mailing address, (e) telephone number, and (f) e-mail address. For clarity, please do not use acronyms without explanation..

FOR FURTHER INFORMATION CONTACT: Beth Kosiak, PhD, from the Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality (see contact information above).

Submission Criteria

Measures submitted should ideally reflect these elements to be considered: (a) They must capture the patients' perspective on their experience of care in hemodialysis settings; (b) have a high degree of reliability and validity; and (c) have been used widely, not just in one or two research studies or local dialysis settings. It is recommended that submitters provide documentation that the instrument(s) or measure(s) they submit meets these criteria. The following information, if available, should be included in the submission of materials: the name of the instrument, domains assessed, language(s) in which the instrument is available, evidence of cross group/cultural comparability if any, examples of uses of the instrument for quality assessment or improvement, scale, psychometric statistics, such as individual level reliability (*e.g.,* internal consistency, test-retest), group level reliability, item response theory (IRT) statistics, validity (content, construction, criterion), as well as cognitive interviews and field test results, and details about focus groups.

Submitters are also encouraged to submit recommendations regarding, and any evaluations of, administration protocols, including recommended patient contact procedures, recommended sample sizes, mode of administration, any information available about mode effects, and mode specific response rates. Evidence of the criteria may be demonstrated by providing peer-reviewed journal article(s) or citations thereof.

As noted above submitters must indicate a willingness to grant to AHRQ the right to use and authorize others to use the submitted instrument or particular measures or formats therein. The license or assignment of rights will make it possible to apply the CAHPS trademark to a new instrument combining the best features of all the submissions as well as any ideas that may develop from reviewing them. AHRQ will not simply adopt one instrument and apply the CAHPS trademark to it. Rather, AHRQ, in collaboration with its CAHPS grantees, will evaluate all submitted instruments and measures, select several, either in whole or in part, for testing, or more likely devise one or more for testing and, as required, make additional modifications for the final product. AHRQ will assume responsibility for the final measure set as well as any further modifications to the developed instruments. Sources used in developing the final product will be acknowledged by AHRQ in the appropriate forum. In addition, all submissions will be publicly reported in aggregate.

The finalized instrument will bear the CAHPS trademark. As indicated above, it will be made freely available for use by all interested parties. There will be free access to the instrument's supportive/administrative information as well, and as a matter of quality control, there will be warnings that the CAHPS identification may not be used if any changes are made of the instrument or final measure set, without review and permission of the agency. AHRQ will assume responsibility for the final measure set as well as any further modifications to the developed instrument.

SUPPLEMENTARY INFORMATION:

Background

The Agency for Healthcare Research and Quality has been a leading proponent and supporter of the development of instruments for measuring patient experiences within the healthcare system of the United States. Through prior CAHPS patient survey development efforts such as the Consumer Assessment of Health Plan CAHPS®, AHRQ has been able to provide valuable information to consumers and purchasers alike. While the Health Plan CAHPS® tool is highly regarded within the industry and provides valuable information to consumers and purchasers, it does not address hemodialysis patient experiences of care.

Leaders in the healthcare sector have called for a response to this pressing need. In ''Crossing the Quality Chasm'', the National Institute of Medicine (IOM) established patient-centered care as one of the industry's six aims for quality improvement. The dimensions of patient-centered care include: Respect for patients' values, preferences, and expressed needs; coordination and integration of care; information, communication, and education; physical comfort; emotional support, *i.e.,* relieving fear and anxiety; involvement of family and friends (2001). From past experience, AHRQ suggests the addition of two more aims for quality improvement: Continuity and transition; and access to care. To measure these dimensions will require a standardized instrument that produces reliable and valid results.

In an effort to address the concerns of the industry, the Director AHRQ and the Administrator of CMS have established a priority to develop a standardized measure of hemodialysis patients' experiences. The goal of developing the standardized survey and reporting quality data on hemodialysis facilities could be reached within the next few years.

The steps to advance this initiative include:

- *Stakeholder and Technical Expert Panel Meetings:* A series of meetings will be held to identify the issues, concerns and interests of the healthcare community. Summaries of these meetings will be posted on the AHRQ Website: *http://www.ahrq.gov/.*
- *Feasibility Study:* The process to access the feasibility of developing a national standardized survey instrument to measure patient experiences with hemodialysis care. As part of the study, the potential uses of the instrument such as quality improvement, public reporting, or both will be assessed.
- *Research Plan:* The process by which measures will be defined and applicable instruments identified. Instruments submitted will be evaluated to determine if they meet the measurement needs and to identify whether additional measure development is required. The standardized instrument will reside in the public domain.
- *Implementation Plan:* A process to implement the standardized survey will be established to include information related to data collection, analysis, and reporting.

Dated: August 14, 2003.

Carolyn M. Clancy,

Director.

[FR Doc. 03–21555 Filed 8–22–03; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of AHRQ SEP Meetings—Change of Time and Date

The original AHRQ Notice of Meetings was published in the **Federal Register** (FR), July 31, 2003, Volume 68, Number 147, Page 44951. However, there are changes that need to be made to the September 4, 2003 meeting. See specifics on changes below:

Change: 4. SEP Meeting on: Sale Practices Implementation Challenge Grants. *Date:* September 4–5, 2003 (open on September 4 from 8 a.m. to 8:15 a.m. and closed for the remainder of the meeting).

To: 4. SEP Meeting on: Sale Practices Implementation Challenge Grants. *Date:* September 3, 2003 (open on September 3 from 6 p.m. to 6:15 p.m. and closed for the remainder of the meeting).

There are no changes to the location of this meeting.

Dated: August 14, 2003.

Carolyn M. Clancy,

Director.

[FR Doc. 03–21556 Filed 8–22–03; 8:45 am]

BILLING CODE 4160–90–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Annual Survey of Refugees.

OMB No.: 0970–0033

Description: The Annual Survey of Refugees collects information on the economic circumstances of a random sample of refugees, Amerasians, and entrants who arrived in the United States during the previous five years. The survey focuses on their training, labor force participation, and welfare utilization rates. Data are segmented by region of origin, State of resettlement, and number of months since arrival. From their responses, the Office of Refugees Resettlement reports on the economic adjustment of refugees to the American economy. These data are used by Congress in its annual deliberations of refugee admissions and funding and by program managers in formulating policies for the future direction of the Refugee Resettlement Program.

Respondents:

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Form	2,000	1	.6666 (40 minutes) ..	1,333

Estimated Total Annual Burden Hours: 1,333.

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW., Washington, DC 20447, Attn: ACF Reports Clearance Officer. e-mail address: *rsargis@acf.hhs.gov*. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: August 19, 2003.

Robert Sargis,

Reports Clearance Officer.

[FR Doc. 03–21629 Filed 8–22–03; 8:45 am]

BILLING CODE 4184–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Refugee State-of-Origin Report.

OMB No.: 0970–0043.

Description: The information collection of the ORR–11 (Refugee State-of-Origin Report) is designed to satisfy the statutory requirements of the Immigration and Nationality Act (the Act). Section 412(s) of the Act requires the Office of Refugee Resettlement (ORR) to compile and maintain data on the secondary migration of refugees within the United States (U.S.) after arrival.

In order to meet this legislative requirement, ORR requires each State to submit an annual count of the number of refugees who were initially resettled in another State. The State does this by counting the number of refugees with Social Security numbers indicating residence in another State at the time of arrival in the U.S. (The first three digits of the Social Security number indicate the State of residence of the applicant.)

Data submitted by the States are compiled and analyzed by the ORR statisticians, who then prepare a summary report which is included in ORR's annual Report to Congress. The primary use of the data is to quantify and analyze refugee secondary migration among the 50 States. ORR uses these data to adjust its services formula allocation.

Respondents: State, local or Tribal government.

Annual Burden Estimates:

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State of Origin Report	50	1	4.333	217

Estimated Total Annual Burden Hours: 217.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Administration, Office of Information Services, 370 L'Enfant Promenade, SW.,