positive for *C. difficile* toxin and abstract data on cases using a standardized case report form. For a subset of cases (*e.g.,* community-associated *C. difficile* cases) sites will administer a health interview. Remnant stool specimens from cases testing positive for *C. difficile* toxin will be submitted to reference laboratories for culturing, and isolates will be sent to CDC for confirmation and molecular typing. Outcomes of this surveillance project will include the population-based incidence of community- and healthcare-associated CDI among participating EIP sites, characterization of *C. difficile* strains that are responsible for CDI in the population under surveillance with a focus on strains from community-associated cases, a description of the epidemiology of community- and healthcare-associated CDI, and hypothesis-generation for future activities using EIP CDI surveillance infrastructure.

The proposed surveillance for CDI through the Emerging Infections Program will expand CDC capacity to monitor incidence of *C. difficile* in community and healthcare settings as well as to monitor and detect antimicrobial resistance. This activity supports the HHS Action Plan for elimination of healthcare-associated infections.

CDC estimates that a total of 7,650 CDI Surveillance Case Report Forms (CRFs) will be completed during a one-year study period on incident CDI cases within the EIP catchment area. Approximately 3,825 cases will require a completed CRF; the remaining 3,825 cases will only require a partially completed CRF. CDC estimates that 1,700 CDI Surveillance Health Interviews (HI) will be completed during a one-year study period. Surveillance Officers at the EIP sites will complete and submit the case report forms and health interviews. There are no costs to respondents.

ESTIMATES OF ANNUALIZED BURDEN

Form name	Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
CDI Surveillance Case Report Form—Complete.	EIP Surveillance Officer	10	383	1	3,830
CDI Surveillance Case Report Form—Partial.	EIP Surveillance Officer	10	382	15/60	955
CDI Surveillance Health Interview	EIP Surveillance Officer	10	170	45/60	1,275
Total					6,060

Dated: June 17, 2009.

Maryam I. Daneshvar,

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

[FR Doc. E9–14989 Filed 6–24–09; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, e-mail *paperwork@hrsa.gov* or call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) The proposed collection of information for the proper performance of the functions of the agency; (b) the accuracy of the agency's estimate of the burden 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 through the use of automated collection techniques or other forms of information technology.

Proposed Project: HRSA/Bureau of Primary Health Care Capital Improvement Program Application Electronic Health Records (EHR) Readiness Checklist (OMB No. 0915–0325)—Extension

The American Recovery and Reinvestment Act (ARRA) provides $1.5 billion in grants to support ''construction, renovation and equipment'', and ''the acquisition of health information technology systems, for health centers including health center controlled networks receiving operating grants under section 330'' of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b). HRSA is requesting extension of the approval of the Electronic Health Records (EHR) Readiness Checklist portion of the application where applicants must provide information to demonstrate readiness for electronic health records if they propose to use funds for electronic health record (EHR) related purchases. Of the $1.5 billion, HRSA will award approximately $850 million, through limited competition grants, for one-time Capital Improvement Program (CIP) grant funding in fiscal year (FY) 2009 to support existing section 330 funded health centers. Funding under this opportunity will address pressing capital improvement needs in health centers, such as construction, repair, renovation, and equipment purchases, including health information technology systems. Applicants must provide information using the EHR Readiness Checklist that demonstrates comprehensive planning and readiness for implementing EHRs.

The estimated annual burden is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
EHR Readiness Checklist	568	1	568	.25	142
Total	568		568		142

E-mail comments to *paperwork@hrsa.gov* or mail the HRSA Reports Clearance Officer, Room 10–33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 19, 2009.

Alexandra Huttinger,

Director, Division of Policy Review and Coordination.

[FR Doc. E9–14978 Filed 6–24–09; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Health Center Program

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice of Noncompetitive Replacement Award to Community Health Center of Richmond.

SUMMARY: The Health Resources and Services Administration (HRSA) will be transferring Health Center Program (section 330 of the Public Health Service Act) New Access Point funds originally awarded to William F. Ryan Community Health Center, Inc., to the Community Health Center of Richmond to ensure the provision of critical primary health care services to underserved populations in Staten Island, Richmond County, New York.

SUPPLEMENTARY INFORMATION:

Former Grantee of Record: William F. Ryan Community Health Center, Inc.

Original Period of Grant Support: March 1, 2009, to February 28, 2011.

Replacement Awardee: Community Health Center of Richmond.

Amount of Replacement Award: $1,300,000.

Period of Replacement Award: The period of support for the replacement award is March 1, 2009 to February 28, 2011.

Authority: Section 330 of the Public Health Service Act, 42 U.S.C. 245b.

CFDA Number: 93.703.

Justification for the Exception to Competition: The former grantee, William F. Ryan Community Health Center, Inc., notified HRSA that its original subrecipient, Community Health Center of Richmond, will directly initiate primary health care services in Staten Island to the more than 5,250 low income, underserved and uninsured individuals in the original service area, Staten Island, Richmond County, New York, as had been proposed in a funded New Access Point grant application.

Community Health Center of Richmond was identified as the provider of services on behalf of the William F. Ryan Community Health Center under the original application.

Community Health Center of Richmond is an experienced provider of care to the original target population, has a demonstrated record of compliance with the Health Center Program statutory and regulatory requirements, can provide primary health care services immediately, and is located in the same geographical area where the William F. Ryan Community Health Center, Inc.'s services were to have been provided.

Community Health Center of Richmond is a subrecipient of the former grantee and will be able to provide continuity of care to patients of the former grantee. This underserved target population has an immediate need for vital primary health care services and would be negatively impacted by any delay caused by a competition. As a result, in order to ensure that critical primary health care services are available to the original target population in a timely manner, this replacement award will not be competed.

FOR FURTHER INFORMATION CONTACT: Marquita Cullom-Stott via e-mail at *MCullom-Stott@hrsa.gov* or 301–594–4300.

Dated: June 18, 2009.

Mary K. Wakefield,

Administrator.

[FR Doc. E9–14980 Filed 6–24–09; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Request for Tools and Methods Used by Small- and Medium-Sized Practices for Analyzing and Redesigning Workflows Either Before or After Health Information Technology Implementation

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

ACTION: Notice of request for information.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request information from (1) small- and medium-sized practices about how they study or redesign their workflow, including information on the use of tools and methods for studying workflow, and (2) others (*e.g.,* experts, vendors, professional associations) that have developed, implemented and used tools and methods for studying workflow in the context of health IT implementation and use. Workflow is defined as the way work is performed and patient-related information is communicated within small- and medium-sized practices and between those practices and external organizations such as community pharmacies and local hospitals. It is our understanding that there is currently no standard description of workflows for care processes that can be used to guide decisions of where and how to incorporate health information technology. This Request for Information is part of a three-pronged effort to scan the environment, the literature and knowledgeable and interested parties to produce a useful list of resources that may assist small- and medium-sized medical practices and clinics to consider the utility and potential effectiveness of incorporating health IT into the way they practice and communicate patient information. The responses to this request for information will be considered for reference and possible incorporation into an electronic toolkit to be made available on the Internet to assist small- and medium-sized practices in analyzing or