceptions to Certification for Paperwork Reduction Act Submissions

There are no exceptions to the certification.

Attachments

1. Authorizing Legislation
2. 60-Day FRN
 - a. Published FRN
 - b. Comment 1
 - c. Comment 2
 - d. Comment 3
3. Training Activity Reporting Form (Information Collection Instrument)
4. Communications Activity Reporting Form (Information Collection Instrument)