

**SUBMISSION OF INFORMATION COLLECTION UNDER THE  
Generic Clearance for the Collection of Qualitative Feedback on Agency Service  
Delivery**

**DATE OF REQUEST:** October 31, 2018

**SUB AGENCY (I/C):** HHS/AHRQ

**TITLE:** Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (QI) Customer Survey

**GENERIC CLEARANCE UNDER OMB#:** 0935-0179

**EXP. DATE:** 11/30/2020

**ABSTRACT:**

The AHRQ QIs are standardized, evidence-based quality measures that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes, including inpatient mortality, surgical complications, and certain hospital-acquired infections. They address quality of care for patients hospitalized for a broad range of procedures or conditions that are high risk, problem prone, and/or high volume. The purpose of this survey is to gather feedback about the AHRQ QIs, with an emphasis on their use to support hospital quality improvement efforts. The survey will be used to gather information from current users and those who may choose to engage with the program in the future (i.e., potential users) about their experiences with and perceptions of the AHRQ QI program, including facilitators of and barriers to use, as well as whether, how and why they use other measures to support their quality improvement efforts. In particular, the topics areas in the survey include: 1) Reasons for using/not using the AHRQ QIs and AHRQ QI resources, 2) Use of the AHRQ QIs for quality improvement, 3) Other measures used for quality improvement and the reasons for use, 4) Use of the WinQI software, and 5) Opportunities to enhance user experience with the AHRQ QI program, including software, technical assistance and resources (e.g., toolkit).

**TOTAL ANNUAL BURDEN APPROVED:** 3,383 Hours Per year

**BURDEN USED TO DATE:** 404 hours.

**BURDEN THIS REQUEST:** 50 hours.

**FEDERAL COST:** The estimated annual cost to the Federal government is \$356.

**IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?**

YES     NO     N/A

**OBLIGATION TO RESPOND:**

VOLUNTARY  
 REQUIRED TO OBTAIN OR RETAIN BENEFITS  
 MANDATORY

**HOW WILL THIS SURVEY BE OFFERED?**

WEB SITE  
 TELEPHONE INTERVIEW  
 MAIL RESPONSE  
 IN PERSON INTERVIEW  
 OTHER: \_

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