

February 4, 2003

**OFFICE OF MANAGEMENT AND BUDGET APPROVAL  
OF LOCAL SATISFACTION SURVEYS**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes policy, responsibilities, and procedures for the use of local satisfaction surveys intended to improve veterans' perceptions of VHA health care. These surveys may not be used to collect information required to obtain or maintain eligibility for VA benefits. **NOTE:** *These procedures are intended to ensure that VHA facilities comply with the Paperwork Reduction Act of 1995 (PRA).*

**2. BACKGROUND:**

a. The PRA requires Federal agencies to obtain approval from the Office of Management and Budget (OMB) before collecting the same information from ten or more individuals annually. OMB has responsibility for evaluating requests for data collection, granting approval to collect the data, and tracking the number of "burden hours" imposed on the public providing data. To promote use of local patient satisfaction surveys, a rapid approval process has been developed to replace the standard 8-month approval. OMB allows either:

(1) "Pre-approved" satisfaction surveys (collections containing only questions pre-approved by OMB). Since each question has been approved, these surveys are conducted without prior approval under an agreement between OMB and the Office of Quality and Performance (OQP), or

(2) "Ad hoc" satisfaction surveys (collections containing any questions not pre-approved by OMB) which must be submitted to OMB for approval prior to distribution. No ad hoc data collection may be conducted before notification of OMB approval is received.

b. Use of questions pre-approved by OMB facilitates local surveying by eliminating the anticipated 3-month delay entailed in submitting a questionnaire and survey plan for OMB review. However, use of pre-approved questions does not eliminate the requirement to inform OMB of the time veterans spend completing such surveys.

c. **Definitions**

(1). **Ad hoc Survey.** An ad hoc survey is a collection of information containing any questions that have not been pre-approved by OMB. These surveys require OMB approval before they are used.

(2) **Annual.** Annual refers to the Fiscal Year (October 1 through September 30).

(3) **Average Time Per Survey (Reporting Burden).** Unless the pilot test has demonstrated that greater or lesser time is needed, the average time for most written surveys is defined as one-half minute (30 seconds) per question times the number of questions in the survey. Average times for focus groups need to be noted by the group leader and typically run 1.5 to 2 hours. Average times for comment cards and questionnaires with free text responses must be based on the pilot test of the survey.

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(4) **Burden Hours.** Burden hours are the total time, effort, or financial resources expended by individuals to generate, maintain, retain, disclose or provide information to or for a Federal agency. This is the product of the annual number of respondents times the average time (in minutes) per survey divided by 60 (to convert the total minutes to hours).

(5) **Collection of Information.** This is defined as obtaining or soliciting identical information, whether mandatory or voluntary, from 10 or more individuals annually. This includes, but is not limited to: comment cards, focus groups, questionnaires and telephone interviews.

(6) **Local Survey Coordinator.** Local survey coordinator is the person designated to compile and report information regarding the use of pre-approved local satisfaction surveys and to submit ad hoc information collections for approval.

(7) **Pre-approved Survey.** A pre-approved survey is one that contains only pre-approved questions. No advance OMB approval of the survey is required. However, the number of respondents and the associated burden hours for each pre-approved survey must be reported.

(8) **Pre-approved Questions.** Pre-approved questions include both questions taken from OQP's current national satisfaction surveys and questions in the "OMB Pool" accessed via OQP's PULSE link (vaww.oqp.med.va.gov).

(9) **Respondent.** Is the individual who actually answers a survey or participates in a focus group.

(10) **Responses.** This equals the number of respondents multiplied by the number of times each responds to the same collection of information.

(11) **Ten or more individuals.** This includes veterans and their families, educational institutions, the general public and places of business. It does not include questions asked of Department of Veterans Affairs (VA) employees or information needed to treat a patient.

**3. POLICY:** It is VHA policy that all local surveys and data collections comply with the PRA.

*NOTE: Local satisfaction surveys based on pre-approved questions must comply with the PRA requirement to report the number of respondents and the associated burden hours, and all local ad hoc satisfaction surveys must receive OMB approval before distribution.*

#### 4. ACTION:

a. **Individuals Conducting Satisfaction Surveys.** These individuals must:

(1) Ensure each satisfaction survey is designed in accordance with the directions found on the OQP web site (vaww.oqp.med.va.gov). These instructions include a template to serve as a screening tool to document that routine methodologic issues were considered and addressed by the local facility prior to submission. The template also reflects the methodologic screens used by OMB in their approval process. This allows survey developers to address OMB concerns prospectively.

(2) Each survey includes a PRA statement similar to the one on the OQP web site.

(3) Maintain a log of each Pre-approved Survey in accordance with Attachment A.

(4) Submit each ad hoc survey to the local survey coordinator a minimum of 4 months before data is scheduled to be collected

b. **Local Survey Coordinators.** Local survey coordinators must:

(1) Contact the leader for each local survey containing only pre-approved questions to

(a) Determine the annual number of respondents; and

(b) Determine the average time per survey and the total annual burden hours incurred by mounting the survey. **NOTE:** *See Attachment A for reporting format.*

(c) Verify that all local surveys containing only pre-approved questions have reported burden hour data and the accuracy of the burden hour calculations.

(d) Report total annual burden hours per survey to the Veterans Integrated Service Network (VISN) Quality Management Officer (QMO). If a facility has not conducted any pre-approved local surveys during the fiscal year, the local survey coordinator must report that fact to the VISN QMO through the facility director.

(2) Ensure submission of all ad hoc surveys for OMB approval before data is collected. **NOTE:** *See Attachment B for submission instructions.*

(a) Instructions on submitting ad hoc data collections for OMB approval appear in Attachment B.

(b) Briefly, a copy of the proposed data collection and plan for its use is submitted to OMB through the VISN QMO. The questionnaire and plan are reviewed for scientific rigor and attention to required detail by OQP with final review and approval by OMB. These burden hours are included in the OMB collection budget at this point. Subsequent reporting of burden hours is not required for ad hoc data collections.

c. **Facility Directors.** Facility Directors must:

(1) Appoint a designated individual as the local survey coordinator and send the identity and contact information of this individual to the VISN QMO.

(2) Submit the annual number of respondents and the associated burden hours for all local surveys based on pre-approved questions to the VISN QMO.

**NOTE:** *The deadline for facility reporting of the number of respondents and the associated burden hours is 2 weeks after the end of the 4<sup>th</sup> quarter of the fiscal year.*

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(3) Ensure submission of ad hoc information collections to the VISN QMO for OMB approval.

d. **VISN QMO.** The VISN QMO must:

(1) Compile burden hours for pre-approved data collections separately by survey and report total burden hours to the Deputy Under Secretary for Health for Operations and Management (10N).

(2) Submit ad hoc information collections to (10N) for OMB approval.

e. **Deputy Under Secretary for Health for Operations and Management (10N).** The Deputy Under Secretary for Health for Operations and Management (10N) must:

(1) Verify completeness of reporting of pre-approved surveys across all VISNs and forward a final total of all respondents and the associated burden hours to the VHA OMB Clearance Liaison (19E1).

(2) Verify completeness of requests for approval of ad hoc surveys and forward to OQP for review for scientific rigor and subsequent submission to the VHA OMB Clearance Liaison.

**5. REFERENCES:**

a. Title 5, Code of Federal Regulations, Part 1320, Paperwork Reduction Act of 1995.

b. VA Handbook 6310.2, Collections of Information Procedures.

**6. FOLLOW-UP RESPONSIBILITY:** The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this Directive.

**7. RESCISSION:** VHA Directive 99-032 is rescinded. This VHA Directive expires February 28, 2008.

Robert H. Roswell, M.D.  
Under Secretary for Health

Attachments

DISTRIBUTION: CO: E-mailed 2/6/03  
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 2/6/03

**ATTACHMENT A**

**ANNUAL REPORTING OF NUMBER OF RESPONDENTS AND ASSOCIATED BURDEN HOURS FROM LOCAL PRE-APPROVED SURVEYS**

1. Only questions that have been pre-approved by the Office of Management and Budget (OMB) can be included in locally administered satisfaction surveys that do not have specific review and authorization from OMB. You do not need to wait to begin asking pre-approved questions. If any questions are included which have not been pre-approved, the survey is considered ad hoc and must be processed in accordance with Attachment B. The pre-approved questions include the content of current national satisfaction surveys and the “OMB Pool” accessed via the PULSE link on the Office of Quality and Performance (OQP) web page (vaww.oqp.med.va.gov). Reporting of “number of respondents” and "burden hours" is required for local surveys with pre-approved content. Compute the number of respondents by simply totaling the respondents in all of the surveys. The burden is simply a total of the average number of minutes to complete each survey. For example

a. If there are a total of 100 responses from a single Access survey in Clinic A with an average completion time of 10 minutes, the burden hours are calculated as:

$$100 \times 1 \text{ time a year} \times 10 \text{ minutes} = 1,000 \text{ minutes} / 60 \text{ minutes} = 16.6 \text{ hours.}$$

b. If there is a second survey from a hospital-wide Pharmacy Services survey conducted twice within the Fiscal year with an average completion time of 5 minutes and 300 responses each time, the burden hours are calculated as:

$$300 \times 2 \text{ times each year} \times 5 \text{ minutes} = 3,000 \text{ minutes} / 60 = 50 \text{ hours.}$$

2. The estimated time per survey needs to come from the piloting of the questionnaire among nine or ten patients like those who will routinely be completing the survey. If PULSE systems (version 3.0 or higher) are being used to collect data, the times required to complete each survey can be accessed from the computer. For written surveys with no text responses, it is simpler (and allowed) to estimate 30 seconds per question times the number of questions in each survey. Average times for focus groups needs to be calculated as the mean of the actual times spent in them.

3. The most accurate way to collect burden hour information at the facility or Veterans Integrated Service Network (VISN) level is to keep a spreadsheet such as the one following, with the indicated information for each survey. *NOTE: This example is based on the two surveys described in paragraph 1.*

Survey name	Annual Respondents	Annual Responses	Avg min. to complete	Annual Burden Hours
Clinic A - Access	100	1	10	16.6
Pharmacy Services	300	2	5	50
Totals	400			66.6

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***NOTE:** If burden hour data comes directly from a PULSE (or equivalent) system, record the number of respondents and the burden hours.*

4. The final step after summing up all the burden hour estimates is reporting them to the appropriate VISN Quality Management Officer (QMO). The VISN QMO in turn reports them to the Clinical Quality Assurance (QA) Liaison in the Office of the Deputy Under Secretary for Health for Management and Operations (10NC). 10NC then totals all burden hours from all the satisfaction surveys and reports the total to VHA's OMB Clearance Liaison in the VHA Information Office (19E1) in VA Central Office.

***NOTE:** The deadline for facility reporting of the number of respondents and the associated burden hours is 2 weeks after the end of the 4<sup>th</sup> quarter of the fiscal year. The deadline for VISN reporting is 4 weeks after the end of the 4<sup>th</sup> quarter of the fiscal year.*

5. Questions may be directed to the VHA OMB Clearance Liaison at 202-273-8310, or to OQP/PACE (Morrisville, NC) at 919-993-3035, extension 224.

**ATTACHMENT B**

**APPROVAL OF AD HOC LOCAL SATISFACTION SURVEYS**

1. An ad hoc survey is a locally administered satisfaction survey that contains any question(s) not pre-approved by the Office of Management and Budget (OMB). OMB must conduct a specific review and grant authorization before ad hoc surveys can be used. The pre-approved questions include the content of current national satisfaction surveys and the “OMB Pool” accessed via the PULSE link on the Office of Quality and Performance (OQP) web page ([vaww.oqp.med.va.gov](http://vaww.oqp.med.va.gov)).
2. To obtain OMB approval, the local survey coordinators must submit a request for approval to the Veterans Integrated Service Network (VISN) Quality Management Officer (QMO) for submission to OQP. While in OQP, the survey instrument and plan are reviewed for scientific rigor and attention to required detail and subsequent submission to the VHA OMB Clearance Liaison (19E1). The associated burden hours are included in the OMB collection budget at this point. Subsequent reporting of burden hours is not required for ad hoc data collections.
3. The following information must accompany a request for OMB approval of an ad hoc data collection:
  - a. The name, facility, and phone number of a point of contact that can best answer questions regarding the content and design of the submission;
  - b. Proposed distribution date of the data collection;
  - c. A brief summary of the objectives, how the survey results will be used, and for what purpose;
  - d. The number of people asked to answer a survey or participate in a focus group, the number of times they will be asked to respond, and an estimate of the number of individuals who will actually respond;

(1). For example, if there is a survey from a hospital-wide Pharmacy Services survey conducted twice within the Fiscal year with an average completion time of 5 minutes and 300 responses each time, the burden hours are calculated as:

$$300 \times 2 \text{ times each year} \times 5 \text{ minutes} = 3,000 \text{ minutes} / 60 = 50 \text{ hours.}$$

(2) The estimated time per survey needs to come from the piloting of the questionnaire among nine or ten patients like those who will routinely be completing the survey. If PULSE systems (version 3.0 or higher) are being used to collect data, the times required to complete each survey can be accessed from the computer. For written surveys with no text responses, it is simpler (and allowed) to estimate 30 seconds per question times the number of questions in each survey. Average times for focus groups need to be calculated as the mean of the actual times spent on them.

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4. After submission, wait until OMB approval is received before beginning to collect the data. It is estimated that this will average 3 months.
5. OMB approval for ad hoc surveys expires after 3 years. To continue use of the survey, OMB approval must be renewed. This requires the same approval process. When planning a renewal, be sure to consider the 3-month approval process.
6. Questions may be directed to the VHA OMB Clearance Liaison at 202-273-8310, or to OQP/PACE (Morrisville, NC) at 919-993-3035, extension 224.