in the pilot project. Interviews will be conducted by phone using open-ended questions to determine coalition strengths, weaknesses, and barriers to coalition building and strategic planning efforts. Each interview will take 30 minutes. The capacity building surveys will be conducted with all members of the pilot project coalitions. These surveys will determine changes in the capacity of partner organizations associated with pilot coalitions and are expected to take 30 minutes to complete. The implementation interviews and coalition capacity surveys will be conducted at the beginning of the pilot period as a baseline measure and again at the end of the 12-month pilot period. The baseline information will assist CDC in tailoring technical assistance that might be required by the pilot communities. The evaluation will then utilize these baseline measures along with the information collected during the pilot to assess the Web site's success at supporting the development of community-wide youth violence prevention coalitions and subsequent strategic planning.

The pre-post research design of the evaluation will aid CDC in assessing the changes in knowledge, attitudes, and resource capacity associated with the NYVPRC Web site and will inform revision of the Web site materials for a future nationwide launch. There is no cost to respondents for any of these surveys.

ESTIMATED ANNUALIZED BURDEN HOURS

| Respondents | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|---|---|---|---|---|
| Online Training Survey | 400 | 1 | 15/60 | 100 |
| User Feedback Survey | 1000 | 1 | 5/60 | 83 |
| Partner Survey | 120 | 2 | 30/60 | 120 |
| Coalition Capacity Survey | 50 | 2 | 30/60 | 50 |
| Total | | | | 353 |

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**Maryam I. Daneshvar,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day–08–0278]**

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

National Hospital Ambulatory Medical Care Survey [OMB No. 0920–0278]—Revision—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

The National Hospital Ambulatory Medical Care Survey (NHAMCS) has been conducted annually since 1992. The purpose of NHAMCS is to meet the needs and demands for statistical information about the provision of ambulatory medical care services in the United States. Ambulatory services are rendered in a wide variety of settings, including physicians' offices and hospital outpatient and emergency departments. The target of the NHAMCS to date has been in-person visits made to outpatient departments (OPDs) and emergency departments (EDs) of non-Federal, short stay hospitals (hospitals with an average length of stay of less than 30 days) or those whose specialty is general (medical or surgical) or children's general.

This revision is to transfer data gathering from the previously conducted National Survey of Ambulatory Surgery (NSAS) (OMB No. 0920–0334) to NHAMCS. After the 1994–1996 NSAS, funds were not available to gather this important, and much sought after, data until 2006. Due to a lack of funds it has not been possible to conduct an independent NSAS since that time and so, for 2009, NCHS proposes to begin the expansion of NHAMCS data gathering to include hospital-based ambulatory surgery centers (ASCs). Beginning in 2010, NCHS plans to seek OMB approval to expand NHAMCS to also include free-standing ASCs. The objective of this new collection will be to collect data about ambulatory surgery centers, the patients they serve, and the services they deliver. It will remain the principal source of data on ambulatory surgery center services in the United States. It has been the benchmark against which special programmatic data sources are compared. NHAMCS ASC data that will be collected include patient characteristics, diagnoses, surgical and nonsurgical procedures, provider and type of anesthesia, time in and out of surgery and postoperative care, and discharge disposition.

Users of NHAMCS data include, but are not limited to, congressional offices, Federal agencies, state and local governments, schools of public health, colleges and universities, private industry, nonprofit foundations, professional associations, clinicians, researchers, administrators, and health planners. There are no costs to the respondents other than their time. The total estimated annualized burden hours are 9,186.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondent | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|---|
| Hospital Chief Medical Officer | Hospital Induction (NHAMCS–101) | 470 | 1 | 55/60 |
| Ancillary Service Executive | Ambulatory Unit Induction (NHAMCS–101/U) | 845 | 2 | 1 |
| Physician/Registered Nurse/Medical Record Clerk. | ED Patient Record form NHAMCS–100 (ED)] | 220 | 100 | 7/60 |
| Medical Record Clerk | Pulling and re-filing Patient Records | 393 | 132 | 1/60 |
| Physician/Registered Nurse/Medical Record Clerk. | OPD Patient Record form [NHAMCS–100 (OPD)]. | 125 | 200 | 6/60 |
| Physician/Phys. Asst./Nurse Practitioner/ Nurse Midwife. | Cervical Cancer Screening Supplement (CCSS) (NHAMCS–906). | 250 | 1 | 15/60 |
| Physician/Registered Nurse/Medical Record Clerk. | ASC Patient Record form NHAMCS–100 (ASC). | 107 | 100 | 6/60 |

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30Day–08–0212]**

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

National Hospital Discharge Survey—Revision—The National Hospital Discharge Survey (NHDS) (OMB# 0920–0212), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Section 306 of the Public Health Service (PHS) Act (42 U.S.C. 242k), as amended, authorizes that the Secretary of Health and Human Services (DHHS), acting through NCHS, shall collect statistics on the extent and nature of illness and disability of the population of the United States. This three-year clearance request includes the data collection in 2008 and 2009 using the current NHDS design; a pretest of a new design; and data collection for 2010 and 2011 of the survey using the new design.

Current NHDS

The National Hospital Discharge Survey (NHDS) has been conducted continuously by the National Center for Health Statistics, CDC, since 1965. It is the principal source of data on inpatient utilization of short-stay, non-Federal hospitals and is the principal annual source of nationally representative estimates on the characteristics of discharges, the lengths of stay, diagnoses, surgical and non-surgical procedures, and the patterns of use of care in hospitals in various regions of the country. It is the benchmark against which special programmatic data sources are measured. The data items collected are the basic core of the variables contained in the Uniform Hospital Discharge Data Set (UHDDS) in addition to several variables (admission source and type, admitting diagnosis and present on admission indicators) which are identical to those needed for billing of inpatient services for Medicare patients. In the current survey, data are obtained in one of three ways: Abstracted by hospital staff; abstracted by Bureau of the Census Staff under an interagency agreement; and provided in electronic format. Due to budgetary constraints, the number of hospitals and the number of discharges for the 2008 and 2009 NHDS data collections will decrease by approximately 50% from previous years.

Redesigned NHDS

Although the current NHDS is still fulfilling its intended functions, it is based on concepts from the health care delivery system, as well as the hospital and patient universes, of previous decades. It has become clear that a redesign of the NHDS that provides greater depth of information is necessary.

In 2008, a sample of 30 hospitals will be selected for a pretest. These hospitals will not be a probability sample, but instead will be intentionally selected to include hospitals of differing size, location and other characteristics related to their service and patient clientele.

In 2010, a redesigned NHDS will be implemented and will consist of a completely new sample of approximately 240 hospitals. The redesigned NHDS will use a modified two stage design. The first stage sampling will be hospitals. The second stage of sampling will be discharges. A stratified, random sample of 120 discharges is targeted within each hospital. In the redesigned survey all data will be abstracted by trained health care staff under contract. All data will be obtained from hospital records and charts and computer systems.

The current data items will be collected with significant additional details. Patient level data items to be collected include personal identifiers such as social security number (last 4 digits), name and medical record number; clinical laboratory results such as hematocrit and white blood cell count; and financial billing and record data. The survey includes detailed questions for three modules: Acute myocardial infarction; infectious disease; and end of life issues. Facility level data items include demographic information, clinical capabilities, and financial information.

Users of NHDS data include, but are not limited to the CDC; the Congressional Research Office; the Office of the Assistant Secretary for Planning and Evaluation (ASPE); American Health Care Association, Centers for Medicare and Medicaid