Method of Collection

To achieve the goals of this project, AHRQ will train primary care practice facilitators using the TeamSTEPPS in Primary Care training curriculum. Primary care practice facilitators may voluntarily sign up for this free, AHRQ sponsored training. Training will be delivered through a combination of online and in-person instruction. Online training will cover the core TeamSTEPPS tools and strategies that can be implemented in primary care. In-person instruction will cover coaching, organizational change, and implementation science. Practice facilitators, who complete the training, will be surveyed six months post-training.

The *TeamSTEPPS Primary Care Post-Training Survey* is an online instrument that will be administered to all primary care practice facilitators who complete the TeamSTEPPS in Primary Care training. The survey will be administered six months after participants complete training.

This is a new data collection effort for the purpose of conducting an evaluation of TeamSTEPPS in Primary Care Training. The evaluation is formative in nature as AHRQ seeks information to improve the content and delivery of the training. Training will be provided through a combination of online and in-person instruction.

To conduct the evaluation, the *TeamSTEPPS in Primary Care Post-Training Survey* will be administered to all individuals who complete the TeamSTEPPS in Primary Care training six months after training. The survey assesses the degree to which participants felt prepared by the training and what they did to implement TeamSTEPPS in primary care practices. Specifically, participants will be asked about their reasons for participating in the program; the degree to which they feel the training prepared them to train others in and use TeamSTEPPS in the primary care setting; what tools they have implemented in primary care practices; and resulting changes they have observed in the delivery of care.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in the study. The *TeamSTEPPS in Primary Care Post-Training Survey* will be completed by approximately 150 individuals. We estimate that each respondent will answer 20 items (i.e., number of responses per respondent) and responding to these 20 questions will require 20 minutes. The total annualized burden is estimated to be 50 hours.

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to participate in the study. The total cost burden is estimated to be $4,348.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
TeamSTEPPS in Primary Care Post-Training Survey	150	1	20/60	50
Total	150	NA	NA	50

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
TeamSTEPPS Primary Care Post-training Survey	150	50	[a] $86.95	$4,348
Total	150	50	86.95	4,348

* National Compensation Survey: Occupational wages in the United States May 2012, ''U.S. Department of Labor, Bureau of Labor Statistics.''
[a] Based on the mean wages for *Family and General Practitioners* 29–1062.

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: May 13, 2014.

Richard Kronick,

AHRQ Director.

[FR Doc. 2014–11727 Filed 5–20–14; 8:45 am]

BILLING CODE 4160–90–P

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: ''*Guide to Nursing Home Antimicrobial*

Stewardship.'' In accordance with the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by July 21, 2014.

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

Guide to Nursing Home Antimicrobial Stewardship

This project seeks to contribute to AHRQ's mission by assisting nursing homes to optimize antimicrobial (e.g., antibiotics and antifungals) prescribing practices, also referred to as antimicrobial stewardship. Antimicrobial stewardship programs reduce the development of drug-resistant organisms, enhance patient outcomes, and reduce unnecessary costs.

Nursing homes serve as one of our most fertile breeding grounds for antibiotic-resistant strains of bacteria. This stems from high rates of infection in nursing home residents due to the effects of normal aging combined with multiple chronic diseases. The most common infections encountered in nursing home residents are pneumonia, urinary tract infections, and skin and soft tissue infections. In one study by Yoshikawa and Norman, researchers found that these three types of infections accounted for approximately 75 percent of all nursing home-associated infections (NHAIs) . High rates of these infections lead to antimicrobials being among the most commonly prescribed pharmaceuticals in long-term care settings. In nursing homes, where polypharmacy is the rule rather than the exception, as many as 40 percent of all prescriptions are for antimicrobial agents, and depending on the study, 25 percent to 75 percent have been deemed inappropriately prescribed. Such inappropriate prescribing results in negative outcomes, including adverse drug events, hospital admissions, and higher health care costs. Most significantly, inappropriate antimicrobial prescribing gives rise to the development of multi-drug resistant organisms (MDROs), including Methicillin-resistant Staphylococcus aureus, Vancomycin-resistant Enterococci, and fluoroquinolone-resistant strains of a variety of bacteria, and leads to the development of Clostridium difficile infections.

In general, determining ''appropriateness'' of antimicrobial use in healthcare settings is challenging to standardize. This becomes even more complicated in the nursing home setting because most antimicrobial courses are started empirically (without results from labs) due to the limited diagnostics available to many nursing homes. In an effort to address the need for optimizing antibiotic use in the nursing homes, AHRQ is testing a Guide to Nursing Home Antimicrobial Stewardship (the Guide). The Guide is intended to help nursing home staff easily identify toolkits that have been shown to be effective in optimizing antimicrobial use. There are multiple toolkits that could be used by a nursing home, and nursing homes face a potentially time-consuming decision process to choose the most appropriate one. The Guide is intended to help nursing homes make this choice efficiently and effectively.

The research has the following goals:

Develop a nursing home-specific antimicrobial stewardship guide, containing toolkits to assist nursing homes to optimize antimicrobial prescribing practices, monitor microbes and antimicrobial use, enhance communication between nursing home staff and attending clinicians, and enhance communication and engagement with residents and family members regarding optimizing antimicrobial practices.

Evaluate the ability of nursing homes to use the Guide and improve antimicrobial use through better stewardship.

Develop a plan to ensure wide dissemination of the findings and recommendations for antimicrobial stewardship uptake in nursing homes.

This study is being conducted by AHRQ through its contractor, American Institutes for Research, 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 goals of this project the following data collections will be implemented:

(1) Medical Record Review (MRR). The MRR will be used to obtain data about antimicrobial prescribing practices, infection prevalence, and residents' health and functional statuses. These data will be used in the evaluation of the Guide's impact. Members of the research team will review the nursing home's medical charts, the Nursing Home Minimum Data Set (MDS), and the nursing home's infection control log for an evaluation period of at least 12 months (6 months before and 6 months after the introduction of the Guide). The MDS is part of the federally mandated process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems. Care Area Assessments are part of this process, and provide the foundation upon which a resident's individual care plan is formulated. MDS assessments are completed for all residents in certified nursing homes, regardless of source of payment for the individual resident. AHRQ will support data abstraction at all nursing homes.

(2) Cost Data Analysis. AHRQ will use the number and type of antimicrobial prescriptions and secondary estimates of the unit cost of these prescriptions, obtained from external sources, to compute the marginal impact of the Guide on the cost of antimicrobials for nursing homes.

(3) Pre-intervention Interviews with nursing home leaders. The purpose of these interviews is to gain an understanding of perceptions and current activities regarding antimicrobial stewardship and to assess the likelihood that the Guide will be used with a reasonable degree of fidelity to the implementation plan. This will involve both closed and open-ended interviews with nursing home leaders (administrator, director of nursing, assistant director of nursing, and/or medical director). The open ended interviews will examine (1) how the staff perceive antimicrobial stewardship; (2) the amount of experience the staff has in antimicrobial stewardship and its processes for handling the diagnosis and treatment of infections; and (3) which toolkit or toolkits are likely to be adopted and why. This information will help us identify interests by nursing homes and potential barriers to adopting a toolkit

from the Guide. This information also will be used to develop dissemination guidance. The closed ended interview questions, will be comprised of the Absorptive Capacity for Change survey, which asks about (1) leadership culture; (2) clinician culture; (3) presence of certified medical directors; and (4) level of antimicrobial surveillance. For the Evaluation, two leadership staff at each nursing home will be interviewed for a total of 20 interviews prior to implementing the intervention.

(4) Passive Technical Assistance (TA). The purpose of collecting these data is to obtain information on the types of TA needed as they emerge during the 6-month intervention period. This information will be used to improve the Guide. AHRQ projects 60 contacts from nursing home staff involved in implementing the Guide (10 sites, one per month at each site during the 6-month intervention period).

(5) Proactive TA discussions. The purpose of collecting these data is to obtain information on the facilitators, challenges, and unintended consequences of implementing a particular tool or toolkit. These informal discussions will be held at each nursing home once a month during the 6-month intervention phase. Staff will be asked about what activities they are conducting, changes to implementation, any facilitators, any challenges, and how they have addressed any challenges. This information will be used to improve the Guide. For the Evaluation, two individuals from each nursing home are projected to attend each of the six conference calls for a total of 20 individuals and a total of 120 contacts.

(6) Post-intervention interviews. The purpose of these interviews is to identify (1) facilitators and barriers to implementation; (2) perceived impacts of the Guide on the use of antimicrobials within the nursing home; (3) the nursing home's views on the business case for the Guide; and (4) ways to improve the tools. At a minimum two nursing home leaders and two champions (if different from leaders) will be interviewed. In addition, depending on the tool or toolkit selected, up to two prescribing clinicians, two nurses, or two residents or family members might be interviewed after the 6-month intervention period is completed. No more than six individuals per nursing home will be interviewed for a total of 60 interviewees. Interviews may take place together.

The information described above will be used to evaluate the Guide and, if found to be effective, develop a wide-spread dissemination plan for the Guide.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this information collection.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Passive TA Collection Protocol	20	3	20/60	20
General Review of the Guide	20	1	2	40
Pre-intervention interview protocol	20	1	1	20
Proactive TA discussion protocol	20	6	30/60	60
Post-intervention interview protocols	60	1	1	60
Total	140	na	na	200

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
Passive TA Collection Protocol	20	20	$30.34	$607
General review of the Guide	20	40	30.34	1,214
Pre-intervention interview protocol	20	20	30.34	607
Proactive TA discussion protocol	20	60	30.34	1,820
Post-intervention interview protocols	60	60	30.34	1,820
Total	140	200	na	6,068

* National Compensation Survey: Occupational wages in the United States May 2013, ''U.S. Department of Labor, Bureau of Labor Statistics.'' We used an average across the following types of staff: Nursing home registered nurses ($29.81) 29–1141, nursing home licensed practical/vocational nurses ($21.14) 29–2061, and nursing home administrator ($40.07) 11–9111. Our average was created by adding each of these three and *dividing by three for the average. Sources: http://www.bls.gov/oes/current/oes291141.htm* and *http://www.bls.gov/oes/current/oes292061.htm; http://www.bls.gov/oes/current/oes119111.htm.*

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: May 13, 2014.

Richard Kronick,

AHRQ Director.

[FR Doc. 2014–11726 Filed 5–20–14; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–14–14GW]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) has submitted the following information collection request to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995. The notice for the proposed information collection is published to obtain comments from the public and affected agencies.

Written comments and suggestions from the public and affected agencies concerning the proposed collection of information are encouraged. Your comments should address any of the following: (a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (c) Enhance the quality, utility, and clarity of the information to be collected; (d) Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and (e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639–7570 or send an email to *omb@cdc.gov.* Written comments and/or suggestions regarding the items contained in this notice should be directed to the Attention: 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

Total Worker Health for Small Business—New—National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The mission of the National Institute for Occupational Safety and Health (NIOSH) is to promote safety and health at work for all people through research and prevention. In this capacity, NIOSH will administer in-depth interviews designed to assess perceptions and opinions among small business owners in the Cincinnati/Northern Kentucky area regarding the Total Worker Health concept. This information will guide the development of a model for diffusion of the Total Worker Health approach among small businesses by community organizations. Total Worker Health for Small Business is a four-year field study whose overall goal is to identify the perceived costs and benefits of offering integrated occupational safety and health (OSH) and workplace wellness services to employees among small businesses (SBs), and to inform methods that will successfully diffuse the use of a Total Worker Health approach among small businesses and the community organizations that serve them. The data gathered in this study regarding small businesses' specific training needs, motivational factors, and preferred information sources will be of significant practical value when designing and implementing future interventions.

The proposed in-depth interviews described here for which Office of Management and Budget review and approval is being requested are a critical step toward the development of this TWH diffusion model. Phase 1 of this project included interview development and revision. The primary goal of Phase 2 of this project is to gather key-informant perceptions and opinions among the target audience, small business owners in the Cincinnati/Northern Kentucky area. Data gathered from in-depth interviews will guide the development of efforts to diffuse the Total Worker Health approach among small businesses and the community organizations which serve them.

About 90% of U.S. employer organizations have fewer than 20 employees, and 62% have less than five. Eighteen percent of all U.S. employees work for businesses that have less than 20 employees. In addition, more than 21 million U.S. businesses have zero employees, meaning that, although they are not counted as employees, the owner is also the worker. Workers in smaller organizations endure a disproportionate share of the burden of occupational injuries, illnesses, and fatalities.

There is no data available on the prevalence of TWH programs in smaller organizations. What is known about smaller organizations is divided into information about health protection and health promotion activities. Smaller organizations engage in fewer safety activities than larger organizations. The need for reaching this population with effective, affordable, and culturally appropriate training has been documented in publications and is increasingly becoming an institutional priority at NIOSH. Given the numerous obstacles which small business owners face in effectively managing occupational safety and health (e.g., financial and time constraints), there is a need for identifying the most crucial components of occupational safety and health and health promotion training.

This interview will be administered to a sample of approximately 60 owners of small businesses with 5–49 employees from the Cincinnati/Northern Kentucky area. Each participant will be administered the survey two times, approximately one year apart to assess for changes in perceptions regarding health protection and health promotion activities. The sample size is based on recommendations related to qualitative interview methods and the research team's prior experience.

Participants for this data collection will be recruited with the assistance of contractors who have successfully performed similar tasks for NIOSH in the past. Participants will be receive $50 as a token of appreciation for their time. The interview questionnaire will be administered verbally to participants in English.

Once this study is complete, results will be made available via various means including print publications and the agency internet site. The information gathered by this project could be used by OSHA, state health department, occupational health providers to determine guidelines for the development of appropriate training materials for small businesses. The results of this project will benefit small business workers by developing recommendations for increasing the effectiveness of occupational safety and health outreach methods specifically targeted to small businesses. Although beyond the scope of this study, it is expected that improved use of TWH programs will lower rates of injuries and fatalities for workers. The total burden hours are 180.