Virginia; to acquire 100 percent of the voting shares of Virginia Commerce Bancorp, Inc, and thereby indirectly acquire Virginia Commerce Bank, both of Arlington, Virginia.

B. Federal Reserve Bank of St. Louis (Yvonne Sparks, Community Development Officer) P.O. Box 442, St. Louis, Missouri 63166–2034:

1. *Banc Investors, L.L.C.,* Town and Country, Missouri; to acquire 33.32 percent of the voting shares of 1st Advantage Bancshares, Inc., and thereby indirectly acquire 1st Advantage Bank, both of St. Peters, Missouri.

Board of Governors of the Federal Reserve System, July 2, 2013.

Michael J. Lewandowski,

Associate Secretary of the Board.

[FR Doc. 2013–16280 Filed 7–5–13; 8:45 am]

BILLING CODE 6210–01–P

GOVERNMENT ACCOUNTABILITY OFFICE

Advisory Council on the Standards for Internal Control in the Federal Government

AGENCY: Government Accountability Office.

ACTION: Notice of teleconference meeting.

SUMMARY: The US Government Accountability Office (GAO) is preparing to revise the Standards for Internal Control in the Federal Government, known as the ''Green Book,'' under the authority provided in the Federal Managers' Financial Integrity Act. As part of the revision process, GAO is holding a teleconference with the Green Book Advisory Council (GBAC). The Comptroller General has established the GBAC to provide input and recommendations to the Comptroller General on revisions to the ''Green Book.'' The purpose of the meeting is to discuss proposed revisions to the ''Green Book.''

DATES: The meeting will be held July 25, 2013 from 10:00 a.m. to 12:00 p.m. EDT.

FOR FURTHER INFORMATION CONTACT: For information on the Green Book Advisory Council and the Standards for Internal Control in the Federal Government please contact Kristen Kociolek, Assistant Director, Financial Management and Assurance telephone 202–512–2989, 441 G Street NW., Washington, DC 20548–0001.

SUPPLEMENTARY INFORMATION: The meeting will be a teleconference held by the US Government Accountability Office. This teleconference meeting follows an initial meeting, on May 20, 2013, of the GBAC. During the May 20, 2013 meeting the GBAC discussed an initial Green Book draft. Members of the public will be provided an opportunity to address the Council with a brief (five-minute) comment period on matters directly related to the proposed update and revision. Any interested person who plans to participate in the teleconference as an observer must contact Kristen Kociolek, Assistant Director, 202–512–2989, prior to July 19, 2013. The toll free call-in number is 1–800–369–1927, and the participant code is 41706.

Authority: 31 U.S.C. 3512 (c), (d).

James Dalkin,

Director, Financial Management and Assurance, U.S. Government Accountability Office.

[FR Doc. 2013–16256 Filed 7–5–13; 8:45 am]

BILLING CODE 1610–02–M

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: ''Pretest of the Ambulatory Surgery/Procedure Survey on Patient Safety Culture Questionnaire (Ambulatory Surgery SOPS).'' In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by September 6, 2013.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *doris.lefkowitz@AHRQ.hhs.gov.*

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

Pretest of the Ambulatory Surgery/Procedure Survey on Patient Safety Culture Questionnaire (Ambulatory Surgery SOPS)

One setting which has demonstrated tremendous growth both in the volume and complexity of procedures being performed is ambulatory surgical and procedure centers (ASCs). ASCs are defined by the Centers for Medicare & Medicaid Services (CMS) as distinct entities that operate exclusively to provide surgical services to patients who do not require hospitalization and are not expected to need to stay in a surgical facility longer than 24 hours (42 CFR 416.2). Many of the services performed in these facilities extend beyond procedures traditionally thought of as surgery, including endoscopy, and injections to treat chronic pain. Currently, there are over 5,300 Medicare-certified ASCs in the U.S., which represents a greater than 54% increase since 2001. In 2007, Medicare paid for more than 6 million surgeries performed in these facilities at a cost of nearly $3 billion. Recent CMS audits suggest infection control deficiencies in these facilities are widespread. For example, preliminary data from 2011 found that 51 percent of ASCs surveyed had an infection control deficiency; 11 percent were considered very serious deficiencies. These findings are only slightly lower than 2010 audits and a 2008 sample of ASCs in three states.

Given the widespread impact of ASCs on patient safety, the new Ambulatory Surgery/Procedure Survey on Patient Safety Culture (Ambulatory Surgery SOPS) will measure ASC staff perceptions about what is important in their organization and what attitudes and behaviors related to patient safety culture are supported, rewarded, and expected. The survey will help ASCs to identify and discuss strengths and weaknesses of patient safety culture within their individual facilities. They can then use that knowledge to develop appropriate action plans to improve their practices and their culture of patient safety. This survey is designed for use in ASCs that practice all types of surgical procedures including those that require incisions and less invasive or non-surgical procedures such as gastrointestinal procedures or pain management injections.

This research has the following goals:

(1) Develop, cognitively test and modify as necessary the Ambulatory Surgery/Procedure Survey on Patient

Safety Culture Questionnaire (Ambulatory Surgery SOPS); and

(2) Pretest and modify the questionnaire as necessary; and

(3) Make the final questionnaire publicly available.

This study is being conducted by AHRQ through its contractor, Health Research & Educational Trust (HRET), and subcontractor, Westat, pursuant to AHRQ's statutory authority to conduct and support research 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 projects' goals the following activities-and data collections will be implemented:

(1) *Cognitive interviews.* One round of cognitive interviews on the Ambulatory Surgery SOPS will be conducted by telephone with 15 respondents from ASCs. The purpose of these interviews is to understand the cognitive processes the respondent engages in when answering a question on the survey and to refine the survey's items and composites. These interviews will be conducted with a mix of physicians, management, nurses, surgical technicians, and administrative staff throughout the U.S. from ASCs with varying characteristics (e.g., size, geographic location, and type of ownership).

(2) *Pretest for the Ambulatory Surgery SOPS.* The draft questionnaire will be pretested with physicians and staff from 40 ASCs. The purpose of the pretest is to collect data for an assessment of the reliability and construct validity of the survey items and composites, allowing for their further refinement. A site-level point of contact (POC) will be recruited in each ASC to manage the data collection at that organization (compile sample information, distribute surveys, promote survey response, etc.).

(3) *Dissemination activities.* The final questionnaire will be made publicly available through the AHRQ Web site. This activity does not impose a burden on the public and is therefore not included in the burden estimates in Exhibit 1.

The information collected will be used to test and improve the draft survey items in the Ambulatory Surgery SOPS. Psychometric analysis will be conducted on the pretest data to examine item nonresponse, item response variability, factor structure, reliability, and construct validity of the items included in the survey. Because the survey items are being developed to measure specific aspects of patient safety culture in the ambulatory surgery setting, the factor structure of the survey items will be evaluated through multilevel confirmatory factor analysis. On the basis of the data analyses, items or factors may be dropped.

The final survey instrument will be made available to the public for use in ASCs to assess their safety culture from the perspectives of their staff. The survey can be used by ASCs to identify areas for patient safety culture improvement. Researchers are also likely to use the survey to assess the impact of ASC's patient safety culture improvement initiatives such as the implementation of a surgical safety checklist. This survey is an expansion of AHRQ's suite of surveys on patient safety culture, which are available on the AHRQ Web site at (*http://www.ahrq.gov/professionals/quality-patient-safety/surveys/index.html*). Those surveys have been used by thousands of hospitals, nursing homes, medical offices, and pharmacies across the U.S. to assess patient safety culture. The Ambulatory Surgery SOPS contains new and revised questions and composites that more accurately apply to the ambulatory surgery setting.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this research. Cognitive interviews will be conducted with 15 ASC staff (approximately three physicians, six nurses, two medical technicians, two administrative managers, and two administrative assistants) and will take about one hour and 30 minutes to complete. The Ambulatory Surgery SOPS will be completed by 529 ASC staff from 40 facilities (about 13 per facility). Each survey will require approximately 15 minutes to complete. A site-level POC will spend approximately 6 hours administering the Ambulatory Surgery SOPS. The total burden is estimated to be 395 hours annually.

Exhibit 2 shows the estimated annualized cost burden associated with the respondents' time to participate in this research. The total cost burden is estimated to be $16,173 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Cognitive interviews	15	1	1.5	23
Pretest for the Ambulatory Surgery SOPS	529	1	15/60	132
POC Administration of the survey	40	1	6	240
Total	584	na	na	395

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Cognitive interviews	15	23	[a] $46.52	$1,070
Pretest for the Ambulatory Surgery SOPS	529	132	[b] 46.04	6,077
POC Administration of the survey	40	240	[c] 37.61	9,026

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN—Continued

orm name

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Total	584	395	na	16,173

[a] Based on the weighted average wages for 1 Anesthesiologist (29–1061, $108.35), 2 Surgeons (29–1067, $106.48), 2 Administrative Services Managers (11–3011, $37.61), 6 Registered Nurses (29–1141, $34.23), 2 Medical and Clinical Laboratory Technicians (29–2030, $28.90), 1 Licensed Practical or Licensed Vocational Nurse (29–2061, $21.17), and 1 Office and Administrative Support Workers, All Other (43–9199, $16.92).

[b] Based on the weighted average wages for 150 Registered Nurses, 85 Office and Administrative Support Workers, 85 Medical and Clinical Laboratory Technicians, 70 Surgeons, 50 Licensed Practical/Vocational Nurses, 49 Anesthesiologists, and 40 Administrative Services Managers.

[c] Based on the on the average wages for 1 Administrative Services Managers.

* National Occupational Employment and Wage Estimates in the United States, May 2012, ''U.S. Department of Labor, Bureau of Labor Statistics'' (available at *http://www.bls.gov/oes/current/naics4_621400.htm* [for outpatient care setting]

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 health care research and health care 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 25, 2013.

Carolyn M. Clancy,

Director.

[FR Doc. 2013–16076 Filed 7–5–13; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–13–13PQ]

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) 639–7570 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

DELTA FOCUS Program Evaluation—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Intimate Partner Violence (IPV) is a serious, preventable public health problem that affects millions of Americans and results in serious consequences for victims, families, and communities. IPV occurs between two people in a close relationship. The term ''intimate partner'' describes physical, sexual, or psychological harm by a current or former partner or spouse. IPV can impact health in many ways, including long-term health problems, emotional impacts, and links to negative health behaviors. IPV exists along a continuum from a single episode of violence to ongoing battering; many victims do not report IPV to police, friends, or family.

The purpose of the DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States) program is to promote the prevention of IPV through the implementation and evaluation of strategies that create a foundation for the development of practice-based evidence. By emphasizing primary prevention, this program will support comprehensive and coordinated approaches to IPV prevention. Each state domestic violence coalition is required to identify and fund one to two well-organized, broad-based, active local coalitions (referred to as coordinated community responses or CCRs) that are already engaging in, or are at capacity to engage in, IPV primary prevention strategies affecting the structural determinants of health at the societal and/or community levels of the social ecological model. State Domestic Violence Coalitions (SDVCs) must facilitate and support local-level implementation and hire empowerment evaluators to support the evaluation of IPV prevention strategies by the CCRs. SDVCs must also implement and with their empowerment evaluators, evaluate state-level IPV prevention strategies.

CDC seeks OMB approval for one year to collect information electronically from awardees, their CCRs and their empowerment evaluators. Data will be collected in year one and analyzed and disseminated in years two and three. A reinstatement request will be made to collect data in the fourth year of the program. Information will be collected using the DELTA FOCUS Program Evaluation Survey (referred to as DF Survey). The DF survey will collect information about SDVCs satisfaction with CDC efforts to support them; process, program and strategy implementation factors that affect their ability to meet the requirements of the funding opportunity announcement; prevention knowledge and use of the public health approach; and sustainability of prevention activities and successes.

The DF Survey will be completed by 10 SDVC executive directors, 10 SDVC project coordinators, 19 CCR project coordinators, and 10 SDVC empowerment evaluators and take a maximum of 1 hour to complete. The total estimated annualized burden is 49 hours.

There are no costs to respondents other than their time.