

**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 _____x_ N/A

OBLIGATION TO RESPOND:

____x____ VOLUNTARY
_____ REQUIRED TO OBTAIN OR RETAIN BENEFITS
_____ MANDATORY

HOW WILL THIS SURVEY BE OFFERED?

____X_ WEB SITE
_____ TELEPHONE INTERVIEW
_____ MAIL RESPONSE
_____ IN PERSON INTERVIEW
_____ OTHER: _

CONTACT INFORMATION:

NAME: _Erwin Brown
TELEPHONE NUMBER: 301.427.1652
EMAIL ADDRESS: _ebrown@ahrq.gov