December 6, 2013, the IRS announced that as of January 1, 2014, the relocation mileage rate would decrease to $0.235 per mile for the 12-month period ending on December 31, 2014. Thus, the reimbursement rate for POVs used in conjunction with official relocation will also be $0.235 for the same period. FTR Bulletin 14–04 is attached. FTR Bulletin 14–04 and all other FTR bulletins may be found at *www.gsa.gov/federaltravelregulation.*

DATES: This notice is effective January 29, 2014 and applies to relocations performed on or after January 1, 2014, through December 31, 2014.

FOR FURTHER INFORMATION CONTACT: Mr. Ed Davis, GSA, Office of Government-wide Policy (M), Office of Asset and Transportation Management (MA), at 202–208–7638 or via email at *ed.davis@gsa.gov*. Please cite FTR Bulletin 14–04.

Dated: January 17, 2014.

Anne E. Rung,

Associate Administrator, Office of Government-wide Policy.

[FR Doc. 2014–01705 Filed 1–28–14; 8:45 am]

BILLING CODE 6820–14–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of the Assistant Secretary for Financial Resources (ASFR); Statement of Organization, Functions, and Delegations of Authority

Part A, Office of the Secretary, Statement of Organization, Functions and Delegations of Authority for the Department of Health and Human Services (HHS) is being amended at Chapter AM, Office of the Assistant Secretary for Financial Resources, as last amended at 77 FR 19666–67, dated April 2, 2012. This reorganization will eliminate the Office of Executive Program Information (AMW) within ASFR through the following changes:

A. Under Section AM.10 Organization, delete the last sentence of the section in its entirety and replace with the following:

The office consists of the following components:

- Immediate Office of the Assistant Secretary (AM).
- Office of Budget (AML).
- Office of Finance (AMS).
- Office of Grants and Acquisition Policy and Accountability (AMT).

B. Under Section AM.20 Functions, delete Chapter AMW, Office of Executive Program Information (OEPI), in its entirety.

Dated: November 13, 2013.

E.J. Holland, Jr.,

Assistant Secretary for Administration.

[FR Doc. 2014–01712 Filed 1–28–14; 8:45 am]

BILLING CODE 4150–24–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: ''Pilot Test of an Emergency Department Discharge Tool.'' In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on August 27th, 2013 and allowed 60 days for public comment. One comment was received. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by February 28, 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

Pilot Test of an Emergency Department Discharge Tool

The research study ''Pilot Test of an Emergency Discharge Tool'' fully supports AHRQ's mission. The ultimate aim of this study is to pilot test a discharge tool which has the potential to reduce unnecessary visits to the Emergency Department (ED), reduce healthcare expenditure in the ED, as well as streamline and enhance the quality of care delivered to ED patients.

The ED is an important and frequently used setting of care for a large part of the U.S. population. In 2006, there were nearly 120 million ED visits in the U.S., of which only 15.5 million (14.7%) resulted in admission to the hospital or transfer to another hospital. Thus the majority ED visits result in discharge to home. Patients discharged from the ED face significant risk for adverse outcomes, with between 3–5 patients per 100,000 visits experiencing an unexpected death following discharge from the ED. Additionally, a sizable minority of patients return to the ED frequently. Published studies estimate that 4.5% to 8% of patients revisit the ED 4 or more times per year, accounting for 21% to 28% of all ED visits. Internal data from John Hopkins Hospital, AHRQ's contractor for this pilot test, supports these findings with 7% of their patients accounting for 26% of visits to the Johns Hopkins Hospital ED in 2011.

Patients who revisit the ED contribute to overcrowding, unnecessary delays in care, dissatisfaction, and avoidable patient harm. ED revisits are also an important contributor to rising health care costs, as ED care is estimated to cost two to five times as much as the same treatment delivered by a primary care physician. Thus it is estimated that eliminating revisits and inappropriate use of EDs could reduce health care spending as much as $32 billion each year. Overall, an effective and efficient ED discharge process would improve the quality of patient care in the ED as well as reduce healthcare costs.

To respond to the challenges faced by our nation's EDs and the patients they serve, AHRQ will develop and pilot test a tool to improve the ED discharge process. More specifically, this project has the following goals:

(1) Develop and Pilot Test a Prototype ED Discharge Tool in a limited number of settings to assess:

(a) The feasibility for use with patients;

(b) The methodological and resource requirements associated with tool use;

(c) The feasibility of measuring outcomes;

(d) The costs of implementation and;

(e) Preliminary outcomes or impacts of tool use.

(2) Revise the Tool based on the results from the Pilot Test.

This study is being conducted by AHRQ through its contractor, John Hopkins Hospital, 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