

SUPPORTING STATEMENT

Part A

**Agency for Healthcare Research and Quality's (AHRQ)
Child Hospital Consumer Assessment of Healthcare Providers and Systems
(Child HCAHPS) Survey Database**

January 2026

Reinstatement with change of a previously approved ICR
OMB No. 0935-0243

Agency of Healthcare Research and Quality (AHRQ)

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Supporting Statement A **Child HCAHPS Survey Database**

1. Circumstances that make the collection of information necessary

AHRQ's mission. 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 (<https://www.ahrq.gov/sites/default/files/wysiwyg/policymakers/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. 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.

Summary of Reinstatement. This Information Collection Request is for a reinstatement, with change, of the AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database for Children's Hospitals: OMB Control number 0935-0243, last approved on October 12, 2022, and due to expire on October 31, 2025. AHRQ is requesting a new expiration date, 3 years from approval of the ICR. The change is due to a reduction in respondents and associated burden hours as explained under section 16.

Background on the Child HCAHPS Survey. The Child HCAHPS survey assesses the experiences of pediatric patients (less than 18 years old) and their parents or guardians with inpatient care. It complements the CAHPS Adult Hospital Survey (HCAHPS), which asks adult inpatients about their experiences. The Child HCAHPS Database is a voluntary database available to all Child HCAHPS users to support both quality improvement and research to enhance the patient-centeredness of care delivered to pediatric hospital patients.

Rationale for the information collection. Like the survey instrument itself and related toolkit materials to support survey implementation, aggregated Child HCAHPS Database results will be made publicly available on AHRQ's CAHPS website. Technical assistance will be provided by

AHRQ through its contractor at no charge to hospitals to facilitate the access and use of these materials for quality improvement and research. Technical assistance is also provided to support Child HCAHPS data submission.

This research seeks to answer the following questions:

- 1) What are the key drivers of patient experience in pediatric settings?
- 2) How do pediatric patients experience of care vary across the West, Midwest, South, and North East regions?
- 3) What are the highest and lowest scoring measures in specific areas of care for pediatric hospitals?

The Child HCAHPS Database supports AHRQ's goals of promoting improvements in the quality and patient-centeredness of health care in pediatric hospital settings. This research has the following goals:

1. Improve care provided by individual hospitals and hospital systems.
2. Offer several products and services, including providing survey results presented through summary chartbooks, custom analyses, private reports and data for research purposes.
3. Provides information to help identify strengths and areas with potential for improvement in patient care.

Key Project Components

The development and operation of the Child HCAHPS Database will include the following major components undertaken by AHRQ through its contractor. To achieve the goals of this project, the following activities and data collections will be implemented:

1. **Hospital Recruitment.** Outreach will be conducted with the Child HCAHPS user community (including free-standing children's hospitals, hospitals with pediatric wards, improvement collaboratives, trade associations, survey vendors, etc.) to promote the database and its benefits and to encourage voluntary contributions of survey data. A variety of communications will be used (e.g., GovDelivery announcements, personal email messages, conference and meeting presentations, etc.) to present the value case for the database and key dates and details about submitting data.
2. **Data Submission Platform.** AHRQ's contractor currently provides a web-based user-friendly submission platform for both the CAHPS Health Plan and Home and Community-Based Services survey data. This platform was used as a model to develop the Child HCAHPS Database submission system, including: data submission specifications; technical assistance and step-by-step instructions for participation; analysis programs for data cleaning and reporting; and data use agreements to protect the confidentiality of the participating organizations and their data.

3. **Submission Notifications and Instructions.** Clear instructions and notifications are of paramount importance for successful submission of valid data, seamless report dissemination, and streamlined communication with survey vendors, hospitals, or other submitters. Procedures for data submission through the data submission platform will include the following:
 - Registration with the submission website to obtain an account with a secure username and password (see Attachment A): The point-of-contact (POC), often the hospital, completes a number of data submission steps and forms, beginning with the completion of the online registration form. The purpose of this form is to collect basic contact information about the organization and initiate the registration process;
 - Submission of signed Data Use Agreements (DUAs) and survey questionnaires (see Attachment B): The purpose of the data use agreement, completed by the participating hospital, is to state how data submitted by or on behalf of hospitals will be used, and provides confidentiality assurances;
 - Submission of hospital information form (see Attachment D): The purpose of this form completed by the participating organization, is to collect background characteristics of the hospital;
 - Submission of survey data files: POCs upload their data file using the Hospital data file specifications to ensure that users submit standardized and consistent data in the way variables are named, coded, and formatted.
 - Generation of status reports indicating that submitted files are either accepted or rejected; and
 - Follow-up with submitters in the event of a rejected file, to assist in making corrections and resubmitting the file (see Attachment E).
4. **Data Cleaning and Preparation.** Thorough data cleaning and data preparation are extremely important in maintaining the integrity of the data and for analyzing the data in a valid and reliable way. During data submission, submitters and AHRQ's contractor's database team will review survey response frequencies to identify out-of-range values, missing variables, or other data anomalies such as when unexpected responses are detected (e.g., an unusually large proportion of "0" responses on a 0-10 response scale). A submission status report will inform submitters of such errors so that the file can be corrected and resubmitted. Once the data submission period closes, SAS® software will be used for data cleaning, analysis, and reporting.
5. **Data Analysis and Reporting.** Using reporting systems and templates developed for AHRQ's other CAHPS databases as a model, the contractor will work with database participants to develop reporting products with appropriate data visualization techniques to present results that are meaningful and useful.

2. Purpose and Use of Information

Survey data from the Child HCAHPS Database will be used to produce two types of reporting products:

- **Hospital Feedback Reports.** Hospitals that submit data will have access to a customized report that presents findings for their individual submission along with results from the database overall. These “private” hospital feedback reports will display sortable results for each of the Child HCAHPS core composite measures and for each individual survey item that forms the composite measure.
- **Child HCAHPS Chartbook.** A summary-level Chartbook will be compiled to display top box and other proportional scores for the Child HCAHPS items and composite measures broken out by selected hospital characteristics (e.g., region, hospital size, ownership and affiliation, etc.).

All of these reporting products can be used by hospitals and others to:

1. Raise general awareness about pediatric patient experience;
2. Diagnose and assess the current status of patient experience within individual hospitals and pediatric wards;
3. Identify strengths and opportunities for pediatric patient experience improvement;
4. Examine trends in pediatric patient experience over time; and
5. Evaluate the impact of patient experience improvement initiatives and interventions.

Research files for qualified users. The Child HCAHPS Database will serve as a source of primary data available to researchers to help answer important questions related to pediatric patient experiences. AHRQ through its contractor will create and make available de-identified survey data sets for research purposes. Researchers seeking de-identified Child HCAHPS data will fill out a one-page research abstract form for initial review to determine if the required data are available, the proposed analyses are feasible, and if the nature of the request and proposed use of the findings are consistent with research purposes. AHRQ will then make a decision for approval or denial. For requests approved by AHRQ, the researcher will sign a Data Release Agreement, which specifies the appropriate uses of the data, and then the researcher will be given access to a secure FTP site to access and download the data.

3. Use of Improved Information Technology

All information for the Child HCAHPS Database will be collected electronically. The Data Use Agreement (DUA) will be uploaded directly to the Data Submission System through an online portal. Registration will be performed online and data submission information and data upload will be handled through a secure web site. Delivery of confidential survey results will be delivered through an online portal.

4. Efforts to Identify Duplication

While there are many survey vendors that collect the Child HCAHPS Survey data and may maintain databases of their own clients’ data, AHRQ will be the only entity that serves as a central comprehensive repository of Child HCAHPS survey data. In addition, this proposed database would be the only database for which hospitals could calculate case-mix adjusted comparative performance on the Child HCAHPS measures.

5. Involvement of Small Entities

The collection of information associated with data submission does not unduly burden small business or small health systems, hospitals, or medical practices. Nearly all hospitals with large pediatric wards to free-standing children's hospitals are already contracting to collect inpatient pediatric patient experience survey data. The information being requested is held to the absolute minimum required for the intended uses and is likely already being compiled by survey vendors.

6. Consequences if Information Collected Less Frequently

Child HCAHPS Survey data will be collected and results reported once a year. Less frequent data collection and delivery of individual feedback reports would prevent timely evaluation and implementation of quality improvement efforts by participating organizations. It also would detract from the ability of survey users and policy makers to monitor overall patterns and trends in survey results and the ability of researchers to access data to conduct timely research.

7. Special Circumstances

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

8. Federal Register Notice

As required by 5 CFR 1320.8(d), the 60-day notice was published in the Federal Register on September 25, 2025, page number 46210. AHRQ did not receive any comments on the FRN. Both the 60- and 30-day notices inadvertently said that there were no changes to the ICR, due to an error in SSA that has since been corrected. The change is due to a reduction in the number of respondents.

9. Payments/Gifts to Respondents

No payment or remuneration will be provided to participating organizations for submitting data to the Child HCAHPS Database.

10. Assurance of Confidentiality

Hospitals will be assured of the confidentiality of the information they provide under Section 934(c) of the Public Health Service Act, 42 USC 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.

Confidentiality of the Point-of-Contact for a Participating Organization. The hospitals' POC, who submits data on behalf of their hospital, will be asked to provide his/her name, phone number and email address during the data submission process to ensure that the hospitals' individual survey feedback report is delivered back to that person for use by the hospital. In addition, the POC's contact information is important when any clarifications or corrections of the

submitted data set are required and follow up is needed. However, the name of the POC and name of the hospital will be kept confidential and not publicly reported. Only aggregated, de-identified results will be displayed in any public reports.

Confidentiality of the Survey Data Submitted. Hospitals will be assured of the confidentiality of their Child HCAHPS survey data through a DUA that they must sign that has been approved by AHRQ (see Attachment B). The DUA states that their data will be handled in a secure manner using necessary administrative, technical and physical safeguards to limit access to it and maintain its confidentiality. In addition, the DUA states the data will be used for the purposes of the database, that only aggregated results will be reported, and that the hospital will not be identified by name.

11. Questions of a Sensitive Nature

There are no questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated burden hours for the respondent to participate in the database. The 54 POCs in Exhibit 1 are a combination of an estimated 50 hospitals that currently administer the Child HCAHPS survey and the four survey vendors assisting them.

Each of the 50 hospitals will register online for submission. Hospitals will fill out three forms—the online registration form, the hospital information form, and the DUA. The online Registration form (see Attachment A) will require about five minutes to complete. The online hospital information form (see Attachment D) takes on average five minutes to complete. The DUA (see Attachment B) requires about three minutes to sign and upload to the online submission system. There are four survey vendors, and they will submit the data files on behalf of the hospitals except the DUA. It will take them one hour to complete submitting the data files. Survey data files must conform to the data file layout specifications provided by the Child HCAHPS Database. Since the unit of analysis is at the hospital level, submitters will upload one data file per hospital. Once a data file is uploaded, the file will be automatically checked to ensure it conforms to the specifications and a data file status report will be produced and made available to the submitter. Submitters will review each report and will be expected to correct any errors in their data file and resubmit if necessary. The total burden is estimated to be 61 hours annually.

Exhibit 1. Estimated Annualized Burden Hours

Form Name	Number of respondents/POCs	Number of responses per POC	Hours per response	Total burden hours
Registration Form	50	1	5/60	4
Hospital Information Form	50	1	5/60	4
Data Use Agreement	50	1	3/60	3
Data Files Submission	4	12.5	1	50
Total	NA	NA	NA	61

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to complete one submission process. The cost burden is estimated to be \$6,801 annually.

Exhibit 2. Estimated annualized cost burden

Form Name	Total Burden hours	Average Hourly Wage Rate*	Adjusted Hourly Wage Rate**	Total Cost burden
Registration Form	4	\$66.22 ^a	\$132.44	\$530
Hospital Information Form	4	\$66.22 ^a	\$132.44	\$530
Data Use Agreement	3	\$126.41 ^b	\$252.82	\$758
Data Files Submission	50	\$49.83 ^c	\$99.66	\$4,983
Total	61	NA	NA	\$6,801

* National Compensation Survey: Occupational wages in the United States May 2024, "U.S. Department of Labor, Bureau of Labor Statistics."

** The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

a) Based on the mean hourly wage for Medical and Health Services Managers (11-9111).

b) Based on the mean hourly wage for Chief Executives (11-1011).

c) Based on the mean hourly wages for Computer Programmer (15-1251).

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no direct costs to respondents other than their time to participate in the study.

14. Estimates of Annualized Cost to the Government

Exhibit 3a shows the estimated annualized cost to the government for maintaining and managing the Child HCAHPS Database, analyzing the data and reporting results. Exhibit 3b shows the annual cost to AHRQ for project oversight. The total cost is \$276,016 annually. Annualized costs for collecting and processing the Child HCAHPS Database are based upon historical CAHPS HCAHPS Database project costs. AHRQ wishes to begin this data collection, to continue indefinitely, and requests OMB approval for 3 years.

Exhibit 3a. Estimated Annualized Cost

Cost Component	Total Cost	Annualized Cost
Database Maintenance	\$135,000	\$45,000
Data Submission	\$225,000	\$75,000
Data Analysis and Reporting	\$405,000	\$135,000
Total	\$765,000	\$255,000

Exhibit 3b: Annual cost to AHRQ for project oversight

AHRQ Position	% Time (hrs)	Hourly Rate*	Adjusted Hourly Rate**	Annualized Cost
GS15/5	3% (62.4 hrs)	\$91.02	\$182.04	\$11,359.30
GS14/5	3% (62.4 hrs)	\$77.38	\$154.76	\$9,657.02
Total				\$21,016.32

* Salary 2025 for the locality pay area of Washington-Baltimore-Arlingto,DC-MD-VA-WV-PA

https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/25Tables/html/DCB_h.aspx

** The Adjusted Hourly Rate was estimated at 200% of the hourly wage.

15. Changes to Collection of Information Requirements, Burden, and Collection of Information Instruments

The estimated number of POCs decreased from 300 in the previous information collection request (ICR) to 50 in this ICR. This updated estimate is based on the actual number of Child HCAHPS data submissions in 2025. As a result of fewer data submissions, the total burden hours have decreased from 365 to 61. In addition, minor changes were made to the surveys to update the years in which they will be fielded.

16. Time Schedule, Publication and Analysis Plans

Hospitals will be asked to voluntarily submit their Child HCAHPS Survey data to the CAHPS Database annually through an online submission system. Once the submission system is closed, the data are cleaned with standardized programs, aggregated and used to produce survey results. Child HCAHPS survey results will be adjusted by characteristics such as respondent's age, education, and child's overall health status in order to account for factors beyond the control of the hospital that would confound comparisons to other hospitals. See Supporting Statement Part B for detailed information on collection procedures for submitting, processing, and reporting Child HCAHPS data.

The estimated time to conduct data collection, data analysis and report production activities is shown below:

- 1) Data submission – 5 weeks
- 2) Data cleaning and data analysis – 2 months
- 3) Database report production including individual private feedback reports – 2 months

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Attachment A: Child HCAHPS Registration Form

Attachment B: Child HCAHPS Database Data Use Agreement

Attachment C: 60 Day Federal Register Notice

Attachment D: Hospital Information Submission Form

Attachment E: Submission Emails