Review Officers (MROs) and HHS approval of entities that certify MROs.

Subpart M—Medical Review Officer (MRO), Section 13.1(b), ''Who may serve as an MRO?'' states as follows: ''Nationally recognized entities that certify MROs or subspecialty boards for physicians performing a review of Federal employee drug testing results that seek approval by the Secretary must submit their qualifications and a sample examination. Based on an annual objective review of the qualifications and content of the examination, the Secretary shall publish a list in the **Federal Register** of those entities and boards that have been approved.''

HHS has completed its review of entities that train and certify MROs, in accordance with requests submitted by such entities to HHS.

(1) The HHS Secretary approves the following MRO certifying entities that offer both MRO training and certification through examination:

American Association of Medical Review Officers (AAMRO), P.O. Box 12873, Research Triangle Park, NC 27709, *Phone:* (800) 489–1839, *Fax:* (919) 490–1010, *Email:* cferrell@aamro.com, *Web site: http://www.aamro.com/*.

Medical Review Officer Certification Council (MROCC), 836 Arlington Heights Road, #327, Elk Grove Village, IL 60007, *Phone:* (847) 631–0599, *Fax:* (847) 483–1282, *Email:* mrocc@mrocc.org, *Web site: http://www.mrocc.org/*.

(2) The HHS Secretary lists the following entities that offer MRO training as a prerequisite for MRO certification:

American College of Occupational and Environmental Medicine (ACOEM), 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007–1030, *Phone:* (847) 818–1800, *Fax:* (847) 818–9266, *Contact Form: http://www.acoem.org/contactacoem.aspx*, *Web site: http://www.acoem.org/*.

American Society of Addiction Medicine (ASAM), 4601 N. Park Avenue, Upper Arcade #101, Chevy Chase, MD 20815, *Phone:* (301) 656–3920, *Fax:* (301) 656–3815, *Email:* email@asam.org, *Web site: http://www.asam.org/*.

DATES: HHS approval is effective November 30, 2011.

FOR FURTHER INFORMATION CONTACT: Jennifer Fan, Pharm.D., J.D., Division of Workplace Programs (DWP), Center for Substance Abuse Prevention (CSAP), Substance Abuse and Mental Health Services Administration (SAMHSA), 1 Choke Cherry Road, Room 2–1031, Rockville, MD 20857; *Telephone:* (240) 276–1759; Email: *jennifer.fan@samhsa.hhs.gov*.

Dated: November 21, 2011.

Kathleen Sebelius,

Secretary.

[FR Doc. 2011–30846 Filed 11–29–11; 8:45 am]

BILLING CODE ;P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–12–0666]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

National Healthcare Safety Network (NHSN) (OMB No. 0920–0666 exp. 3/31/2012)—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and to promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. Healthcare institutions that participate in NHSN voluntarily report their data to CDC using a web browser based technology for data entry and data management. Data are collected by trained surveillance personnel using written standardized protocols. The data will be used to detect changes in the epidemiology of adverse events resulting from new and current medical therapies and changing risks.

This revision submission includes an amended Assurance of Confidentiality, which required an update of the Assurance of Confidentiality language on all forms included in the NHSN surveillance system. The scope of NHSN dialysis surveillance is being expanded to include all outpatient dialysis centers so that the existing Dialysis Annual Survey can be used to facilitate prevention objectives set forth in the HHS HAI tier 2 Action Plan and to assess national practices in all Medicare-certified dialysis centers if CMS re-establishes this survey method (as expected). The Patient Safety (PS) Component is being expanded to include long term care facilities to facilitate HAI surveillance in this setting, for which no standardized reporting methodology or mechanism currently exists. Four new forms are proposed for this purpose. A new form is proposed to be added to the Healthcare Personnel Safety (HPS) Component to facilitate summary reporting of influenza vaccination in healthcare workers, which is anticipated to be required by CMS in the near future. In addition to this new form, the scope of the HPS Annual Facility Survey is being expanded to include all acute care facilities that would enroll if CMS does implement this requirement. The NHSN Antimicrobial Use and Resistance module is transitioning from manual web entry to electronic data upload only, which results in a significant decrease to the reporting burden for this package. Finally, there are many updates, clarifications, and data collection revisions proposed in this submission.

CDC is requesting to delete four currently approved forms that are no longer needed by the NHSN and add five new forms

The previously-approved NHSN package included 47 individual data collection forms. If all proposed revisions are approved, the reporting burden will decrease by 1,258,119 hours, for a total estimated burden of 3,914,125 hours and 48 total data collection tools.

Participating institutions must have a computer capable of supporting an Internet service provider (ISP) and access to an ISP. There is no cost to respondents other than their time. The total estimated annual burden hours are 3,914,125.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Responses per respondent	Burden per response (hours)
Infection Preventionist	NHSN Registration Form	6,000	1	5/60
	Facility Contact Information	6,000	1	10/60
	Patient Safety Component—Annual Facility Survey	6,000	1	40/60
	Patient Safety Component—Outpatient Dialysis Center Practices Survey.	5,500	1	1
	Group Contact Information	6,000	1	5/60
	Patient Safety Monthly Reporting Plan	6,000	9	35/60
	Primary Bloodstream Infection (BSI)	6,000	36	32/60
	Dialysis Event	500	75	15/60
	Pneumonia (PNEU)	6,000	72	32/60
	Urinary Tract Infection (UTI)	6,000	27	32/60
Staff RN	Denominators for Neonatal Intensive Care Unit (NICU)	6,000	9	4
Denominators for Specialty Care Area (SCA).	6,000	9	5	
	Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA).	6,000	18	5
Staff RN	Denominator for Outpatient Dialysis	500	12	5/60
Infection Preventionist	Surgical Site Infection (SSI)	6,000	27	32/60
Staff RN	Denominator for Procedure	6,000	540	10/60
Laboratory Technician	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables.	6,000	12	5/60
Pharmacy Technician	Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables.	6,000	12	5/60
Infection Preventionist	Central Line Insertion Practices Adherence Monitoring	6,000	100	5/60
	MDRO or CDI Infection Form	6,000	72	32/60
	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	6,000	24	10/60
	Laboratory-identified MDRO or CDI Event	6,000	240	25/60
	Vaccination Monthly Monitoring Form–Summary Method	6,000	5	14
	Vaccination Monthly Monitoring Form–Patient-Level Method.	2,000	5	2
	Patient Vaccination	2,000	250	10/60
	Patient Safety Component—Annual Facility Survey for LTCF.	250	1	25/60
	Laboratory-identified MDRO or CDI Event for LTCF	250	8	30/60
	MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	250	3	7/60
	Urinary Tract Infection (UTI) for LTCF	250	9	30/60
Occ Health RN	Healthcare Personnel Safety Component Annual Facility Survey.	6,000	1	8
	Healthcare Worker Survey	600	100	10/60
	Healthcare Personnel Safety Monthly Reporting Plan	600	9	10/60
	Healthcare Worker Demographic Data	600	200	20/60
	Exposure to Blood/Body Fluids	600	50	1
	Healthcare Worker Prophylaxis/Treatment	600	10	15/60
Laboratory Technician	Follow-Up Laboratory Testing	600	100	15/60
Occ Health RN	Healthcare Worker Vaccination History	600	300	10/60
Occ Health RN	Healthcare Worker Influenza Vaccination	600	500	10/60
	Healthcare Worker Prophylaxis/Treatment-Influenza	600	50	10/60
	Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel.	600	1	10/60
	Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel.	600	1	10/60
	Healthcare Personnel Influenza Vaccination Monthly Summary.	6,000	6	2
Clinical Laboratory Technologist	Hemovigilance Module Annual Survey	500	1	2
	Hemovigilance Module Monthly Reporting Plan	500	12	2/60
	Hemovigilance Module Monthly Incident Summary	500	12	2
	Hemovigilance Module Monthly Reporting Denominators	500	12	30/60
	Hemovigilance Adverse Reaction	500	120	10/60
	Hemovigilance Incident	500	72	10/60

Dated: November 22, 2011

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011–30832 Filed 11–29–11; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day–12–11IR]

Agency Forms Undergoing Paperwork Reduction Act Review

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Proposed Project

Evaluation of Core Violence and Injury Prevention Program (Core VIPP)—New—National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Injuries and their consequences, including unintentional and violence-related injuries, are the leading cause of death for the first four decades of life, regardless of gender, race, or socioeconomic status. More than 179,000 individuals in the United States die each year as a result of unintentional injuries and violence, more than 29 million others suffer non-fatal injuries and over one-third of all emergency department (ED) visits each year are due to injuries. In 2000, injuries and violence ultimately cost the United States $406 billion, with over $80 billion in medical costs and the remainder lost in productivity.[1] Most events that result in injury and/or death from injury could be prevented if evidence-based public health strategies, practices, and policies were used throughout the nation.

CDC's National Center for Injury Prevention and Control (NCIPC) is committed to working with their partners to promote action that reduces injuries, violence, and disabilities by providing leadership in identifying priorities, promoting tools, and monitoring effectiveness of injury and violence prevention and to promote effective strategies for the prevention of injury and violence, and their consequences. One tool NCIPC will use to accomplish this is the Core Violence and Injury Prevention Program (VIPP). This program funds state health departments to build effective delivery systems for dissemination, implementation and evaluation of evidence based/best practice programs and policies.

Core VIPP also focuses on the integration of unintentional injury and violence prevention. Unintentional injury and violence prevention have many common risk and protective factors for children. In an endeavor to promote efforts to prevent child maltreatment, a NCIPC priority, CDC is collaborating with the Health Resources and Services Administration (HRSA) regarding the new Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program. The state health departments funded by the Core VIPP will be required to partner with the state agency responsible for administration of the State Home Visiting program.

CDC requests OMB approval to collect program evaluation data for Core VIPP over a three-year period. Specifically, CDC will use the Safe States Alliance State of the States (SOTS) survey as the template for annual evaluation surveys and an annual follow-up telephone interview. Both the SOTS and the telephone interviews will be conducted with state Violence and Injury Prevention programs directors and staff. This approach provides a means to collect standardized, systematic data from the Core VIPP grantees for program evaluation and improvement. Topics for data collection include: Program evaluation, state injury and violence prevention program (IVP) infrastructure, IVP strategies and partners, policy strategies, injury surveillance, quality of surveillance, and regional network leaders. Part of the requirement for receiving Core VIPP funding is for State Injury and Violence Programs (SIVPs) to develop and maintain their own evaluation capacity and data systems; thus, this data collection is not expected to entail significant burdens to respondents.

Estimates of burden for the survey are based on previous experience with evaluation data collections conducted by the evaluation staff. The State of the States (SOTS) web-based survey assessment will be completed by 28 Core Funded State Health Departments (SHDs) and 22 Non-Funded SHDs, taking 3 hours to complete. The SOTS Financial Module will also be completed by the 28 Core Funded and 22 Non-Funded SHD, taking 1 hour to complete. The telephone interviews will take 1.5 hours to conclude and will be completed by the 28 Core Funded States. We expect that each of the 28 Core Funded states will complete three web-based surveys and three telephone interviews during the first three years of Core funding. It is anticipated that up to 22 unfunded states will complete three web-based surveys during the first three years of Core funding.

There are no costs to respondents other than their time.

The total estimated annual burden hours are 242.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Core VIPP funded SVIP directors and staff	State of the States Survey (SOTS)	28	1	3
Core VIPP funded SVIP directors and staff	SOTS Financial Module	28	1	1
Core VIPP funded VIP directors and staff	Telephone interview	28	1	1.5
Non-funded SHD Injury Program management and staff.	SOTS	22	1	3
Non-funded SHD Injury Program management and staff.	SOTS Financial Module	22	1	1