<u>SUBMISSION OF INFORMATION COLLECTION UNDER THE</u> <u>Generic Clearance for the Collection of Qualitative Feedback on Agency Service</u> <u>Delivery</u>

DATE OF REQUEST:

SUB AGENCY (I/C): HHS/AHRQ

TITLE: : Building Diagnostic Safety Capacity – TeamSTEPPS® Course Evaluation Plan

GENERIC CLEARANCE UNDER OMB#: 0925-0179

EXP. DATE: 11/30/2020

ABSTRACT:

The MedStar Health Research Institute was awarded a contract with AHRQ to provide program support and expertise related to improving diagnostic safety and quality across five distinct contract tasks. Task 3 of the contract is to develop, pilot test and promote TeamSTEPPS® Course to improve communication among providers related to diagnosis. To execute this task, the contractor has assembled an interprofessional team to develop a training course using the TeamSTEPPS® Framework to educate providers and staff on team-based approaches to close prevalent gaps in care leading to diagnostic failures.

A qualitative approach to data collection (e.g., individual interviews and/or focus groups) and analysis will be used to pilot test the course and provide useful insights on stakeholders' perceptions and opinions, identify barriers and facilitators to course adoption, receptivity to the course by stakeholders, as well as to explore general stakeholder feedback to enhance the usability of the course materials. The approach will not consist of statistical surveys that yield quantitative results that can be generalized to the population. Pilot testing will occur at up to 20 information collection settings and the feasibility of implementation will be assessed at the stakeholder and setting levels. The information collected from stakeholders will be used to revise the course in order to promote widespread adoption.

TOTAL ANNUAL BURDEN APPROVED: 3,383 Hours Per year BURDEN USED TO DATE: 1,696 hours. BURDEN THIS REQUEST: 389 hours.

FEDERAL COST: The estimated annual cost to the Federal government is <u>\$18,616</u>_____.

IS RACE AND ETHNICITY DATA COLLECTED AS REQUIRED?

____YES ____x__ NO ____ N/A

OBLIGATION TO RESPOND:

_____X___VOLUNTARY ______ REQUIRED TO OBTAIN OR RETAIN BENEFITS

_____ MANDATORY

HOW WILL THIS SURVEY BE OFFERED?

WEB SITE

_____X_ _ TELEPHONE INTERVIEW

_____ MAIL RESPONSE

_____X IN PERSON INTERVIEW

_____ OTHER: _____

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