

SUPPORTING STATEMENT

Part A

**AHRQ ECHO National Nursing Home COVID-19 Action Network
Customer Satisfaction Survey – OMB # 0935-0179**

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Agency for Healthcare Research and Quality (AHRQ)

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A. Justification

1. Circumstances that make the collection of information necessary

The mission of the Agency for Healthcare Research and Quality (AHRQ) set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999 (see <http://www.ahrq.gov/hrqa99.pdf>), is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ shall promote health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and
2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

Background for this information collection

Nursing homes have reported nearly 571,000 confirmed cases of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection and coronavirus disease 2019 (COVID-19), resulting in over 112,000 COVID-19-related deaths.¹ The U.S. Department of Health and Human Services (HHS) has distributed funds to nursing homes and launched several initiatives to improve nursing home safety and infection control.² AHRQ's National Nursing Home COVID-19 Action Network (the Network) is a cornerstone of HHS's response, intended to provide training and assistance to nursing homes on best practices to minimize transmission of SARS-CoV-2.³ The Network expands AHRQ's programmatic efforts to address quality and safety in long-term care,⁴ and aligns with other agency efforts to provide COVID-19 guidance to nursing homes.⁵ As the pandemic continues, nursing homes require easy access and implementation support for up-to-date best practices on SARS-CoV-2 infection control, COVID-19 care and management, and safety measures to protect residents and staff.

AHRQ's National Nursing Home COVID-19 Coordinating Center plays a critical, complementary role to the Network as a bridge between AHRQ's initiatives and the nursing home quality improvement (QI) community that: 1) engages scientific and policy stakeholders to identify safety needs and best practices, 2) ensures coordinated development and dissemination of QI tools and other resources, and 3) assesses the impact of the Network to inform the nation's COVID-19 response.

As part of the Coordinating Center activities, AHRQ seeks to solicit the opinions and information from respondents (nursing home staff) who have experience with the Network's program and have indicated that they have made a change (minor or major) in their facility as a result of participating in Network activities.

This information collection is being conducted by AHRQ through its contractors, NORC and the University of New Mexico (UNM), pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

2. Purpose and Use of Information

AHRQ will use the information collected through this voluntary and targeted Information Collection Request (ICR) to collect information related to how certain AHRQ ECHO National Nursing Home COVID-19 Action Network (the Network) participants experienced the trainings and what specific types of changes they made as a result of their participation.

Participants include both nursing home staff and nursing home administrators, and are asked to complete an electronic 6-question survey, with the last question indicating whether they are willing to be contacted for a short follow-up conversation regarding their experience. Each survey of participant experience is expected to take 5 minutes. For a subset of respondents that answered the last question in the affirmative, a follow-up conversation will be conducted. Each conversation is expected to take on average 20 minutes, and no conversation will exceed 30 minutes.

The specific purpose of each of the information collection instrument is to identify how satisfied the respondents, including nursing home staff and administrators, were with the content of the training, the resources they thought were the most helpful, and the types of changes they made as a result of the trainings with the expressed purpose of identifying replicable best-practices.

The information collection instrument (Appendix A) is designed to capture qualitative data. No claim is made that the results from this survey will be generalizable in a statistical sense, nor is the intent to conduct statistical analyses. The goals of the survey are to understand the participant experience with the Network and the types of changes they have made as a result.

The information collected will be used for internal program management purposes in order to identify those topics which resonated with participants who reported making changes, the resources they found the most helpful, and the types of changes they reported as a result of their participation.

3. Use of Improved Information Technology

The information collection described herein will rely on a standard customer satisfaction survey programmed into the web-based Qualtrics platform and distributed to respondents via email. Follow-up conversations will be audio recorded through Zoom for the purpose of transcription and coding. There will otherwise be no automated, electronic, or other technological collection techniques or other forms of information technology used for the information collection.

4. Efforts to Identify Duplication

No similar customer satisfaction data on the Network are gathered or maintained by the Agency or are available from other sources known to the Agency.

5. Involvement of Small Entities

The information collected may involve small entities, as some of the nursing homes may qualify as such. For this data collection effort, only items that provide critical customer satisfaction information related to their experience with Network will be collected, and the information being requested has been held to the absolute minimum required for the intended use.

6. Consequences if Information Collected Less Frequently

This customer satisfaction survey will be given to eligible participants one-time only. The information collected will inform internal program management.

7. Special Circumstances

This request is consistent with the generic information collection guidelines of 5 CFR 1320.5(d) (2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

This information collection is being submitted under AHRQ's generic clearance. A Federal Register notice is therefore not required.

8.b. Outside Consultations

Not applicable.

9. Payments/Gifts to Respondents

Our information collection efforts will not offer direct payments or gifts to individual respondents. The organizations engaging in the information collection efforts will be sub-contractors to UNM and their partners.

10. Assurance of Confidentiality

Individuals and organizations will be assured of the confidentiality of their replies under Section 944(c) of the Public Health Service Act. 42 U.S.C. 299c-3(c). That law requires that information collected for research conducted or supported by AHRQ that identifies individuals or establishments be used only for the purpose for which it was supplied. Each participant will be assured that information will be kept confidential and included as part of AHRQ’s assessment of participant experience and implementation of best practices. Name of individuals will not be shared publicly, and no attribution to any responses will be made to a specific individual.

Information collected will be maintained in a secure HIPAA-compliant data server. All information collection will be stored on the contractors, NORC, secure server. These secure servers are backed up on a nightly basis using a FIPS 140-2 encryption certified software. The information collected will be descriptive in nature. Per the general clearance, this ICR collects only PII to the extent necessary and this information is not retained. This information will be presented in aggregate and used to describe the characteristics of the group providing feedback.

This ICR does not include a form that requires a Privacy Act Statement.

11. Questions of a Sensitive Nature

The proposed information collection does not include any questions of a sensitive nature. The survey purpose is to capture nursing home experience in the Network program.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1. Estimated annualized burden hours

Form Name	Number of respondents (nursing homes)	Number of responses per respondent	Hours per response	Total burden hours
Customer satisfaction survey (web-based)) - Administrators	1020	1	1/12	85
Customer satisfaction survey (web-based) - Staff	3051	1	1/12	254
Customer satisfaction (follow-up conversation) - Administrators	125	1	4/12	41
Customer satisfaction (follow-up conversation) - Staff	375	1	4/12	125
Total	4571*	NA	NA	505

*NOTE: Respondents with a follow-up conversation are a subset of the respondents to the web-based customer satisfaction survey.

Exhibit 2. Estimated annualized cost burden

Form Name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Customer satisfaction survey (web-based) - Administrators	1020	85	\$46.50 ¹	\$3,953
Customer satisfaction survey (web-based) - Staff	3051	254	\$19.65 ²	\$4,991
Customer satisfaction (follow-up conversation) - Administrators	125	41	\$46.50 ¹	\$1,097
Customer satisfaction (follow-up conversation) - Staff	375	125	\$19.65 ²	\$2,456
Total	4571*	505	NA	\$12,497

*NOTE: Respondents with a follow-up conversation are a subset of the respondents to the web-based customer satisfaction survey.

**Wage rates were calculated using the mean hourly wage from the U.S. Department of Labor, Bureau of Labor Statistics, May 2019 National Occupational Employment and Wage Estimates for the United States, https://www.bls.gov/oes/current/oes_nat.htm

¹ Average rate for Nursing Care Facilities: Management Occupations

² Average rate for Nursing Care Facilities: All Occupations

13. Estimates of Annualized Respondent Capital and Maintenance Costs

There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Total and Annualized Cost to the Government

The total contractor cost to the government is estimated to be \$50,285. As shown in Exhibit 3a, this amount includes costs for project development (\$10,057); survey programming and data collection (\$22,628); and data processing and analysis (\$17,600). As shown in Exhibit 3b, Federal government personnel cost includes oversight of data collection and review (\$1,737).

Exhibit 3a. Estimated Total and Annualized Cost

Cost Component	Total Cost	Annualized Cost
Project Development	\$10,057	
Survey Programming and Data Collection	\$22,628	
Data Processing and Analysis	\$17,600	
Total	\$50,285	

Exhibit 3b. Federal Government Personnel Cost

Activity	Federal Personnel	Hourly Rate	Estimated Hours	Cost
Project oversight to include data collection oversight and review of results	Project Officer GS15	\$82.65	10	\$827
Project oversight to include data collection oversight and review of results	Task Lead GS14	\$60.67	15	\$910
Total				\$1,737

Annual salaries based on 2021 OPM Pay Schedule for Washington/DC area:

https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2021/DCB_h.pdf

15. Changes in Hour Burden

This is a new information collection, thus no changes in hour burden is expected or reported here.

16. Time Schedule, Publication and Analysis Plans

The information collection will begin upon OMB approval (estimated April 28, 2021) and will include recruitment of practices and completion of all data collection activities by July 31, 2021. Qualitative analysis will be ongoing and completed by August 15, 2021.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Appendix A: AHRQ ECHO National Nursing Home COVID-19 Action Network Best Practices Survey

- Email text to respondents
- Survey instrument
- Follow-up conversation format

References

1. Centers for Medicare and Medicaid Services. COVID-19 Nursing Home Data. January 17, 2021. Accessed February 3, 2021. <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>
2. U.S. Department of Health and Human Services. CARES Act Provider Relief Fund: General Information. Accessed November 18, 2020. <https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/general-information/index.html>
3. Agency for Healthcare Research and Quality. AHRQ ECHO National Nursing Home COVID-19 Action Network. October 2020. Accessed November 18, 2020. <https://www.ahrq.gov/nursing-home/index.html>
4. Agency for Healthcare Research and Quality. AHRQ's Quality & Patient Safety Programs by Setting: Long-Term Care. October 2019. Accessed November 18, 2020. <https://www.ahrq.gov/patient-safety/settings/long-term-care/index.html>
5. Centers for Medicare and Medicaid Services. Current Emergencies. November 18, 2020. Accessed November 18, 2020. <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>