

**Request for Approval under the "Generic Clearance for Improving
Customer Experience: OMB Circular A-11, Section 280
Implementation"
(OMB Control Number: 2900-0876)**

TITLE OF INFORMATION COLLECTION: Anesthesia Patient
Satisfaction Survey

PURPOSE OF COLLECTION:

The Baltimore VA Medical Center Anesthesia Service has utilized a validated patient satisfaction survey tool since 2015. This paper-based survey tool is consistent with our goal of providing high quality Veteran and family centric care and has guided many of the perioperative performance improvement initiatives at our facility over the last eight years. The many hundreds of provider specific compliments provide important employee feedback and encouragement. The Anesthesia Service would like to transition the paper-based survey tool to an electronic format, compliant with All Section 280, so the survey could be completed on a tablet device. An electronic satisfaction survey tool and tablet device would be much easier for Veterans and families and vastly reduce the administrative time and effort required using a paper format. Review, analysis, and reporting of satisfaction data would be streamlined using a tablet device.

TYPE OF ACTIVITY: (Check one)

- ☐ Customer Research (Interview, Focus Groups)
- ☒ Customer Feedback Survey
- ☐ User Testing

ACTIVITY DETAILS

1. How will you collect the information? (Check all that apply)

- ☒ Web-based or other forms of Social Media
- ☐ Telephone
- ☐ In-person
- ☐ Mail
- ☐ Other, Email, invitation based

2. Who will you collect the information from?

- An in-person attempt will be made to collect survey results from all Veterans (and their families) undergoing procedures requiring anesthesia support at the Baltimore VAMC facility. The survey will be filled out by staff on a tablet by asking the patient the questions of the survey, or the individual themselves may fill out the survey in recovery rooms using a provided device or personal device.

3. How will you ask a respondent to provide this information?
The survey will be offered to the patient by VA staff through a provided tablet, filled out by the staff asking the questions verbally of the patient, or the patient can choose to use a personal device through a url link or QR code provided bedside in the recovery room. The url or QR code will be provided on a sheet of paper for those who prefer to complete the survey themselves on their own device.

4. What will the activity look like?
The survey will be offered to the patient by VA staff through a provided tablet, filled out by the staff asking the questions verbally of the patient, or the patient can choose to use a personal device through a url link or QR code provided bedside in recovery. The url or QR code will be provided on a sheet of paper for those who prefer to complete the survey themselves on their own device.

5. Please provide your question list.
See attached.

6. When will the activity happen?
This will be ongoing in recovery, post-procedure in the Baltimore VAMC.

7. 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 Hours
Individuals and households	2400	5 minutes	200 hours
Totals			

CERTIFICATION:

I certify the following to be true:

1. The collections are voluntary;
2. The collections are low-burden for respondents (based on considerations of total burden hours or burden-hours per respondent) and are low-cost for both the respondents and the Federal Government;
3. The collections are non-controversial and do not raise issues of concern to other Federal agencies;
4. Any 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 near future;
5. Personally identifiable information (PII) is collected only to the extent necessary and is not retained;
6. Information gathered is intended to be used for general service improvement and program management purposes; and,
7. Information gathered will only be shared publicly in the manner described in the umbrella clearance of this control number.

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All instruments used to collect information must include:

OMB Control No. 2900-0876

Expiration Date: 02/28/2026

HELP SHEET
(OMB Control Number: XXXX-XXXX)

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: Agencies should only collect PII to the extent necessary, and they should only retain PII for the period of time that is necessary to achieve a specific objective.

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.