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

***Generic Clearance for the Collection of Qualitative Feedback on Agency Service Delivery:*** Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (QI) Customer Survey

***DATE OF REQUEST:*** January 24th, 2025

***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: 11/30/2026***

# ***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.

Organizations that download MONAHRQ and generate reports to help improve health care are referred to as “Host Users.” The Future of MONAHRQ Survey 2014 will be accessible to current and prospective Host Users. Examples of Host Users include: state agencies, public health departments, hospital associations, hospital systems, and individual hospitals, multi-stakeholder alliances and coalitions, Quality Improvement Organizations (QIOs), and health plans.

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

***BURDEN USED TO DATE:*** 297 hours (after removing specified Gen ICs).

***BURDEN THIS REQUEST: 50 hours.***

***FEDERAL COST:*** The estimated annual cost to the Federal government is $982.

***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: \_Amie Park\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE NUMBER: 301.427.1662\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_ Amie.Park@ahrq.hhs.gov\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_