

(Commission) is publishing this notice to advise the public of the availability of its FY 2019 Service Contract Inventory Analysis. The FY 2019 Service Contract Inventory Analysis includes Scope, Methodology, Findings, Actions Taken or Planned, Accountable Officials.

Objectives, and Agency Findings

This analysis was developed in accordance with guidance issued by the Office of Management and Budget (OMB), Office of Procurement Policy (OFPP), and in accordance with FAR subpart 4.17—Service Contracts Inventory. The Federal Maritime Commission has posted its FY 2019 Service Contract Inventory Analysis at the following link: <https://www.fmc.gov/about-the-fmc/governmentwide-laws-regulations/service-contract-analysis/>.

William Cody,
Secretary.

[FR Doc. 2022–18487 Filed 8–26–22; 8:45 am]

BILLING CODE 6730–02–P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the

standards in section 4 of the BHC Act (12 U.S.C. 1843), and interested persons may express their views in writing on the standards enumerated in section 4. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than September 28, 2022.

A. Federal Reserve Bank of San Francisco (Mongkha Pavlick, Group Vice President, Formation + Transactions) 101 Market Street, San Francisco, California 94105–1579:

1. *BAWAG Group, AG, Vienna, Austria*; to become a bank holding company by acquiring Peak Bancorp, Inc., and thereby indirectly acquiring Idaho First Bank, both of McCall, Idaho. In connection with this application, BAWAG Group, AG has applied to retain 19.5 percent of Marlette Holdings, Inc., Wilmington, Delaware, and thereby engage in extending credit and servicing loans pursuant to section 225.28(b)(1) of the Board's Regulation Y.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,
Deputy Associate Secretary of the Board.

[FR Doc. 2022–18556 Filed 8–26–22; 8:45 am]

BILLING CODE P

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal

Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551–0001, not later than September 28, 2022.

A. Federal Reserve Bank of New York (Ivan Hurwitz, Head of Bank Applications) 33 Liberty Street, New York, New York 10045–0001. Comments can also be sent electronically to Comments.applications@ny.frb.org:

1. *Nave Holdings Inc.*; to become a bank holding company by acquiring Nave Bank, both of San Juan, Puerto Rico.

Board of Governors of the Federal Reserve System.

Michele Taylor Fennell,
Deputy Associate Secretary of the Board.

[FR Doc. 2022–18557 Filed 8–26–22; 8:45 am]

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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 “Measure Dx: A Resource to Identify, Analyze, and Learn from Diagnostic Safety Events.” This proposed information collection was previously published in the **Federal Register** on June 15, 2022 and allowed 60 days for public comment. AHRQ did not receive substantive comments from members of the public during this period. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by September 28, 2022.

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

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

Measure Dx: A Resource To Identify, Analyze, and Learn From Diagnostic Safety Events

The Measure Dx resource (the Resource) is a modular toolkit that provides clinicians, quality and safety personnel, and healthcare organization leaders with guidance for implementing diagnostic safety measurement strategies for the purposes of learning and improvement. The Resource was developed and pilot tested (Fast Track OMB control number: 0935–0179) during the base year of an AHRQ contract awarded to the MedStar Health Research Institute and provides pragmatic recommendations for implementing measurement strategies that were identified in the AHRQ Issue Brief titled Operational Measurement of Diagnostic Safety: State of the Science. In particular, the Resource focuses on four broad measurement strategies that were assessed to be approaching readiness for implementation in operational settings.

AHRQ is requesting full OMB approval to conduct a formal evaluation of the Resource. AHRQ would like to further develop this resource, expanding on the initial pilot test which qualitatively examined feasibility of implementing the resource, general receptivity, and feedback for improvement.

This information collection has the following goal:

1. To evaluate the Resource in order to stimulate measurement activities for learning and improvement and

quantitatively and qualitatively examine:

- a. Feasibility of implementing the Resource with limited to no technical assistance;
- b. User experience and satisfaction with the Resource;
- c. Impact of the Resource on diagnostic safety policies or activities;
- d. Yield of newly detected diagnostic safety events and associated learning resulting from use of the Resource;
- e. Intent to sustain use of the Resource and continue with the diagnostic safety process following evaluation efforts.

This information collection is being conducted by AHRQ through its contractor, MedStar Health Research Institute, 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 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 this project the following information collection instruments will be completed:

- (1) Organizational Characteristics Survey—designed to qualitatively describe the characteristics of the organizations engaged in evaluation (e.g., patient characteristics, practice size, and staffing).
- (2) Organizational Self-Assessment Survey—designed to qualitatively assess the organization’s readiness (e.g., leadership support, resources, and safety culture/infrastructure) for implementing the Resource.
- (3) The Safer Dx Checklist—A synthesis of foundational practices that health care organizations can use to advance diagnostic excellence. The checklist provides a framework for organizations to conduct a self-assessment to understand the current state of diagnostic practices, identify areas to improve, and track progress toward diagnostic excellence over time.

(4) Pre-test Evaluation Interview Protocol—designed to qualitatively assess the organization’s current policies and structures related to diagnostic safety, plans for implementing the Resource, and initial feedback on resource materials.

(5) Post-test Evaluation Interview Protocol—designed to qualitatively assess the organization’s experience with implementing the Resource, the impact of the Resource on diagnostic safety policies or activities in their organization, contextual information about whether and how the Resource facilitated case detection, and intent to sustain use of the Resource following evaluation efforts.

(6) Team Questionnaire—adapted to help organizations self-assess diagnostic teamwork in their organization & their diagnostic team’s commitment to implementing the Resource.

(7) Case Review Summary Form—designed to quantitatively and qualitatively summarize the diagnostic safety intelligence that participants have detected, analyzed, and/or learned from while implementing one Measure Dx strategy.

(8) ECHO Calls Protocol—The purpose of virtual ECHO calls is to foster bi-directional learning among the participating organizations, to check site progress during the implementation period and to understand “real-time” challenges, successes, and lessons learned. Standard questions for each ECHO session will be asked to foster shared learning and discussion.

AHRQ will use the information collected to assess and enhance the feasibility of organizations in adopting the Resource to stimulate diagnostic safety measurement activities for learning and improvement. AHRQ’s ability to publicly share a diagnostic measurement resource that has been scientifically validated is expected to be of great interest to the health care community and important in helping organizations measure diagnostic safety for patient safety and quality improvement efforts.

Estimated Annual Respondent Burden

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
<i>Organizational Characteristics Survey</i>	10	1	1	10
<i>Organizational Self-Assessment (from Measure Dx)</i>	10	1	.5	5
<i>Safer Dx Checklist</i>	10	2	0.25	5
<i>Pre-Test Interview Protocol</i>	20	1	1	20
<i>Post-test Evaluation Interview Protocol</i>	20	1	1	20
<i>Team Questionnaire</i>	10	2	0.25	5
<i>Case Review Summary Form</i>	10	2	.75	15

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS—Continued

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
<i>ECHO Call Protocol</i>	10	6	1	60
Total	100	NA	NA	140

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
<i>Organizational Characteristics Survey</i>	10	10	^a \$57.61	\$576.1
<i>Organizational Self-Assessment (from Measure Dx)</i>	10	5	^a 57.61	288.05
<i>Safer Dx Checklist</i>	10	5	^a 57.61	288.05
<i>Pre-Test Interview Protocol</i>	20	20	^b 136.37	2,727.40
<i>Post-test Evaluation Interview Protocol</i>	20	20	^b 136.37	2,727.40
<i>Team Questionnaire</i>	10	5	^a 57.61	288.05
<i>Case Review Summary Form</i>	10	15	^b 136.37	2,045.60
<i>ECHO Call Protocol</i>	10	60	^a 57.61	3,456.60
Total	100	140	NA	12,397.25

* National Compensation Survey: Occupational wages in the United States May 2021 “U.S. Department of Labor, Bureau of Labor Statistics.” (https://www.bls.gov/oes/current/oes_nat.htm#29-0000).

^aBased on the mean wages for *Medical and Health Services Managers (Code 11–9111)*.

^bBased on the mean wages for *Physicians (broad) (Code 29–1210)*.

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: August 23, 2022.

Marquita Cullom,

Associate Director.

[FR Doc. 2022–18488 Filed 8–26–22; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting for Software Developers on the Common Formats for Patient Safety Data Collection

AGENCY: Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

ACTION: Notice of public meeting.

SUMMARY: AHRQ coordinates the development of sets of standardized definitions and formats (Common Formats) that make it possible to collect, aggregate, and analyze uniformly structured information about health care quality and patient safety for local, regional, and national learning. The Common Formats include technical specifications to facilitate the collection of electronically comparable data by Patient Safety Organizations (PSOs) and other entities. Additional information about the Common Formats can be obtained through AHRQ’s PSO website at <https://psa.ahrq.gov/common-formats> and the PSO Privacy Protection Center’s website at https://www.psoppc.org/psoppc_web/publicpages/commonFormatsOverview.

The purpose of this notice is to announce a meeting to discuss implementation of the Common Formats with software developers and other interested parties. This meeting is

designed as an interactive forum where software developers can provide input on use of the formats. AHRQ especially requests participation by and input from those entities which have used AHRQ’s technical specifications and implemented, or plan to implement, the Common Formats electronically.

DATES: The meeting will be held from 2 to 2:30 p.m. Eastern on Thursday, September 15, 2022.

ADDRESSES: The meeting will be held virtually.

FOR FURTHER INFORMATION CONTACT: Dr. Hamid Jalal, Medical Officer, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, Rockville, MD 20857; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: psa@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety and Quality Improvement Act of 2005, 42 U.S.C. 299b–21 to 299b–26 (Patient Safety Act), and the related Patient Safety and Quality Improvement Final Rule, 42 CFR part 3 (Patient Safety Rule), published in the **Federal Register** on November 21, 2008, 73 FR 70731–70814, provide for the Federal listing of Patient Safety Organizations (PSOs), which collect, aggregate, and analyze confidential information (patient safety