Request for Approval under the "Generic Clearance for the Center for Clinical Standards and Quality IT Product and Support Teams" (OMB Control Number: 0938-1397)

TITLE OF INFORMATION COLLECTION: Hospital Quality Reporting User Research Participation Interest Survey

PURPOSE OF COLLECTION:
What are you hoping to learn / improve? How do you plan to use what you learn? Are there artifacts (user personas, journey maps, digital roadmaps, summary of customer insights to inform service improvements, performance dashboards) the data from this collection will inform?

Hospital Quality Reporting (HQR) has been conducting user experience research with providers and vendors over the last five years to provide a more user-centered approach to designing system features and components. Up to this point, all user research participants are sourced from a list of contacts who have manually opted into research recruitment communication by sending a message to a dedicated email inbox. To comply with PRA rules and regulations, we do not request any specific information from these contacts and only record their email address and name (if it is provided). As the HQR System functionalities mature and become more complex, a higher degree of specificity is required to screen for the appropriate research participants to provide feedback and input. Therefore, we need to collect more specific data about potential research participants, such as their organization type, general responsibilities, experience using the HQR system, and accessibility accommodation needs.

TYPE OF COLLECTION: (Check one)

[ ] Card Sorting
[ ] Field Studies
[ ] Focus Groups
[X] Survey
[ ] User Interviews
[ ] Other: _____

[ ] Cognitive Testing
[ ] First Click Tests
[ ] Participatory Design
[ ] Tree Testing
[ ] Usability Testing

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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: Danita Patel (Product Lead for HQR HCD)

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

PERSONALLY IDENTIFIABLE INFORMATION

1. Is personally identifiable information (PII) collected? [X] Yes [ ] No
2. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [X] Yes [] No
3. If Yes, has an up-to-date System of Records Notice (SORN) 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
If Yes, describe:

BURDEN HOURS

Category of Respondent	**No. of Respondents**	**Participation Time**	**Burden**
(2) Private Sector (HQR End Users)	2000	0.033 hours	67 Hours
Totals			**67 Hours**

FEDERAL COST

The estimated annual cost to the Federal government is _____
There is no additional cost for this form implementation, as it is part of the Hospital Quality Reporting contract scope that has already been awarded.

ACTIVITY DETAILS

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

3. Who will you collect the information from?

Describe the people you will interact with or collecting information from and why the group is appropriate for the program / service to connect with. Please provide a description of how you plan to identify your potential group of respondents and if only a sample will be solicited for feedback, how you will select them (e.g., anyone who provided an email address to a call center representative, a representative sample of administrators who downloaded a report in May 2021, intercept interviews at a particular field office, a list of customers, e.g., a CRM database that has contact information, to reach out to that defines the universe of potential respondents and have a sampling plan for selecting from this universe). Attach a copy of your sampling plan if applicable.

We will collect this information from the end users of the HQR system. These users interact directly with HQR and consist of hospital quality directors and specialists who oversee HQR program requirements and third party vendors who submit data on behalf of these hospitals.

Collecting this information will allow us to pre-screen potential research participants that are more familiar with the functionalities and processes we are attempting to evaluate.

4. How will you ask a respondent to provide this information?
   For example, after an inquiry is submitted online, the final screen will present the opportunity to provide feedback by presenting a link to a feedback form / an actual feedback form.

   This survey will exist as a web-based form and can be accessed via a link found in the Hospital Quality Reporting system, on the qualitynet.cms.gov website and as a shareable link for organic growth with end users. Because this is an opt-in survey to participate in research, anyone can voluntarily choose to fill out this form by clicking on the link.

5. What will the activity look like?
   Describe the information collection activity – e.g., what happens when a person agrees to participate? Will facilitators or interviewers be used? What is the format of the interview/focus group? If a survey, describe the overall survey layout/length/other details. If User Testing, what actions will you observe / how will you have respondents interact with a product you need feedback on.

   Clicking on the link to the survey will prompt the user with a web-based form asking the users to provide some basic information about themselves and the organization they work for. Users may be asked to type in some responses, select options from a drop down menu, and/or select from a list of multiple choice options. If the user fills out the survey, they agree to be contacted via email about future user research opportunities such as interviews or usability tests.

6. Please provide your question list.
   Paste here the questions or prompts presented to participants in your activity. If you have an interview / facilitator guide, that can be attached to the submission and referenced here.

   1. **Full name**
   2. **Job title**

3. **What are your primary roles and responsibilities? Check all that apply.**
    a. Abstract data for participating quality reporting programs
    b. Submit data for participating quality reporting programs
    c. Facilitate communications with third-party vendors
    d. Develop and execute quality improvement initiatives
    e. Monitor/analyze hospital quality performance data
    f. Report hospital quality performance data to hospital employees and/or hospital leadership
    g. Develop education and learning resources for hospital staff
    h. Conduct quality assurance assessments on medical records
    i. Oversee/manage a quality team or department
    j. Manage account permissions for quality department staff
    k. Other
4. **What type of organization are you primarily associated with?**
    a. Single Hospital / Facility
    b. Healthcare System / Network of Facilities
    c. Vendor contracting with hospitals
    d. Vendor contracting with CMS
    e. Ambulatory surgical center
    f. Quality Improvement Organization / Network
    g. Other
5. **How many facilities are part of your hospital system or facility network?** *(question only asked if participant selects option B for Question 4)*
6. **How many facilities does your organization support?** *(question only asked if participant selects option C for Question 4)*
7. **Do you consider your facility a rural facility or critical access hospital?** *(question only asked if participant selects option A for Question 4)*
    a. Yes, we are a critical access hospital
    b. Yes, we are a rural hospital
    c. No
    d. I'm not sure
8. **Do you consider any of your facilities a rural facility or critical access hospital?** *(question only asked if participant selects option B or C for Question 4)*
    a. Yes, majority of our facilities are considered rural or critical access
    b. Yes, about half of our facilities are considered rural or critical access
    c. Yes, a minority of our facilities are considered rural or critical access
    d. No
    e. I'm not sure
9. **What quality reporting program(s) does your organization submit data for and/or support? Check all that apply.**
    a. IQR
    b. OQR
    c. IPFQR
    d. PCHQR
    e. ASCQR
    f. PI
    g. HVBP
    h. HCAHPS

i. HACRP
j. HRRP
k. OIE
l. DRA HAC
m. MSPB
n. Star Ratings

10. What are key activities you do in the QualityNet Secure Portal? Check all that apply.

a. Submit data to CMS in bulk by uploading an XML file
b. Manually submit data to CMS by filling out a web form
c. Review/download performance report data (e.g. HVBP Summary or Facility, State, National Report)
d. Upload data or download reports via Manual/Secure File Transfer
e. Conduct quality assurance checks on data submissions
f. Verify data submissions
g. Review submission requirements for participating programs
h. Sign or update notice of participation
i. Upload medical records for CDAC validation cases
j. Manage user account access for hospital employees and/or team members
k. Manage user account access for third-party vendors
l. Ask questions via the service desk
m. Other

11. What email address should we use to contact you?

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

7. When will the activity happen?
Describe the time frame or number of events that will occur (e.g., We will conduct focus groups on May 13,14, 15; We plan to conduct customer intercept interviews over the course of the Summer at the field offices identified in response to #2 based on scheduling logistics concluding by Sept. 10; or This survey will remain on our website in alignment with the timing of the overall clearance.)

We will be implementing the survey on HQR by the end of year 2023. This timeline is contingent on PRA approval and developer capacity to complete the build of the web-based form and implementation in the HQR production environment. The survey will remain on our website in alignment with the overall clearance.

Additionally, we will be making use of the free standing link to the survey form for organic opportunities to grow the research participant pool we can use for our HQR related research projects. This link will be made available for us to share via word of mouth when encountering potential participants that are end users of HQR at such opportunities as conferences and end user referrals.

Instructions for completing Request for Approval under the "Generic Clearance for the Center for Clinical Standards and Quality IT Product and Support Teams"

TITLE OF INFORMATION COLLECTION: Provide the name of the collection that is the subject of the request (e.g. Comment card for soliciting feedback on xxxx).

PURPOSE: Provide a brief description of the purpose of this collection and how it will be used. If this is part of a larger study or effort, please include this in your explanation.

TYPE OF COLLECTION: Check one box. If you are requesting approval of other instruments under the generic, you must complete a form for each instrument.

CERTIFICATION: Please read the certification carefully. If you incorrectly certify, the collection will be returned as improperly submitted or it will be disapproved.

PERSONALLY IDENTIFIABLE INFORMATION: Provide answers to the questions. Note: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period that is necessary to achieve a specific objective.

GIFTS OR PAYMENTS: If you answer yes to the question, please describe the incentive, and provide a justification for the amount.

BURDEN HOURS:
Category of Respondents: Identify who you expect the respondents to be in terms of the following categories: (1) Individuals or Households; (2) Private Sector; (3) State, local, or tribal governments; or (4) Federal Government. Only one type of respondent can be selected per row.
No. of Respondents: Provide an estimate of the Number of respondents.
Participation Time: Provide an estimate of the amount of time required for a respondent to participate (e.g., fill out a survey or participate in a focus group).
Burden: Provide the Annual burden hours: Multiply the number of responses and the participation time and divide by 60.

FEDERAL COST: Provide an estimate of the annual cost to the Federal government.

ACTIVITY DETAILS: Complete each section as described.

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide a description of how you plan to identify your potential group of respondents and how you will select them.

Submit all instruments, instructions, and scripts are submitted with the request.