of Federal Procurement Policy (OFPP), is conducting an open dialogue to discuss improvements to the federal acquisition process. This dialogue is part an ongoing effort to improve the effectiveness and efficiency of the federal acquisition system by identifying impactful steps that can be taken by agencies to improve the way they do business with the best companies and enter into contracts that allow these companies to provide their best solutions for the taxpayer.

DATES: *Effective:* April 23, 2014.

ADDRESSES: Interested parties may participate in the dialogue through an online platform by reviewing the information and participation dates posted at *www.cao.gov.*

FOR FURTHER INFORMATION CONTACT: Mr. Jim Wade, OFPP, 202–395–2181 or *jwade@omb.eop.gov;* or Mr. Mathew Blum, OFPP, 202–395–4953, or *mblum@omb.eop.gov.*

SUPPLEMENTARY INFORMATION: The President's Management Agenda lays the foundation for creating a 21st century government that delivers better results to the American people. This foundation includes an efficient and effective acquisition system that maximizes the value of every taxpayer dollar.

The federal acquisition system is governed by a myriad of rules, both administrative and statutory, that are designed to help agencies maximize results from their contracts, make sure that contractors are qualified to do business with the federal government, and ensure consistency with key economic and social policies. Efforts to streamline, modernize, and improve requirements may allow contractors and agencies to execute in a more efficient and effective manner, while still supporting the execution of these policies.

The CAOC, in collaboration with the FAR Council, the CIOC, GSA and OFPP, seeks to conduct an open conversation to identify specific rules and requirements, tools, procedures, and practices that impact the efficiency and effectiveness of federal procurement and ways to improve them. The CAOC is interested in hearing about proposed improvements that can be accomplished through executive (regulatory, administrative, or management) action, as well as potential legislative proposals where requirements are based in statute. Dialogue will be encouraged in each of the following areas:

- *Reporting and compliance requirements—e.g.,* opportunities where collection processes and systems can be reengineered or automated, duplicative reporting can be eliminated, the frequency of reporting can be reduced, and outdated compliance thresholds can be changed.
- *Procurement practices—e.g.,* opportunities where acquisition strategies can be modernized (to support more efficient and effective acquisition of IT, in particular), where best commercial practices can be utilized, as well as efforts to promote greater consideration of innovative solutions and contracting practices.
- *Participation by small and minority businesses, new entrants, and non-traditional government contractors—e.g.,* opportunities for improving existing technical or strategic assistance programs, making buying platforms for finding business opportunities and bidding more user friendly, and lowering the cost of doing business.

To facilitate feedback, an online platform is being launched so that interested parties may submit ideas, respond to questions posed by moderators, and comment on other ideas—including those that they think are most promising and impactful. Information on the platform and the dates for participating in the dialogue are posted at *www.cao.gov.*

Dated: April 17, 2014.

William Clark,

Acting Senior Procurement Executive, Office of Acquisition Policy, Office of Government-wide Policy.

[FR Doc. 2014–09129 Filed 4–22–14; 8:45 am]

BILLING CODE 6820–61–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: *''Phase II of a Longitudinal Program Evaluation of Health and Human Services (HHS) Healthcare Associated Infections (HAI) National Action Plan (NAP).''* 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 June 23, 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

Phase II of a Longitudinal Program Evaluation of Heath Human Services (HHS) Healthcare Associated Infections (HAI) National Action Plan (NAP)

This evaluation of HHS' Healthcare Associated Infections National Action Plan will assess the efficacy, efficiency and coordination of federal efforts to mitigate and prevent Healthcare Associated Infections (HAIs). As such, the evaluation represents a critical component of AHRQ's mission to promote health care quality improvement.

HAIs are infections that patients acquire while receiving treatment for other conditions while in a healthcare setting. They affect care in hospitals-hereafter referred to as ''acute care'', ambulatory care settings, and long-term care facilities, and represent a significant cause of illness and death in the United States. Over one million HAIs occur across health care settings every year.

In 2008, amidst growing demands on the healthcare system, rising healthcare costs, and increasing concerns about antimicrobial-resistant pathogens, HHS established a senior-level Steering Committee for the Prevention of HAIs. Charged with improving coordination and maximizing the efficiency of prevention efforts across HHS, the Steering Committee released the first ''National Action Plan to Prevent Health Care-Associated Infections'' (HAI NAP) in 2009. This plan outlined a systematic and phased approach to reducing HAIs and associated morbidity, mortality, and costs. Phase One of HAI NAP, which concluded in 2012, focused on HAI prevention in acute care hospitals, where data on prevention and the capacity to measure improvement were most complete.

Additionally, the plan set specific targets for reducing rates of six high priority HAIs or specific causative organisms: Surgical site infection (SSI),

central-line associated bloodstream infection (CLABSI), ventilator-associated pneumonia (VAP), catheter-associated urinary tract infection (CAUTI), *Clostridium difficile* infection, and methicillin-resistant *Staphylococcus aureus* infection (MRSA).

Phase II of the Action Plan, entitled *National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination* was released in April 2012. Phase II expanded the Action Plan to include prevention of HAIs in ambulatory surgical centers (ASCs) and end-stage renal disease (ESRD) facilities, and increasing influenza vaccination coverage of healthcare personnel. Phase III of the HAI NAP, released for public comment in April 2013, further expanded the Action Plan to include prevention of HAIs in long-term care facilities.

Evaluation of HAI NAP. In 2009, AHRQ funded an independent, outside evaluation of HHS' HAI prevention efforts, as guided by the Action Plan. The goals of this evaluation were to: (1) Record the content and scope of the Action Plan, its current design, its progress, and impact on the future; (2) establish baseline data and provide additional information on the HAI landscape prior to and following the initiation of the Action Plan effort; and (3) provide strategic insights from ongoing processes for reducing HAIs and outcomes of these processes.

The current evaluation will expand upon this initial effort, encompassing the additional health care settings outlined in Phases II and III of the HAI NAP.

The goals of this Phase II evaluation are to:

1. Identify commonalities, gaps, themes, and opportunities for collaboration across six Federal quality improvement and patient safety efforts to eliminate HAIs; and

2. highlight actionable opportunities across HHS to collaborate and efficiently utilize resources in these quality improvement and patient safety efforts; and

3. assess the unique and aggregate contributions of each quality improvement and patient safety effort to the mitigation and prevention of HAIs.

This study is being conducted by AHRQ through its contractor, Insight Policy Research, Inc. and its subcontractors, IMPAQ International and RAND Corporation, pursuant to AHRQ's statutory authority to conduct and support research and evaluations 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 the HAI NAP evaluation, the following data collections will be implemented:

Semi-structured interviews. Key informant interviews with stakeholders of the HAI National Action Plan or the Quality Improvement (QI) initiatives that the Action Plan seeks to coordinate and align. These stakeholders will have knowledge of the QI initiatives as implemented in acute care, ambulatory care, long term care or ESRD facilities. AHRQ plans to conduct 33 interviews each year, over the course of two years. The semi-structured interviews will inform the process evaluation.

AHRQ will use the interview data to assess the processes and methods used, results achieved, and lessons learned from patient quality and safety programs that are directed at reducing the incidence of HAIs. This information will enable AHRQ to identify redundancies in program efforts and provide effective approaches for coordinating and aligning Federal efforts to prevent the incidence of HAIs. Finally, collecting data from these stakeholders will allow AHRQ to detect gaps in the HAI science base and opportunities for funding additional projects focused on generating and implementing knowledge on preventing HAIs.

The information gathered through the key informant interviews will be presented to members of a Federal Action Working Group (FAWG), comprising representatives from the various federal agencies and operating divisions of HHS who are actively involved in the HAI NAP. Presentations to the FAWG will provide continual and rapid-cycle feedback on evaluation findings. This feedback will accomplish several goals—namely, it will apprise the FAWG members of the study's formative findings, provide a medium to obtain feedback from the FAWG regarding the unique and aggregate impact of the national programs, and engage the FAWG in a discussion about gaps and future requirements.

Ultimately, the information gathered through this data collection effort will appear in annual reports, along with results of secondary data analyses. These reports will provide AHRQ and HHS with comprehensive, evaluative findings across and within individual patient safety programs as well as findings specific to the HAI NAP, and the extent to which the goals outlined in the plan have been achieved.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in this evaluation. The total burden hours are estimated to be 66, which covers two years of interviews. The exhibits below indicate annualized burden hours in one year.

In-Depth Interviews with Stakeholders: AHRQ plans to conduct 33 semi-structured interviews each year for two years, totaling 66 semi-structured interviews during the course of the evaluation. These interviews will be conducted with key HAI NAP stakeholders with expertise in one or more of the four targeted healthcare settings. These healthcare settings include: Acute care hospital settings, ambulatory surgical centers, ESRD facilities, and long term care settings. Respondents will be interviewed by telephone. Participant recruitment should take no longer than five minutes. Scheduling will take place through email and will include an attached letter of support from AHRQ. Interviews will last up to one hour.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection activity	Number of respondents per year	Number of responses per respondent	Hours per response	Total burden hours
In-depth Interviews with HAI NAP Stakeholders with expertise pertaining to:				
• Acute Care Hospital Settings	9	1	1	9
• Ambulatory Surgical Centers	8	1	1	8
• ESRD facilities	8	1	1	8
• Long Term Care Settings	8	1	1	8

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Data collection activity	Number of respondents per year	Number of responses per respondent	Hours per response	Total burden hours
Total	33	1	1	33

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection activity	Number of respondents	Total burden hours	Average hourly wage rate	Total cost burden
In-depth Interviews with external stakeholders:				
• Acute Care Hospital Settings	9	9	$34.33*	$309.00
• Ambulatory Surgical Centers	8	8	34.33*	275.00
• ESRD facilities	8	8	34.33*	275.00
• Long Term Care Settings	8	8	34.33*	275.00
Total	33	na	na	1,134.00

* Based upon May 2012 National Occupational Employment and Wage Estimates for Epidemiologists, retrieved from *http://www.bls.gov/oes/current/oes_nat.htm#19-0000* on February 20, 2014.

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: April 9, 2014.

Richard Kronick,

Director.

[FR Doc. 2014–09172 Filed 4–22–14; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of Meeting

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: In accordance with section 10(a)(2) of the Federal Advisory Committee Act (5 U.S.C. App. 2), announcement is made of an Agency for Healthcare Research and Quality (AHRQ) Special Emphasis Panel (SEP) meeting on *''AHRQ RFA–HS14–007, Patient-Centered Outcomes Research (PCOR) for Deliberative Approaches: Patient and Consumer Input for Implementing Evidence-Based Health Care (R21)''.* Each SEP meeting will commence in open session before closing to the public for the duration of the meeting.

DATES: May 15–16, 2014 (*Open on May 15 from 8:00 a.m. to 8:30 a.m. and closed for the remainder of the meeting*).

ADDRESSES: Gaithersburg Marriott Washingtonian Center, 9751 Washingtonian Boulevard, Gaithersburg, Maryland 20878.

FOR FURTHER INFORMATION CONTACT: Anyone wishing to obtain a roster of members, agenda or minutes of the non-confidential portions of this meeting should contact:

Mrs. Bonnie Campbell,
Committee Management Officer,
Office of Extramural Research,
Education and Priority Populations,
AHRQ,
540 Gaither Road, Room 2038,
Rockville, Maryland 20850,
Telephone: (301) 427–1554.

Agenda items for this meeting are subject to change as priorities dictate.

SUPPLEMENTARY INFORMATION: A Special Emphasis Panel is a group of experts in fields related to health care research who are invited by the Agency for Healthcare Research and Quality (AHRQ), and agree to be available, to conduct on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not attend regularly-scheduled meetings and do not serve for fixed terms or a long period of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Each SEP meeting will commence in open session before closing to the public for the duration of the meeting. The SEP meeting referenced above will be closed to the public in accordance with the provisions set forth in 5 U.S.C. App. 2, section 10(d), 5 U.S.C. 552b(c)(4), and 5 U.S.C. 552b(c)(6). Grant applications for the ''AHRQ RFA–HS14–007, Patient-Centered Outcomes Research (PCOR) for Deliberative Approaches: Patient and Consumer Input for Implementing Evidence-Based Health Care (R21)'' are to be reviewed and discussed at this meeting. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Dated: April 9, 2014.

Richard Kronick,

AHRQ Director.

[FR Doc. 2014–09175 Filed 4–22–14; 8:45 am]

BILLING CODE 4160–90–P