

Dated: May 27, 2022.

**Marquita Cullom,**  
Associate Director.

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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: “Hospital Survey on Patient Safety Culture Comparative Database.”

**DATES:** Comments on this notice must be received by August 2, 2022.

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

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

##### “Hospital Survey on Patient Safety Culture Comparative Database”

The Hospital Survey on Patient Safety Culture (Hospital SOPS) is designed to enable hospitals to assess provider and staff perspectives about patient safety issues, medical error, and error reporting. The Hospital SOPS includes 42 items that measure 12 composites of patient safety culture. AHRQ first made the Hospital SOPS publicly available, along with a Survey User’s Guide and other toolkit materials, in November, 2004, on the AHRQ website.

The Hospital SOPS Database consists of data from the AHRQ Hospital Survey on Patient Safety Culture and may

include reportable, non-required supplemental items. Hospitals in the U.S. can voluntarily submit data from the survey to AHRQ, through its contractor, Westat. The Hospital SOPS Database (OMB NO. 0935–0162, last approved on August 21, 2019) was developed by AHRQ in 2006 in response to requests from hospitals interested in tracking their own survey results. Those organizations submitting data receive a feedback report, as well as a report of the aggregated de-identified findings of the other hospitals submitting data. These reports are used to assist hospital staff in their efforts to improve patient safety culture in their organizations.

*Rationale for the information collection.* The Hospital SOPS and the Hospital SOPS Database support AHRQ’s goals of promoting improvements in the quality and safety of health care in hospital settings. The survey, toolkit materials, and database results are all made publicly available on AHRQ’s website. Technical assistance is provided by AHRQ through its contractor at no charge to hospitals, to facilitate the use of these materials for hospital patient safety and quality improvement. This database will:

- (1) present results from hospitals that voluntarily submit their data,
- (2) provide data to hospitals to facilitate internal assessment and learning in the patient safety improvement process, and
- (3) provide supplemental information to help hospitals identify their strengths and areas with potential for improvement in patient safety culture.

This study is being conducted by AHRQ through its contractor, Westat, pursuant to AHRQ’s statutory authority to conduct and support research on health care 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 surveys and database development. 42 U.S.C. 299a(a)(1) and (8).

#### Method of Collection

(1) *Eligibility and Registration Form*—The hospital point-of-contact (POC) completes a number of data submission steps and forms, beginning with the completion of an online Eligibility and Registration Form. The purpose of this form is to collect basic demographic information about the hospital and initiate the registration process.

(2) *Data Use Agreement*—The purpose of the data use agreement, completed by the hospital POC, is to state how data submitted by hospitals will be used and provide privacy assurances.

(3) *Hospital Site Information Form*—The purpose of the site information form, also completed by the hospital POC, is to collect background characteristics of the hospital. This information will be used to analyze data collected with the Hospital SOPS survey.

(4) *Data Files Submission*—POCs upload their data file(s), using hospital data file specifications, to ensure that users submit standardized and consistent data in the way variables are named, coded, and formatted. The number of submissions to the database is likely to vary each year because hospitals do not administer the survey and submit data every year. Data submission is typically handled by one POC who is either a patient safety manager in the hospital or a survey vendor who contracts with a hospital to collect and submit their data. POCs submit data on behalf of 3 hospitals, on average, because many hospitals are part of a health system that includes many hospitals, or the POC is a vendor that is submitting data for multiple hospitals.

#### Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents’ time to participate in the database. An estimated 340 POCs, representing an average of 3 individual hospitals each, will complete the database submission steps and forms annually. Each POC will submit the following:

- Eligibility and registration form (completion is estimated to take about 3 minutes).
- Data Use Agreement (completion is estimated to take about 3 minutes).
- Hospital Information Form (completion is estimated to take about 5 minutes).
- Survey data submission will take an average of one hour.

The total annual burden hours are estimated to be 459 hours.

Exhibit 2 shows the estimated annualized cost burden based on the respondents’ time to submit their data. The cost burden is estimated to be \$28,044.90 annually.

## EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Eligibility/Registration Form .....	340	1	3/60	17
Data Use Agreement .....	340	1	3/60	17
Hospital Information Form .....	340	3	5/60	85
Data Files Submission .....	340	1	1	340
Total .....	N/A	N/A	N/A	459

## EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate *	Total cost burden
Eligibility/Registration Form .....	340	17	\$61.10	\$1,038.70
Data Use Agreement .....	340	17	61.10	1,038.70
Hospital Information Form .....	340	85	61.10	5,193.50
Data Files Submission .....	340	340	61.10	20,744.00
Total .....	N/A	N/A	N/A	28,044.90

\* Mean hourly wage of \$61.10 for Medical and Health Services Managers (SOC code 11-9111) was obtained from the May 2020 National Industry-Specific Occupational Employment and Wage Estimates NAICS 622000—Hospitals, located at [http://www.bls.gov/oes/current/naics3\\_622000.htm](http://www.bls.gov/oes/current/naics3_622000.htm).

## Request for Comments

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, 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's 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 27, 2022.

**Marquita Cullom,**

*Associate Director.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Administration for Children and Families

## Submission for OMB Review; Office of Community Services Data Collection for the Low Income Home Energy Assistance Program Quarterly Performance and Management Reports (0970-0589)

**AGENCY:** Office of Community Services, Administration for Children and Families, HHS.

**ACTION:** Request for public comment.

**SUMMARY:** The Office of Community Services (OCS), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting an extension of approval for an information request to collect data from Low Income Home Energy Assistance Program (LIHEAP) grant recipients. This information collection was originally approved for 6 months as an emergency approval.

**DATES:** *Comments due within 30 days of publication.* OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

**ADDRESSES:** Written comments and recommendations for the proposed

information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting "Currently under 30-day Review—Open for Public Comments" or by using the search function. You can also obtain copies of the proposed collection of information by emailing [infocollection@acf.hhs.gov](mailto:infocollection@acf.hhs.gov). Identify all emailed requests by the title of the information collection.

## SUPPLEMENTARY INFORMATION:

**Description:** The proposed LIHEAP Quarterly Performance and Management Report will provide OCS information necessary to oversee recipients' performance in administering historic levels of LIHEAP funding and reaching the most vulnerable households. The report solicits data on total households assisted (and the total households assisted during the same quarter of the previous FY for comparison); the number of occurrences that LIHEAP prevented the loss of home energy/the number of occurrences that LIHEAP restored home energy; estimated use of LIHEAP funds by LIHEAP funding source; LIHEAP information (e.g., training and technical assistance needs, changes to program policies, collaboration with other federal utility assistance programs, etc.); and any explanation needed regarding the reliability and/or validity of the responses in prior sections. The quarterly report is not an abbreviated version of the LIHEAP Annual Report or