

aim to administer the surveys in large, medium and small hospitals.

Mandate for Data Collection; Sponsorship

In the Fiscal Year 2002 Senate Appropriations Report for the Departments of Labor, HHS, and Education (Report—107–84), AHRQ was given the following congressional direction:

The Committee further directs AHRQ to provide a report detailing the results of its efforts to reduce medical errors. The report should include how hospitals and other healthcare facilities are reducing medical errors; how these strategies are being shared among health care professionals; how many hospitals and other health care facilities record and track medical errors; how medical error information is used to improve patient safety; what types of incentives and/or disincentives have helped health care professionals reduce medical errors and; a list of the most common root causes of medical errors.

This project is an AHRQ-funded activity as part of its Patient Safety Evaluation Contract.

Method of Collection

The survey and data collection procedures have been previously piloted (under OMB #0935–0114 which expired 01/31/2004). The survey mode will be an initial survey with two waves of mailed follow-ups as needed, and a Computer-Assisted Telephone Interviewing (CATI) telephone survey follow-up for the remaining non-responders.

The CATI survey will be tested by survey coordinators at the RAND Survey Research Group prior to fielding to ensure that the questionnaire items appear on the interviewer computer screens as designed, that appropriate range checks are programmed (so that interviewers cannot enter out of range values), that skip patterns are programmed appropriately, and that the data recording is being done correctly. The survey will take approximately 25 minutes to complete. The steps in the process are as follows:

1. For each hospital, telephone interviewers will contact the hospital and “screen” for the Risk Manager’s name, direct telephone number, and FAX number and will verify the hospital’s mailing address. The initial hospital information will come from the 2002 AHA database.

2. All confirmed Risk Managers will receive an advance letter and a copy of the survey in the mail.

3. A reminder letter will be sent to those who have not returned the survey within 2 weeks of the initial mailing, and a re-mail of a the survey will be sent 2 weeks after the reminder letter is sent.

4. If a survey has not been returned after the second re-mail, then a telephone interviewer will attempt to complete the survey with the Risk Manager over the telephone. The interviewer will record responses electronically using specially prepared software.

5. It is anticipated that there will be a follow-up survey (using a similar survey strategy) administered 2 or 3 years later.

Estimated Annual Respondent Burden

It is estimated that 960 Risk Managers will participate in the 25 minute national study. This yields a 403.2 hour burden per year and at an estimated \$27.10 per hour, the annualized cost to the surveyed 960 (approximately 1000) hospitals would be a total of \$10,926.72 or about \$11.38 each. The figures are summarized in the table below:

Type of respondent	Number of respondents	Estimated time per respondent in hours	Estimated total burden hours	Estimated annual cost to each hospital
Risk Manager	960	.42 (25 minutes)	403.20	\$11.38

Request for Comments

In accordance with the above-cited Paperwork Reduction Act legislation, comments on the AHRQ information collection proposal are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of functions of the Agency, including whether the information will have practical utility; (b) the accuracy of the Agency’s estimate of the burden (including hours and costs) of the proposed collection 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 on 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 request for OMB approval of the proposed information

collection. All comments will become a matter of public record.

Dated: March 10, 2005.
Carolyn M. Clancy,
Director.
[FR Doc. 05–6172 Filed 3–28–05; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Meeting of the National Advisory Council for Healthcare Research and Quality

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

ACTION: Notice of public meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of

the National Advisory Council for Healthcare Research and Quality.

DATES: The meeting will be held on Friday, April 15, 2005, from 9 a.m. to 4 p.m. The morning session (9 a.m.–12 p.m.) is open to the public. The afternoon session 12:01 p.m. to 4 p.m. will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications are to be discussed at this meeting. These discussions are likely to include personal information concerning individuals associated with the applications, confidential research designs and potentially proprietary information. This information is exempt from mandatory disclosure under the above-cited statutes.

ADDRESSES: The meeting will be held at the John Eisenberg Room (800) of the Hubert H. Humphrey Building, Department of Health and Human

Services, 200 Independence Avenue, SW., Washington, DC.

FOR FURTHER INFORMATION CONTACT:

Deborah Queenan, Coordinator of the Advisory Council, at the Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland, 20850, (301) 427-1330. For press-related information, please contact Karen Migdail at (301) 427-1855.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, on (301) 443-1144 no later than April 8, 2005. Agenda, roster, and minutes are available from Ms. Bonnie Campbell, Committee Management Officer, Agency for Healthcare Quality and Research, 540 Gaither Road, Rockville, Maryland 20850. Her phone number is (301) 427-1554.

SUPPLEMENTARY INFORMATION:

I. Purpose

Section 921 of the Public Health Service Act (42 U.S.C. 299c) established the National Advisory Council for Healthcare Research and Quality. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director, Agency for Healthcare Research and Quality (AHRQ), on matters related to actions of the Agency to enhance the quality, improve the outcomes, reduce the costs of health care services, improve access to such services through scientific research, and to promote improvements in clinical practice and in the organization, financing, and delivery of health care services.

The Council is composed of members of the public appointed by the Secretary and Federal ex-officio members.

II. Agenda

On Friday, April 15, 2005, the meeting will begin at 9 a.m., with the call to order by the Council Chair. The Director, AHRQ, will present the status of the Agency's current research, programs, and initiatives and a discussion of strategic planning. The public portion of the meeting will adjourn at 12 p.m. The official agenda will be available on AHRQ's Web site at www.ahrq.gov no later than April 8, 2005.

Dated: March 22, 2005.

Carolyn M. Clancy,
Director.

[FR Doc. 05-6171 Filed 3-28-05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration on Aging

Agency Information Collection Activities; Proposed Collection; Comment Request; State Annual Long-Term Care Ombudsman Report and Instructions for Older Americans Act Title VII

AGENCY: Administration on Aging, HHS.

ACTION: Notice.

SUMMARY: The Administration on Aging (AoA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the information collection requirements relating to State Annual Long-Term Care Ombudsman Report and instructions for Older Americans Act Title VII.

DATES: Submit written or electronic comments on the collection of information by May 31, 2005.

ADDRESSES: Submit electronic comments on the collection of information to: sue.wheaton@aoa.gov.

Submit written comments on the collection of information to: Administration on Aging, Washington, DC 20201. Attention: Sue Wheaton.

FOR FURTHER INFORMATION CONTACT: Sue Wheaton, telephone: (202) 357-3587; e-mail: sue.wheaton@aoa.gov.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. "Collection of information" is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency request or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, AoA is publishing notice of the proposed collection of

information set forth in this document. With respect to the following collection of information, AoA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of AoA's functions, including whether the information will have practical utility; (2) the accuracy of AoA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques when appropriate, and other forms of information technology.

The reporting system, the National Ombudsman Reporting System (NORS), was developed in response to the needs and directives pertaining to the Long Term Care Ombudsman Program and approved by the Office of Management and Budget for use in FY 1995-96, and extended with slight modifications for use in FY 1997-2001 and again for FY 2002-2006.

This request is to continue the use of the existing information collection, State Annual Long-Term Care Ombudsman Report (and Instructions), from Older Americans Act Title VII grantees. Under section 712(c), section 712(h)(1) and section 712(h)(B) of the Older Americans Act, as amended, states are required to provide information on ombudsmen activities to AoA, which AoA is then required to present to Congress. We are currently working with the states and local Ombudsmen on recommendations to revise and update the form and instructions for use beginning in FY 2007.

The reporting form would retain the following elements: A profile of the cases, complainants and complaints by type of facility; action taken on the complaints; a summary of long-term care issues; a detailed profile of the program and its activities, including the number and type of facilities licensed and operating in the state (and the number beds this represents); the staffing and funding of local programs; and an overview of other ombudsman activities (including: Training, technical assistance, consultation to organizations and individuals, resident visitation, community education, etc.)

AoA estimates the burden of this collection of information as follows: Approximately one and one-half hour per respondent with 52 State Agencies on Aging responding annually.