Keith A. Tucker,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

[Document Identifier: OS–0990–New; 60-day Notice]

Agency Information Collection Request; 60-Day Public Comment Request

AGENCY: Office of the Secretary, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, is publishing the following summary of a proposed information collection request for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, email your request, including your address, phone number, OMB number, and OS document identifier, to *Sherette.funncoleman@hhs.gov,* or call the Reports Clearance Office on (202) 690–6162. Written comments and recommendations for the proposed information collections must be directed to the OS Paperwork Clearance Officer at the above email address within 60 days.

Proposed Project: National Survey on Health Information Exchange in Clinical Laboratories OMB No. 0090–NEW—Office of the National Coordinator for Health Information Technology.

Abstract: Currently, the Office of the National Coordinator for Health Information Technology (ONC) is soliciting comments on a new information collection activity that will collect key data from a relatively small sample of clinical laboratories nationwide for the Evaluation of the State Health Information Exchange Cooperative Agreement Program. A key goal of the State Health Information Exchange Cooperative Agreement Program is to promote the electronic exchange of structured test results from clinical laboratories to healthcare providers. To assess progress over time at both the national and state level, information is needed regarding the baseline capacity for clinical laboratory information exchange.

The *National Survey on Health Information Exchange in Clinical Laboratories* will assess and evaluate the electronic transfer of health information from clinical laboratories to ordering physicians. It will focus on two key measures: (1) Percentage of laboratory facilities that are able to send structured lab results electronically to ordering physicians and (2) Percentage of lab results that are currently begin sent electronically in coded format to ordering physicians.

The anticipated bi-annual data collection effort will be conducted in two waves—Wave I in November of 2012 will establish the baseline and Wave II in 2014 will measure progress. Information will be collected using a mail-out/mail-back hard copy questionnaire with telephone non-response follow up. There will be two similar versions of the questionnaire—one for hospital-based labs and one for independent labs. For hospitals, the burden hours are based on an estimated length of approximately 20 minutes per completed survey. ONC will use these survey findings to develop a comprehensive understanding of the baseline level of laboratory information exchange in order to inform program activities to promote laboratory information exchange and provide more targeted assistance to states and territories in developing their laboratory information exchange strategies.

ESTIMATED ANNUALIZED BURDEN TABLE

Forms	Type of respondent	Number of respondents	Number of responses per respondent	Average burden (in hours) per response	Total burden hours
Hospital-Based Laboratory Survey on Health Information Exchange.	Hospital-Based Laboratories	2,882	1	20/60	961
Independent Laboratory Survey on Health Information Exchange.	Independent Laboratories	2,081	1	17.57/60	609
Total	.....	4,963	1	18.98/60	1,570

Keith A. Tucker,

Office of the Secretary, Paperwork Reduction Act Clearance Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities; Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''Synthesis of AHRQ-Funded HAI Projects.'' In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal**

Register on April 6th, 2012 and allowed 60 days for public comment. No substantive comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by July 20, 2012.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's desk officer) or by email at *OIRA_submission@omb.eop.gov* (attention: AHRQ's desk officer).

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Synthesis of AHRQ–Funded HAI Projects

The Agency for Healthcare Research and Quality (AHRQ) requests that the Office of Management and Budget (OMB) approve, under the Paperwork Reduction Act of 1995, AHRQ's collection of information for the Synthesis of AHRQ–Funded HAI Projects.

For approximately a decade, AHRQ has conducted research on preventing healthcare-associated infections (HAIs), both internally and through contracts and grants. AHRQ's grant- and contract-supported projects have been directed at the major types of HAIs: central-line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), surgical site infections (SSI), ventilator-associated pneumonia (VAP), methicillin-resistant Staphylococcus aureus (MRSA), and Clostridium difficile (C. diff.). Projects have addressed the problem of HAIs in diverse healthcare settings, including hospitals, ambulatory settings (ambulatory surgery centers, end-stage renal disease facilities, and outpatient clinics and offices), and long-term care facilities. AHRQ's portfolio of HAI projects has emphasized a combination of research and implementation initiatives. In the latter category, a major focus of AHRQ's efforts has been to deploy tools that can improve provider performance and reduce HAIs. Based on the earlier success of the Michigan Keystone project, AHRQ has funded projects to implement the Comprehensive Unit-based Safety Program (CUSP) to address CLABSI and CAUTI nationwide. Data are now emerging that demonstrate the success of CUSP in reducing CLABSI in hospitals across the nation.

Between 2007 and 2010, AHRQ funded 40 contracts and 18 grants focusing on expanding the HAI knowledge base and implementing HAI prevention strategies. Today it is necessary to look across these projects in order to (1) identify, document, and synthesize their findings and results to ensure that AHRQ, healthcare professionals, and the public can make best use of these findings and (2) identify remaining gaps in the HAI science base to enable AHRQ to fund future studies that will address these needs. The synthesis will draw on several data sources, including interviews with project leaders. In addition to learning about studies that have not published peer-reviewed manuscripts, the interviews will enable the project team to delve into project details that are not typically available in publications, such as the project leader's motivation for responding to the request for proposal, challenges faced in implementing the project, changes in the project's delivery schedule or work plan, experts' views on how HAI prevention evidence generated by a specific project fits into the HAI research agenda more broadly, and remaining gaps in the HAI knowledge base.

AHRQ has contracted with IMPAQ International, LLC, to develop this synthesis, identify gaps, and promote the widespread application of successful HAI prevention approaches. This research has the following goals: (1) Identify and document findings and synthesize results of AHRQ-funded HAI projects; (2) Disseminate key findings from the HAI projects; and (3) Identify remaining gaps in the HAI knowledge base.

This study is being conducted by AHRQ through its contractor, IMPAQ International, LLC and its subcontractor, the RAND Corporation, pursuant to AHRQ's statutory authority to conduct and support research and disseminate information on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

Method of Collection

To achieve the goals of this project the following data collection will be implemented:

(1) Interviews with contractors—Interviews will be conducted with the project leaders (project directors or project managers) from 40 HAI contractors. The purpose of these interviews is to identify (a) key findings, (b) gaps in knowledge base, (c) lessons learned, (d) effective approaches for preventing and reducing HAIs, and (e) opportunities for additional projects focused on generating and implementing knowledge on preventing HAIs.

(2) Interviews with grantees—Interviews will be conducted with the project leaders (principal investigators) from 18 HAI grantees. Similar to the interviews with contractors, the purpose of these interviews is to identify (a) key findings, (b) gaps in knowledge base, (c) lessons learned, (d) effective approaches for preventing and reducing HAIs, and (e) opportunities for additional projects focused on generating and implementing knowledge on preventing HAIs. While the goals of the interviews with contractors and grantees are similar, the two audiences require separate interview protocols because their funding mechanisms and project structures differ. For example, contracts have more structured deliverable schedules than do grants and grants are more likely than contracts to be on investigator-initiated topics.

AHRQ will interview key project leaders to learn about the processes and methods used, results achieved, and lessons learned under the AHRQ-funded HAI contracts and grants. This information will enable AHRQ to identify effective approaches for preventing and reducing HAIs and for promoting the widespread application of these approaches. Finally, collecting data from these audiences will allow AHRQ to detect gaps in the HAI science base and identify opportunities for additional projects focused on generating and implementing knowledge on preventing HAIs.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in this evaluation. Interviews will be conducted with 40 contractors and 18 grantees and each will last about 90 minutes. The total burden hours are estimated to be 87.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection activity	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Interviews with contractors	40	1	1.5	60
Interviews with grantees	18	1	1.5	27
Total	58	[1]	[1]	87

[1] Not applicable.

The respondents are the project leaders, that is, project directors for the contracts and principal investigators for the grants. Based on the type of grant and the project leaders' qualifications, the project leaders were categorized into three labor categories: Social Scientists and Related Workers; Epidemiologists; and Medical Scientists. For example, one project director conducting a randomized controlled trial is a physician and was categorized into the Medical Scientist labor category. Other project leaders have advanced degrees in the social sciences (*e.g.,* gerontology) or epidemiology and were included in the Social Scientist or Epidemiologist labor categories, as appropriate.

Exhibit 2 shows the estimated annualized cost burden associated with the respondent's time to participate in the evaluation. The total cost burden is estimated to be $3,450.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection activity	Number of respondents	Total burden hours	Average hourly wage rate [1]	Total cost burden
Interviews with contractors	40	60	$39.66	$2,380
Interviews with grantees	18	27	39.66	1,070
Total	58	87	[2]	3,450

[1] Based upon the weighted average of the mean wages for 19–3099 Social Scientists and Related Workers, All Other ($37.45 per hour; n=17), 19–1041 Epidemiologists ($32.83; n=5) and 19–1042 Medical Scientists ($41.69; n=36), National Compensation Survey: Occupational Wages in the United States May 2010, U.S. Department of Labor, Bureau of Labor Statistics.
[2] Not applicable.

Estimated Annual Costs to the Federal Government

Exhibit 3 shows the estimated total and annualized cost to the government for conducting the evaluation. The total cost is estimated to be $87,502.

EXHIBIT 3—ESTIMATED TOTAL AND ANNUALIZED COST

Cost component	Total cost	Annualized cost
Project Development	$6,135	$2,045
Data Collection Activities	17,400	5,800
Data Processing and Analysis	29,000	9,667
Publication of Results	0	0
Project Management	5,800	1,933
Overhead	29,167	9,722
Total	87,502	29,167

Request for Comments

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ healthcare research and healthcare information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All comments will become a matter of public record.

Dated: June 7, 2012.

Carolyn M. Clancy,

Director.

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