

Patient Safety PSO, P0197, was delisted effective at 12:00 Midnight ET (2400) on October 1, 2023.

More information on PSOs can be obtained through AHRQ's PSO website at <http://www.pso.ahrq.gov>.

Dated: September 29, 2023.

Marquita Cullom,
Associate Director.

[FR Doc. 2023-22076 Filed 10-3-23; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Mental Health and Occupational Stress in the Emergency Medical Service and 911 Workforce

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for supplemental evidence and data submissions.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review on *Mental Health and Occupational Stress in the Emergency Medical Service and 911 Workforce*, which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before November 3, 2023.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857

Shipping Address (FedEx, UPS, etc.):

Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857

FOR FURTHER INFORMATION CONTACT:

Kelly Carper, Telephone: 301-427-1656 or Email: epc@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC)

Program to complete a review of the evidence for *Mental Health and Occupational Stress in the Emergency Medical Service and 911 Workforce*. AHRQ is conducting this review pursuant to Section 902 of the Public Health Service Act, 42 U.S.C. 299a.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (e.g., details of studies conducted). We are looking for studies that report on *Mental Health and Occupational Stress in the Emergency Medical Service and 911 Workforce*. The entire research protocol is available online at: <https://effectivehealthcare.ahrq.gov/products/ems-911-workforce-mental-health/protocol>.

This is to notify the public that the EPC Program would find the following information on *Mental Health and Occupational Stress in the Emergency Medical Service and 911 Workforce* helpful:

- A list of completed studies that your organization has sponsored for this topic. In the list, please indicate whether results are available on *ClinicalTrials.gov* along with the *ClinicalTrials.gov* trial number.

- For completed studies that do not have results on *ClinicalTrials.gov*, a summary, including the following elements, if relevant: study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.

- A list of ongoing studies that your organization has sponsored for this topic. In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including, if relevant, a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.

- Description of whether the above studies constitute *ALL Phase II and above clinical trials* sponsored by your organization for this topic and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered

confidential; marketing materials; study types not included in the review; or information on topics not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the email list at: <https://www.effectivehealthcare.ahrq.gov/email-updates>.

The review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Key Questions (KQ)

KQ 1: What are the incidence, prevalence, and severity of mental health issues (depression, anxiety, PTSD, suicidality, and substance use disorders) and occupational stress issues (burnout, stress, and moral injury) among the EMS and the 911 workforce?

- a. Are the incidence, prevalence, and severity modified by:

- i. Agency composition including workflow, regulations, financing?
- ii. Characteristics of EMS and 911 personnel (e.g., education/training, proficiency, experience, trauma exposure)?

- iii. Physical and mental health resources?

KQ 2: What are the effectiveness and comparative effectiveness, including benefits and harms, of interventions addressing mental health issues (depression, anxiety, PTSD, suicidality, and substance use disorders) and occupational stress issues (burnout, stress, and moral injury) among the EMS and 911 workforce?

- a. Are the effectiveness of the interventions modified by:

- i. Intervention type?
- ii. Characteristics of EMS and 911 personnel (e.g., education/training, proficiency, experience)?

- iii. EMS/911 agency characteristics including workflow, regulations, financing?

- iv. Physical and mental health resources?

KQ 3: What are the context and implementation factors of studies with effective EMS/911 workforce practices to prevent, recognize and treat mental health issues (depression, anxiety, PTSD, suicidality, and substance use disorders) and occupational stress issues (burnout, stress, and moral

injury)? This description might include distinguishing factors such as workforce training, surveillance, resilience training, occupational health services, peer-to-peer support, preparedness for trauma exposure, and program funding.

KQ 4: What future research is needed to close existing evidence gaps regarding preventing, recognizing, and treating mental health issues (depression, anxiety, PTSD, suicidality, and substance use disorders) and

occupational stress issues (burnout, stress, and moral injury) in the EMS/911 workforce?

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PICOTS (Populations, Interventions, Comparators, Outcomes, Timing, and Setting)

Element	Key Question 1	Key Question 2	Key Question 3
Population	EMS/911 workforce ○ Field responders (either ground or air personnel, either civilian or military personnel, based either in the field [e.g., street corners] or non-field (e.g., station, hospital) ▪ Paramedics, including firefighter paramedics, flight medics, critical care paramedics ▪ Firefighters, including firefighter-non-transport ▪ Emergency medical technicians (EMTs), including advanced EMTs (AEMTs) and firefighter-EMTs, flight EMTs ▪ Emergency medical responders (EMRs) ▪ Field response physicians ▪ Field response nurses ▪ Field response advance practice providers (APPs) ▪ EMS medical directors ○ Public safety telecommunicators (911 call takers and dispatchers)		
Interventions	Not applicable	● Interventions intended to address mental health issues (depression, anxiety, PTSD, suicidality, and substance use disorders) and occupational stress issues (burnout, stress, and moral injury) in the EMS/911 workforce ● Interventions must target promotion of at least one of the following ○ Resistance ○ Resilience ● Interventions can be any of the following: ○ Individual-level, organizational, system-wide (local/state/national), or combined ○ Critical incident stress management (CISM), subacute coping/stress management, or long-term stress management interventions	
Comparators	Not applicable	● Other interventions ● Less intensive version of the same intervention ● Standard of care (as defined in individual studies) ● No intervention	

Outcomes	● Incidence of behavioral health issue or occupational stress ● Prevalence of behavioral health issue or occupational stress ● Severity of behavioral health issue or occupational stress	○ Social connection or support ○ Coping mechanisms ○ Help-seeking behaviors: Use of mental health counselors, Employee Assistance Program (EAP), or peer support ○ Hospitalizations ○ Complaints from patients ○ Burnout ○ Sleep deprivation ○ Overtime or excessive hours worked ○ Resistance ○ Resilience ○ Relationship or family issues ○ Anxiety ○ Depression ○ PTSD ○ Substance use ○ Suicidality ○ Withdrawal from EMS/911 workforce (e.g., job/job location changes) ○ Unintended harms of intervention	
Study Designs	● Cross-sectional studies ● Cohort studies	● Randomized controlled trials (RCTs) ● Non-randomized comparative studies ○ Non-randomized controlled trials ○ Observational cohort studies with a comparison group ● Pre-post studies	● RCTs ● Non-randomized comparative studies ○ Non-randomized controlled trials ○ Observational cohort studies with a comparison group ○ Pre-post studies - Implementation studies without a comparison group

Contextual Factors	• Individual-level factors ○ Demographics (e.g., age, sex, race, ethnicity) ○ Workforce type (EMS vs. 911) ○ Education/training, proficiency, experience/career stage, trauma exposure ○ People with self-identified burnout, occupational stress, moral injury, or who may be at increased risk for mental or behavioral health issues • Agency factors ○ Agency size ○ Agency location (urban vs. suburban vs. rural) ○ Shift characteristics (e.g., duration, frequency, timing, predictability) ○ Workflow (e.g., role conflict, role ambiguity, warnings before psychological exposures) ○ Regulations ○ Financing ○ Availability of mental health resources • Intervention factors ○ Intervention level (individual, organizational, system-wide [local/state/national], or combined) ○ Intervention target (CISM, subacute coping/stress management, or long-term stress management)
Timing	• 2001 to current
Setting	• Prehospital • Public Safety Answering Point (PSAP) or Emergency Communication Center (ECC) • Emergency department • Any high-income country (according to World Bank Criteria)

Dated: September 28, 2023.

Marquita Cullom,
Associate Director.

[FR Doc. 2023–21915 Filed 10–3–23; 8:45 am]

BILLING CODE 4160–90–C

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 3.0 Training Assessment.” In accordance with the Paperwork Reduction Act of 1995, AHRQ invites the public to comment on this proposed information collection.

DATES: Comments on this notice must be received by December 4, 2023.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at doris.lefkowitz@AHRQ.hhs.gov.

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 3.0 Training Assessment

In 2006 the Agency for Healthcare Research and Quality (AHRQ) and the Department of Defense developed Strategies & Tools to Enhance

Performance and Patient Safety, or TeamSTEPPS®, an evidence-based patient safety program. 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. Given the advancements in health information technology, changes in how care is delivered and a recent emphasis on engaging patients and families as members of the healthcare team, the TeamSTEPPS curriculum was significantly refreshed in 2023 and made into a singular comprehensive program to better support teams in improving their communication skills and collaboration.

The updated TeamSTEPPS training will now be implemented in different settings of various large and small