# 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:** Outpatient Spinal Cord Injury (SCI) Survey

#### **PURPOSE**

The Spinal Cord Injury Center at VAMC Memphis is one of the largest centers in the VA System and was established in 1998. The facility houses a variety of resources to ensure quality treatment for veteran patients.

The feedback from this survey will be used for service recovery and quality improvement initiatives in the Spinal Cord Injury Outpatient Rehabilitation program. The data gathered from Veterans will be used to measure the effectiveness of efforts to maintain program standards and improve the patient experience. Targeted questions will provide insight on program health and help identify additional areas of opportunity.

# **DESCRIPTION OF RESPONDENTS:**

This survey will be administered to patients discharged from the Spinal Cord Injury Outpatient Rehabilitation program. The survey will be administered within 2 weeks post-program-completion during a telehealth visit. Respondents will be asked the questions by the telehealth nurse who will document the responses on their behalf.

# **TYPE OF COLLECTION:** (Check one)

| [] | Customer Comment Card/Complaint Form         | [X] | Customer Satisfaction Survey |
|----|--|-----|------------------------------|
| [] | Usability Testing (e.g., Website or Software | []  | Small Discussion Group       |
| [] | Focus Group                                  | []  | Other:                       |

#### **CERTIFICATION:**

I certify the following to be true:

- 1. The collection is voluntary.
- 2. The collection is low-burden for respondents and low-cost for the Federal Government.
- 3. The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.
- 4. Personally identifiable information (PII) is collected only to the extent necessary and is not retained.
- 5. Information gathered is intended to be used for general service improvement and program management purposes.

- 6. The 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 future.
- 7. All or a subset of information may be released as part of A-11, Section 280 requirements on performance.gov. Additionally, summaries of the data may be released to the public in communications to Congress, the media and other releases disseminated by VEO, consistent with the Information Quality Act.

Name: Sergio Gazaryan, Management & Program Analyst, Veterans Experience Office, VA (818) 809-6896

To assist review, please provide answers to the following question:

# **Personally Identifiable Information:**

- 1. Will this survey use individualized links, through which VA can identify particular respondents even if they do not provide their name or other personally identifiable information on the survey? [] Yes [X] No
- 2. Is personally identifiable information (PII) collected? [] Yes [X] No
- 3. If Yes, will any information that is collected be included in records that are subject to the Privacy Act of 1974? [] Yes [] No [N/A]
- 4. If Yes, has an up-to-date System of Records Notice (SORN) been published? [] Yes [] No [N/A]

# **Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [] Yes [X] No

## **BURDEN HOURS**

| Category of Respondent     | No. of<br>Respondents | Participation<br>Time | Burden  |
|----------------------------|-----------------------|-----------------------|---------|
| Individuals and Households | 50                    | 5 minutes             | 4 hours |
| Totals                     | 50                    | 5 minutes             | 4 hours |

### Please answer the following questions.

1. Are you conducting a focus group, a survey that does not employ random sampling, user testing or any data collection method that does not employ statistical methods?

| Yes | X |
|-----|---|
| No  |   |

If Yes, please answer questions 1a-1c, 2 and 3.

If No, please answer or attach supporting documentation that answers questions 2-8.

- a. Please provide a description of how you plan to identify your potential group of respondents and how you will select them.
  - This survey will be administered to patients discharged from the Spinal Cord Injury Outpatient Rehabilitation program. The survey will be administered within 2 weeks post-program-completion during a telehealth visit. Respondents will be asked the questions by the telehealth nurse who will document the responses on their behalf.

|    | [X] Web-based or other forms of Social Media [ ] Telephone   |
|----|--|
|    | [ ] In-person  |
|    | [ ] Mail<br>[ ] Other- E-mail-based surveys  |
|    | c. Will interviewers or facilitators be used? [X] Yes [] No  |
| 2. | Please provide an estimated annual cost to the Federal government to conduct this data collection:\$13,000 |

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

- 3. Please make sure that all instruments, instructions, and scripts are submitted with the request. This includes questionnaires, interviewer manuals (if using interviewers or facilitators), all response options for questions that require respondents to select a response from a group of options, invitations given to potential respondents, instructions for completing the data collection or additional follow-up requests for the data collection.
  - Done
- 4. Describe (including a numerical estimate) the potential respondent universe and any sampling or other respondent selection methods to be used. Data on the number of entities (e.g., establishments, State and local government units, households, or persons) in the universe covered by the collection and in the corresponding sample are to be provided in tabular form for the universe as a whole and for each of the strata in the proposed sample. Indicate expected response rates for the collection as a whole. If the collection had been conducted previously, include the actual response rate achieved during the last collection.
  - Not applicable.

| Category of Respondent     | No. of Respondents |
|----------------------------|--------------------|
| Individuals and Households | 50 annual          |
| Totals                     | 50 annual          |

- 5. Describe the procedures for the collection of information, including:
  - a. Statistical methodology for stratification and sample selection.
  - b. Estimation procedure.
  - c. Degree of accuracy needed for the purpose described in the justification.
  - d. Unusual problems requiring specialized sampling procedures.
  - e. Any use of periodic (less frequent than annual) data collection cycles to reduce burden.
    - Not applicable.
- 6. Describe methods to maximize response rates and to deal with issues of non response. The accuracy and reliability of information collected must be shown to be adequate for intended uses. For collections based on sampling, a special justification must be provided for any collection that will not yield "reliable" data that can be generalized to the universe studied.
  - Not applicable.
- 7. Describe any tests of procedures or methods to be undertaken. Testing is encouraged as an effective means of refining collections of information to minimize burden and improve utility. Tests must be approved if they call for answers to identical questions from 10 or more respondents. A proposed test or set of tests may be submitted for approval separately or in combination with the main collection of information.
  - Not applicable.
- 8. Provide the name and telephone number of individuals consulted on statistical aspects of the design and the name of the agency unit, contractors, grantees, or other person(s) who will actually collect or analyze the information for the agency.
  - Collection and Analysis:
    - Evan Albert, Dir. of Measurement and Data Analytics, Veterans Experience Office, VA (202) 875-9478
    - Sergio Gazaryan, Management & Program Analyst, Veterans Experience Office, VA (818) 809-6896
    - Indra Sandal, Innovation Specialist, Memphis VA Medical Center, VA, (901) 523-8990 x5074
    - o Farhad Sepahpanah, Chief, Spinal Cord Injury, VHA, (901) 523-8990 x7373
    - o Tara Seals, Case Manager/Nursing, VHA, (901) 523-8990 x6339