EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate* ($)	Total cost burden ($)
1. Structural Assessment	500	200	[a] 98.83	19,766
2. Team Antibiotic Review Form	333	5,994	[a] 98.83	592,387
3. SOPS				
a. HSOPS	4,167	4,167	[b] 27.87	116,134
b. NHSOPS	4,167	4,167	[b] 27.87	116,134
c. MOSOPS	4,167	4,167	[b] 27.87	116,134
4. Semi-structured qualitative interviews (Physicians—line 1; Other Health Practitioners—line 2	30	60	[a] 98.83	5,930
	60	120	[b] 27.87	3,344
5. EHR data	500	3,000	[b] 27.87	83,610
Total	13,924	21,875	N/A	1,053,439

National Compensation Survey: Occupational wages in the United States May 2016 "U.S. Department of Labor, Bureau of Labor Statistics:" *http://www.bls.gov/oes/current/oes_stru.htm*
[a] Based on the mean wages for *29–1069 Physicians and Surgeons, All Other*
[b] Based on the mean wages for *29–9099 Miscellaneous Health Practitioners and Technical Workers: Healthcare Practitioners and Technical Workers, All Other*

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.

Sharon B. Arnold,
Deputy Director.
[FR Doc. 2017–15796 Filed 7–26–17; 8:45 am]
BILLING CODE 4160–90–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 "*Implementation of TeamSTEPPS in Primary Care Settings (ITS–PC).*" This proposed information collection was previously published in the **Federal Register** on May 5, 2017 and allowed 60 days for public comment. No substantive comments were received.

DATES: Comments on this notice must be received by August 28, 2017.

ADDRESSES: Written comments should be submitted to: AHRQ's OMB Desk Officer by fax at (202) 395–6974 (attention: AHRQ's desk officer) or by email at *OIRA_submission@omb.eop.gov* (attention: AHRQ's desk 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

"*Implementation of TeamSTEPPS in Primary Care Settings (ITS–PC)*"

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection. As part of its effort to fulfill its mission, AHRQ, in collaboration with the Department of Defense's (DoD) Tricare Management Activity, developed TeamSTEPPS® (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 toolkits which are all tied to, or are variants of, the core curriculum. In addition to 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.

Created in 2007, AHRQ's National Implementation Program has trained Master Trainers who have stimulated the use and adoption of TeamSTEPPS in health care delivery systems. These individuals were trained 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 user networks, various educational venues and other channels of learning for continued support and the improvement of teamwork in health care. Since the inception of the National Implementation Program, AHRQ has trained more than 8,000 participants to serve as TeamSTEPPS Master Trainers.

Most of the participants in these training programs come from hospital settings, because the TeamSTEPPS core curriculum is most aligned with that context. Given the success of the National Implementation Program in hospital settings, AHRQ launched an effort to provide TeamSTEPPS training to primary care health professionals using the TeamSTEPPS in Primary Care version of the curriculum, which is now referred to as ''TeamSTEPPS for Office-Based Care.''

Under this new initiative, primary care practice facilitators will be trained through online instruction. Upon completion of the course, these individuals will be Master Trainers who will train the staff at primary care practices and implement or support the implementation of TeamSTEPPS tools and strategies in primary care practices.

As part of this initiative, AHRQ seeks to conduct an evaluation of the TeamSTEPPS for Office-Based Care training program. This evaluation seeks to understand the effectiveness of the TeamSTEPPS for Office-Based Care training and how trained practice facilitators implement TeamSTEPPS in primary care practices.

This research has the following goals:

(1) Conduct a formative assessment of the TeamSTEPPS for Office-Based Care training program to determine what revisions and improvement 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 in primary care settings.

This study is being conducted by AHRQ through its contractor, the Health Research & Educational Trust and its subcontractor, IMPAQ International, 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

This is a continuation of data collection for the purpose of conducting an evaluation of the TeamSTEPPS for Office-Based Care training program. The evaluation is formative in nature as AHRQ seeks information to improve the delivery of the online training.

To conduct the evaluation, the *TeamSTEPPS for Office-Based Care Post-Training Survey* will be administered to all individuals who complete the TeamSTEPPS for Office-Based Care training six months after training.

The *TeamSTEPPS for Office-Based Care Post-Training Survey* will be administered via the Web to participants.

In order to reduce respondent burden, the training participant questionnaire will be administered via the Web. Participant information acquired by HRET and its partner Reingold, Inc. when participants enroll in the TeamSTEPPS for Office-Based Care training program will be used to develop the distribution lists. Each potential respondent will receive up to five email communications to encourage participation (*i.e.,* an advance notice of the questionnaire, an initial invitation to complete the questionnaire, and three follow-up emails to remind respondents to complete the questionnaire).

Using an online system for data collection, rather than administering a paper-based questionnaire, will make completing and submitting the questionnaire less time consuming for respondents. Any skip patterns included in the questionnaire (*i.e.,* questions that are appropriate only for a subset of the respondents) will be automatically programmed into the Web-based form of the questionnaire, thereby eliminating any confusion during questionnaire completion. In addition, the contractors can also ensure that important items are not inadvertently skipped or ignored by setting software requirements to ensure proper completion of questionnaires based on specific respondent selections.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in the study. The *TeamSTEPPS for Office-Based Care Post-Training Survey* will be completed by approximately 600 individuals per year. We estimate that each respondent will require 20 minutes to complete the survey. The total annualized burden is estimated to be 200 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 $24,944.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
TeamSTEPPS for Office-Based Care Post-Training Survey	600	1	20/60	200
Total	600	NA	NA	200

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
TeamSTEPPS for Office-Based Care Post-Training Survey	600	200	$96.54	$19,308
Total	600	200	96.54	19,308

* Based on the mean hourly wage for Family and General Practitioners (29–1062) presented in the National Compensation Survey: Occupational Wages in the United States, May 2016, U.S. Department of Labor, Bureau of Labor Statistics (*https://www.bls.gov/oes/current/oes_nat.htm*).

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.

Sharon B. Arnold,

Deputy Director.

[FR Doc. 2017–15798 Filed 7–26–17; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Proposed Projects

Title: Federal Case Registry (FCR)

OMB No.: 0970–0421.

Description: Established within the Federal Parent Locator Service (FPLS) on October 1, 1998, the Federal Case Registry (FCR) is a database that contains basic case and participant data from each of the State Case Registries (SCRs). The SCRs are central registries of child support cases and orders in each state.

The FCR is a national database that includes all child support cases handled by state child support agencies (referred to as IV–D cases), and all support orders established or modified on or after October 1, 1998 (referred to as non-IV–D orders). It assists states in locating parties that live in different states to establish, modify, or enforce child support obligations; establish paternity; enforce state law regarding parental kidnapping; and establish or enforce child custody or visitation determinations.

When a state sends the FCR information about persons in a new case or child support order, this new information is automatically compared to existing person information in the FCR. If matches are found, the FPLS notifies all appropriate state child support enforcement agencies of the record match. In this way, a state will know if another state has a case or support order with participants in common with it, and can take appropriate action.

The information collection activities pertaining to the FCR are authorized by: (1) 42 U.S.C. 653(h), requiring the establishment of the Federal Case Registry (FCR) within the Federal Parent Locator Service (FPLS). (2) 42 U.S.C. 654A(e), requiring State child support agencies to include a State Case Registry (SCR) in the state's automated system. (3) 42 U.S.C. 654A(f)(1), requiring states to conduct information comparison activities between the SCR and the FCR.

Respondents: State Child Support Agencies.

ANNUAL BURDEN ESTIMATES

Information collection title	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
Federal Case Registry	54	[1] 151	2 minutes [2]	272
Total	....	....	....	272

[1] Number of responses per respondent is based on the assumption that half of the states submit weekly (52 responses) and half submit daily (250 responses).

[2] Estimated transmission time is 2 minutes. For the hourly calculation, use 2/60.

Estimated Total Annual Burden Hours: 272.

Additional Information: Copies of the proposed collection may be obtained by writing to the Administration for Children and Families, Office of Planning, Research and Evaluation, 330 C Street SW., Washington, DC 20201, Attention Reports Clearance Officer. All requests should be identified by the information collection. Email address: *infocollection@acf.hhs.gov.*

OMB Comment: OMB is required to make a decision concerning the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication. Written

comments and recommendations for the proposed information collection should be sent directly to the following: Office of Management and Budget, Paperwork Reduction Project, Email: *OIRA_SUBMISSION@OMB.EOP.GOV,* Attn: Desk Officer for the Administration for Children and Families.

Bob Sargis,

Reports Clearance Officer.

[FR Doc. 2017–15822 Filed 7–26–17; 8:45 am]

BILLING CODE 4184–41–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Office of the Commissioner; Statement of Organization, Functions, and Delegations of Authority

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA), Office of the Medical Products and Tobacco (OMPT), has modified its structure. This new organizational structure was approved by the Secretary of Health and Human Services on December 22, 2016, and became effective on that date.