

otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 5, 2008.

**A. Federal Reserve Bank of St. Louis** (Glenda Wilson, Community Affairs Officer) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *Hancock Bancorp, Inc. Hawesville, Kentucky*; to acquire 100 percent of the voting shares of Community First Bancorp, Inc., Madisonville, Kentucky, and thereby indirectly acquire Community First Bank, Madisonville, Kentucky, and engage in operating a savings association pursuant to section 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, January 16, 2008.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E8-976 Filed 1-18-08; 8:45 am]

BILLING CODE 6210-01-S

## FEDERAL RESERVE SYSTEM

### Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of

Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than February 15, 2008.

**A. Federal Reserve Bank of St. Louis** (Glenda Wilson, Community Affairs Officer) 411 Locust Street, St. Louis, Missouri 63166-2034:

1. *Hancock Bancorp, Inc. Hawesville, Kentucky*; to acquire 100 percent of the voting shares of Community First Bancorp, Inc., Madisonville, Kentucky, and thereby indirectly acquire Community First Bank, Madisonville, Kentucky, and engage in operating a savings association pursuant to section 225.28(b)(4)(ii) of Regulation Y.

Board of Governors of the Federal Reserve System, January 16, 2008.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E8-985 Filed 1-18-08; 8:45 am]

BILLING CODE 6210-01-S

## 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: "Assessment of the Emergency Severity Index (ESI)." In accordance with the Paperwork Reduction Act of 1995, Public Law 104-13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by March 24, 2008.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by e-mail at [doris.lefkowitz@ahrq.hhs.gov](mailto: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 e-mail at [doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### Proposed Project

"Assessment of the Emergency Severity Index (ESI)"

AHRQ is proposing to examine uptake and use of an emergency room triage tool, the Emergency Severity Index (ESI). The hospital emergency department (ED) represents a critical point in care delivery for patients across the United States. Over the past decade, however, the dramatic influx of patients into EDs has seriously challenged the ability of these departments to deliver timely, quality, and safe emergency health care services. Moreover, with most emergency departments operating at or over capacity it may prove difficult for them to respond to the surge in emergency room demand created by natural and man-made disasters. Development of increasingly refined and validated triage methods is one potential key to addressing overcrowding by speeding up the care delivery to the most acute ED patients while helping hospitals assess, carefully allocate and plan the amount of human and other resources needed to care for all patients.

In response to a need to standardize the triage process and improve the flow of patients, Richard C. Wuerz, M.D., (Department of Emergency Medicine at the Brigham and Women's Hospital and the Harvard Medical School) and David R. Eitel, M.D., (Department of Emergency Medicine, The York Hospital WellSpan Health System) initiated development of the Emergency Severity Index (ESI) in 1995. The ESI is unique in its focus on appropriate resource allocation and its consideration of necessary resource utilization in assigning acuity. To encourage adoption of the ESI, AHRQ developed an implementation handbook (Emergency Severity Index, Version 4) and companion DVDs. These materials are intended to provide hospitals and triage nurses with background on why they might want to implement the ESI as a triage tool, and offers recommendations on the implementation process and staff training.

This project will assess the product's acceptance by emergency departments and others involved in addressing medical surges to better understand the usefulness of the ESI compared to other

similar tools. It will focus on the satisfaction with the product's presentation, content, and clarity; extent to which the product has improved emergency services and surge preparation; and the improvements users would like to see in the next version of this product. This will be accomplished through (1) developing and implementing an electronic and paper-based survey targeting emergency department professionals assessing the satisfaction with the ESI's content, clarity and actual use of the system in everyday emergency departments, and (2) convening focus groups of ED professionals to identify characteristics that might predict uptake and use of this system in participating emergency departments.

**Method of Collection**

*Survey:* A randomly selected sample of 600 ED professionals from the

database AHRQ maintains of individuals and organizations that requested a copy of the ESI tools will be contacted to participate in the survey. Where a phone number has been provided, we will do a reverse telephone number search to identify the mailing address of the requestor and conduct a mail survey with telephone follow-up. For those who have provided an e-mail address, we will send a link to a web survey. Telephone and e-mail prompts will be sent after two weeks to those who have not yet completed the questionnaire, followed by two additional reminders sent three weeks apart. The expected response rate of 80 percent will result in 480 respondents to the survey with approximately half from ED physicians and half from ED nurses.

*Focus Groups:* Focus groups will be conducted to gauge ED managers' and clinicians' awareness of the ESI tool as

well as AHRQ's role in ED surge planning and preparation. To the extent that we are able to identify a subgroup of ED representatives who are aware of the ESI tool but have chosen not to utilize it in their emergency departments, focus groups may also be useful to gather information on why these organizations opted not to employ the ESI. In order to facilitate communication among focus group participants and ensure that responses address the key issues identified in the focus group guide, we will limit participation in each focus group meeting to between six and eight individuals. A total of four focus group meetings will be held, including two meetings each with ED medical directors, and ED triage nurses.

**Estimated Annual Respondent Burden**

**EXHIBIT 1.—ESTIMATED ANNUALIZED BURDEN HOURS**

Data collection effort	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
ED professionals survey .....	480	1	30/60	240
ED professionals focus groups .....	32	1	1.5	48
Total .....	512	na	na	288

**EXHIBIT 2.—ESTIMATED ANNUALIZED COST BURDEN**

Data collection effort	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
ED professionals survey .....	480	240	\$43.93	\$10,544
ED professionals focus groups .....	32	48	43.93	2,109
Total .....	512	288	na	12,653

\* Based upon the mean of the average wages of ED physicians and nurses, National Compensation Survey: Occupational wages in the United States 2006, "U.S. Department of Labor, Bureau of Labor Statistics."

This information collection will not impose a cost burden on respondents beyond that associated with their time to provide the required data. There will be no additional costs for capital equipment, software, computer services, etc.

**Estimated Annual Costs to the Federal Government**

Developing and implementing the survey, \$183,305.

Developing and conducting focus groups, \$69,669.

Analyzing the data and report production, \$26,172.

Associated personnel costs, \$17,073.

The total cost to the government for this activity is estimated to be \$296,219.

**Request for Comments**

In accordance with the above-cited Paperwork Reduction Act legislation, 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.

Dated: January 14, 2008.

**Carolyn M. Clancy,**

*Director.*

[FR Doc. 08-170 Filed 1-18-08; 8:45 am]

**BILLING CODE 4160-90-M**