***SUBMISSION OF INFORMATION COLLECTION UNDER THE***

***Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery***

***DATE OF REQUEST:*** 03.29.2022

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

***TITLE:*** Voluntary Customer Satisfaction Survey of AHRQ PSNet Users

***GENERIC CLEARANCE UNDER OMB#:*** 0935-0179 ***EXP. DATE: 11***/30/2023

# ***ABSTRACT:***

The purpose of this request is to conduct a voluntary customer satisfaction survey of the AHRQ Patient Safety Network (PSNet) site to invite feedback from our audience on how the site is being used as a resource on patient safety, along with the extent to which it is meeting the needs of its users. A secondary objective is to use the results to consider future enhancements to the AHRQ PSNet site. To achieve this goal, a short web-based survey will be available on the site for readers to complete voluntarily during a 4-week period in 2022. (The survey instrument was previously developed, validated, and administered. It has been updated slightly in 2014 to account for some new features of the site.)

AHRQ PSNet is a popular patient safety site that offers weekly updates on patient safety literature, reports, news, tools, and meetings, and a vast set of carefully annotated links to important research and other information on patient safety. Supported by a robust taxonomy and web architecture, AHRQ PSNet provides powerful searching and browsing capability, as well as the ability for diverse users to customize the site around their interests (My PSNet). AHRQ PSNet can be accessed via the Internet at <http://psnet.ahrq.gov>.

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

***BURDEN USED TO DATE:*** ***1687 hours***.

***BURDEN THIS REQUEST: 35 hours***.

***FEDERAL COST:*** The estimated annual cost to the Federal government is $4,165\_\_.

***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

\_\_\_X\_\_ OTHER: X\_\_Zoom -\_Web Conferencing \_\_\_\_\_\_\_\_\_\_

***CONTACT INFORMATION:***

NAME: \_Erwin Brown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: 301.427.1652\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_ebrown@ahrq.gov\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_