

We recognize data often are sourced from multiple systems. Please share any promising practices in aggregating and assessing data from multiple source systems in a cohesive and standard way.

During response incidents, immediate patient care needs, power outages, and competing priorities can be significant challenges in maintaining shared situational awareness. Please share any promising practices for continued reporting during incidents.

We recognize that some healthcare partners have more advanced data and situational awareness programs while others may have minimal resources. Please share any promising practices for effectively leveraging minimal resources.

Please share any ongoing or anticipated challenges with reporting or collecting data related to hospital capacity, facility status, hospital stress, supply inventory, or other information that is needed to inform hospital emergency preparedness and response.

Please share any non-financial resources that would be useful to improve your reporting capability.

Title: Request for Information on All-Hazards Hospital Data.

Abstract: The Administration for Strategic Preparedness and Response (ASPR), Centers for Disease Control and Prevention (CDC), Centers for Medicare & Medicaid Services (CMS), and the Office of the National Coordinator for Health Information Technology (ONC) are co-leading an effort to define the vendor-agnostic technical and policy infrastructure, standards, and capabilities necessary to support all-hazard data reporting by all hospitals nationally including rehabilitation, psychiatric, and long-term care acute care hospitals as well as those providing acute medical care. This effort will gather information to provide recommendations for a standardized lens into the readiness of, stress on, and resources available in hospitals before, during, and after emergencies (including all-hazard incidents such as public health emergencies, hurricanes, mass casualty incidents, infectious disease outbreaks, etc.) for needs across the country. While this effort is led by federal partners, it is intended to also support local response efforts. For example, standardized essential elements of information (EEIs) may help to facilitate coordination across jurisdictions when load balancing or medical operations coordination centers are needed. The effort will leverage past efforts and collaborate with ongoing initiatives across the healthcare situational awareness sphere, such as the National Biodefense Strategy.

Importantly, this is a nationwide effort for which partner input across the healthcare readiness community is essential. The healthcare community rose to increased demands during the COVID-19 public health emergency, reinforcing their commitment to always providing the highest quality level of safe care to patients. ASPR, CDC, CMS, and ONC are committed to working together with partners to help shape the path forward towards efficient information sharing, minimizing burden and increasing transparency on how information is used to drive action. Partners such as jurisdictions, hospital associations, hospitals, healthcare coalitions, medical operations coordination centers, transfer centers, nurses, emergency medical services, health information technology, and more will help to inform the project. ASPR, CDC, CMS, and ONC will be co-hosting a series of listening sessions in addition to seeking comments through this RFI.

To date there has been a limited unified, all-hazards understanding of national level hospital-facility status, capacity, resources, and capabilities. An all-hazards approach addresses capabilities-based preparedness to prevent, protect against, respond to, and recover from terrorist attacks, major disasters, and other emergencies. Existing efforts have included the COVID-19 hospital data collection, ad-hoc surveys performed after incidents such as hurricanes, targeted surveillance systems for specific communicable diseases and/or specific types of care (ex. Emergency Department (ED) visits), and individual efforts within jurisdictions. While each existing effort has been important, data collection efforts are patchwork, crisis-driven, and not standardized with respect to how EEIs are defined and operationalized. As a result, the nation continues to lack a comprehensive, standardized view of the state of the healthcare system that can be shared across partners at all levels to inform coordinated action.

In addition to informing nationwide EEIs, input provided will also be used for related initiatives such as the National Healthcare Safety Network (NHSN) hospital bed capacity data pilot project, the Health Level 7 (HL7) Helios Fast Healthcare Interoperability Resources (FHIR) Accelerator, the Medical Countermeasures and Data Information Technology Ecosystem, and CDC data modernization efforts. Nationwide EEIs identified through this effort will directly inform updates to the USCDI+ for Public Health, Situational Awareness, and Emergency Response dataset, where additional input will be

solicited on how to represent concepts for data exchange purposes. The effort also aligns with programs across the ASPR Health Care Readiness Portfolio and the CDC Public Health Emergency Program.

Sherrette A. Funn,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer at (240) 276-0361.

Project: SAMHSA Generic Clearance for the Collection of Qualitative Research and Assessment

SAMHSA is requesting approval from the Office of Management and Budget (OMB) for their Generic clearance for purposes of conducting qualitative research. SAMHSA conducts qualitative research to gain a better understanding of emerging substance use and mental health policy issues, improve the development and quality of instruments, and to ensure SAMHSA leadership, centers and offices have recent data and information to inform program and policy decision-making. SAMHSA is requesting approval for at least four types of qualitative research: (a) interviews, (b) focus groups, (c) questionnaires, and (d) other qualitative methods.

SAMHSA is the agency within the U.S. Department of Health and Human Services (HHS) that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. It's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes. SAMHSA pursues this mission by providing grant

funding opportunities and guidance to states and territories, as well as tribal and local communities; technical assistance to grantees and practitioners; publishing and sharing resources for individuals and family members seeking information on prevention, harm reduction, treatment and recovery; collecting, analyzing, and sharing behavioral health data; collaborating with other Federal agencies to evaluate programs and improve policies; and raising awareness of available resources through educational messaging campaigns and events. Integral to this role, SAMHSA conducts qualitative research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives for SAMHSA related programs.

The goal of establishing the SAMHSA Generic Clearance for the Collection of Qualitative Research and Assessment is to help public health officials, policymakers, community practitioners, and the public to understand mental health and substance use trends and how they are evolving; inform the development and implementation of targeted evidence-based interventions; focus resources where they are needed most; and evaluate the success of

programs and policies. A key objective is to decrease the burden on stakeholders while expanding and improving data collection, analysis, evaluation, and dissemination. To achieve this objective, SAMHSA is streamlining and modernizing data collection efforts, while also coordinating evaluation across the agency to ensure funding and policies are data driven. Additionally, the agency is utilizing rigorous evaluation and analytical processes that are in alignment with the Foundations for Evidence-Based Policymaking Act of 2018. SAMHSA, using robust methods to collect, analyze, and report valid, reliable, trustworthy, and protected data, is key to improving and impacting behavioral health treatment, prevention, and recovery for communities most in need. By using rigorous methods, and improving the quality and completeness of program data, data can be disaggregated across different population groups to assess disparities within the behavioral health care system. SAMHSA's vision will be accomplished by better leveraging optimal data to inform the agency's policies and programs.

The qualitative research participants will include grant recipients; policy

experts; national, state, and local public health representatives; human service, and healthcare providers; and representatives of other health organizations. A variety of instruments and platforms will be used to collect information from respondents. The annual burden hours requested (15,000) are based on the number of collections we expect to conduct over the requested period for this clearance. The burden estimates were calculated based on the amount of IC submissions to the 0930–0393 Fast Track Generic Clearance for the Collection of Qualitative Feedback on the Substance Abuse and Mental Health Services Administration (SAMHSA) Service Delivery that are ineligible for OMB approval under it. This Generic information collection will provide a viable replacement option. Internal assessments of projected IC submission over the next three years estimate the burden hours for this information collection to be approximately half that of the 0930–0393 Fast Track Generic Clearance for the Collection of Qualitative Feedback on the Substance Abuse and Mental Health Services Administration (SAMHSA) Service Delivery.

ESTIMATED ANNUALIZED BURDEN TABLE

Type of respondent	Form	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
SAMHSA internal and external stakeholders.	Qualitative Research	15,000	1	1	15,000

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. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function.

Alicia Broadus,
Public Health Advisor.

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DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

[FWS–R7–NWR5–2023–N071;
FXRS12630700000–234–FF07R08000; OMB
Control Number 1018–0141]

Agency Information Collection Activities; Alaska Guide Service Evaluation

AGENCY: Fish and Wildlife Service,
Interior.

ACTION: Notice of information collection;
request for comment.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, we, the U.S. Fish and Wildlife Service (Service), are proposing to renew an information collection with revisions.

DATES: Interested persons are invited to submit comments on or before November 17, 2023.

ADDRESSES: Written comments and recommendations for the proposed

information collection should be sent within 30 days of publication of this notice to <https://www.reginfo.gov/public/do/PRAMain>. Find this particular information collection by selecting “Currently under Review—Open for Public Comments” or by using the search function. Please provide a copy of your comments to the Service Information Collection Clearance Officer, U.S. Fish and Wildlife Service, MS: PRB (JAO/3W), 5275 Leesburg Pike, Falls Church, VA 22041–3803 (mail); or by email to Info_Coll@fws.gov. Please reference “1018–0141” in the subject line of your comments.

FOR FURTHER INFORMATION CONTACT:

Madonna L. Baucum, Service Information Collection Clearance Officer, by email at Info_Coll@fws.gov, or by telephone at (703) 358–2503. Individuals in the United States who are deaf, deafblind, hard of hearing, or have a speech disability may dial 711 (TTY, TDD, or TeleBraille) to access