Dated: May 8, 2014.

Karen White,

Executive Assistant.

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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: ''*TeamSTEPPS 2.0 Online Master Trainer Course.*'' 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 14, 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

TeamSTEPPS 2.0 Online Master Trainer Course

As part of its effort to fulfill its mission goals, AHRQ, in collaboration with the U.S. Department of Defense's TRICARE Management Activity, developed TeamSTEPPS® (aka, Team Strategies and Tools for Enhancing Performance and Patient Safety) to provide an evidence-based suite of tools and strategies for training teamwork-based patient safety to health care professionals. TeamSTEPPS includes multiple tool-kits, which are all tied to or are variants of the core curriculum. TeamSTEPPS resources have been

developed for primary care, rapid response systems, long-term care, and patients with limited English proficiency.

The main objective of the TeamSTEPPS program is to improve patient safety by training health care staff in various teamwork, communication, and patient safety concepts, tools, and techniques and ultimately helping to build national capacity for supporting teamwork-based patient safety efforts in health care organizations. Since 2007, AHRQ's National Implementation Program has produced (and continues to produce) Master Trainers who have stimulated the use and adoption of TeamSTEPPS in health care delivery systems. These individuals were trained during two-day in-person classes using the TeamSTEPPS core curriculum at regional training centers across the U.S. AHRQ has also provided technical assistance and consultation on implementing TeamSTEPPS and has developed various channels of learning (e.g., user networks, various educational venues) for continued support and the improvement of teamwork in health care. Since the inception of the National Implementation Program, AHRQ has trained more than 5,000 participants to serve as TeamSTEPPS Master Trainers.

Despite the success of the National Implementation program and the availability of training through this initiative, AHRQ has been unable to match the demand for TeamSTEPPS Master Training. Wait lists for training often exceed 500 individuals at any given time.

To address this prevailing need, AHRQ has launched an effort to develop and provide TeamSTEPPS training online. This program, known as TeamSTEPPS 2.0 Online Master Trainer course, will mirror the TeamSTEPPS 2.0 core curriculum and provide equivalent training to the in-person classes offered through the National Implementation Program.

As part of this initiative, AHRQ seeks to conduct an evaluation of the TeamSTEPPS 2.0 Online Master Trainer program. This evaluation seeks to understand the effectiveness of TeamSTEPPS 2.0 Online Master Training and what revisions might be required to improve the training program.

This research has the following goals:

(1) Conduct a formative assessment of the TeamSTEPPS 2.0 Online Master Trainer program to determine what improvements should be made to the training and how it is delivered, and

(2) Identify how trained participants use and implement the TeamSTEPPS tools and resources.

This study is being conducted by AHRQ through its contractor, Reingold, Inc., 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 health care services and with respect to quality measurement and improvement, 42 U.S.C. 299a(a)(1) and (2).

Method of Collection

To achieve this project's goals, AHRQ will train participants using the TeamSTEPPS 2.0 Online Master Trainer program and then survey these participants six months post-training. Each activity is briefly described below.

1. *TeamSTEPPS 2.0 Online Master Trainer Course.* This training program, which includes 13 accredited hours of training, is based on the TeamSTEPPS 2.0 instructional materials and will be delivered online to 3,000 participants. The training will cover the core TeamSTEPPS tools and strategies, coaching, organizational change, and implementation science.

2. *TeamSTEPPS 2.0 Online Post-Training Survey.* This online instrument will be administered to all participants who completed TeamSTEPPS 2.0 Online Master Training. The survey will be administered six months after participants complete the training.

This is a new data collection for the purpose of conducting an evaluation of TeamSTEPPS 2.0 Online Master Trainer program. The evaluation will be primarily formative in nature as AHRQ seeks information to improve the delivery of the training.

To conduct the evaluation, the TeamSTEPPS 2.0 Online Post-Training Survey will be administered to all individuals who completed the TeamSTEPPS 2.0 Online Master Trainer program six months after training. The purpose of the survey is to assess the degree to which participants felt prepared by the training and what they did to implement TeamSTEPPS. 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; what tools they have implemented in their organizations; 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 2.0 Online Post-Training Survey* will be completed by approximately 3,000 individuals. We estimate that each respondent will answer 10 items (i.e., number of responses per respondent) and responding to these 10 questions will require 20 minutes. The total annualized burden is estimated to be 10,000 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 $35,930.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
Training participant questionnaire	3,000	1	20/60	1,000
Total	3,000	N/A	N/A	1,000

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate*	Total cost burden
Training participant questionnaire	3,000	1,000	$35.93	$35,930
Total	3,000	1,000	N/A	35,930

*Based on the mean of the average wages for all health professionals (29–0000) for the training participant questionnaire and for executives, administrators, and managers for the organizational leader questionnaire presented in the National Compensation Survey: Occupational Wages in the United States, May 2012, U.S. Department of Labor, Bureau of Labor Statistics. *www.bls.gov/oes/current/oes_nat.htm#37-0000.*

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 6, 2014.

Richard Kronick,

AHRQ Director.

[FR Doc. 2014–10947 Filed 5–13–14; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–14–14YI]

Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. To request more information on the below proposed project or to obtain a copy of the information collection plan and instruments, call 404–639–7570 or send comments to LeRoy Richardson, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

Comments submitted in response to this notice will be summarized and/or included in the request for Office of Management and Budget (OMB) approval. Comments are invited 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) ways to enhance the quality, utility, and clarity of the information to be collected; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information. Written comments should be received within 60 days of this notice.

Proposed Project

Assessing School-centered HIV/STD Prevention Efforts in a Local Education Agency—New—Division of Adolescent and School Health (DASH), National