

Item No.	Bureau	Subject
4 .....	Enforcement .....	Summary: The Commission will consider a Memorandum Opinion and Order that dismisses and denies a Petition for Reconsideration of a Forfeiture Order issued by the Commission for the deceptive marketing of prepaid calling cards. Title: NobelTel, LLC.
5 .....	Wireline Competition .....	Summary: The Commission will consider a Memorandum Opinion and Order that dismisses and denies a Petition for Reconsideration of a Forfeiture Order issued by the Commission for the deceptive marketing of prepaid calling cards. Title: Protecting the Privacy of Customers of Broadband and Other Telecommunications Services Alerts (WC Docket No. 16–106). Summary: The Commission will consider a Report and Order that applies the privacy requirements of the Communications Act to broadband Internet access service providers and other telecommunications services to provide broadband customers with the tools they need to make informed decisions about the use and sharing of their information by their broadband providers.

Federal Communications Commission.

**Marlene H. Dortch,**

Secretary.

[FR Doc. 2016–26197 Filed 10–28–16; 8:45 am]

**BILLING CODE 6712–01–P**

## FEDERAL RESERVE SYSTEM

### Change in Bank Control Notices; Acquisitions of Shares of a Bank or Bank Holding Company

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire shares of a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than November 15, 2016.

*A. Federal Reserve Bank of Chicago* (Colette A. Fried, Assistant Vice President) 230 South LaSalle Street, Chicago, Illinois 60690–1414:

1. *Blair M. Bowman, Brighton, Michigan, and Peter D. Scodeller, Beverly Hills, Michigan, together as a group acting in concert*; to acquire additional voting shares of Huron Valley Bancorp, Inc. and thereby indirectly acquire Huron Valley State Bank, both of Milford, Michigan.

*B. Federal Reserve Bank of Kansas City* (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198–0001:

1. *The Judy Svajgr Trust dated June 24, 1983, Cozad, Nebraska, the Judy Svajgr Trust dated March 20, 1997, Cozad, Nebraska, and Kirk Randal Riley, Cozad, Nebraska, individually and as voting representative of the foregoing trusts*; to acquire voting shares of Midwest Banco Corporation, and thereby indirectly acquire voting shares of First Bank and Trust Company, both of Cozad Nebraska. In addition, the Rebecca Akers Irrevocable Trust, Cozad, Nebraska, the Kevin Olson Irrevocable Trust, Cozad, Nebraska, the Keith Olson 2016 Irrevocable Family Trust, Colorado Springs, Colorado, along with Rebecca Anne Akers, Monument, Colorado, Kevin Edward Olson, Colorado Springs, Colorado, and Steven K. Mulliken, Colorado Springs, Colorado, request approval as members of the Olson/Svajgr group acting in concert to control Midwest Banco Corporation, and thereby own shares of First Bank and Trust Company, Cozad, Nebraska.

Board of Governors of the Federal Reserve System, October 26, 2016.

**Yao-Chin Chao,**

Assistant Secretary of the Board.

[FR Doc. 2016–26223 Filed 10–28–16; 8:45 am]

**BILLING CODE 6210–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Patient Safety Organizations: Voluntary Relinquishment From the Patient Safety Leadership Council PSO

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

**ACTION:** Notice of delisting.

**SUMMARY:** The Patient Safety and Quality Improvement Act of 2005, 42

U.S.C. 299b–21 to b–26, (Patient Safety Act) and the related Patient Safety and Quality Improvement Final Rule, 42 CFR part 3 (Patient Safety Rule), published in the **Federal Register** on November 21, 2008, 73 FR 70732–70814, establish a framework by which hospitals, doctors, and other health care providers may voluntarily report information to Patient Safety Organizations (PSOs), on a privileged and confidential basis, for the aggregation and analysis of patient safety events. The Patient Safety Rule authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be “delisted” by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO's listing expires. AHRQ has accepted a notification of voluntary relinquishment from the Patient Safety Leadership Council PSO of its status as a PSO, and has delisted the PSO accordingly. The Patient Safety Leadership Council PSO submitted this request for voluntary relinquishment after receiving a Notice of Preliminary Finding of Deficiency.

**DATES:** The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12:00 Midnight ET (2400) on September 30, 2016.

**ADDRESSES:** Both directories can be accessed electronically at the following HHS Web site: <http://www.pso.ahrq.gov/listed>.

**FOR FURTHER INFORMATION CONTACT:** Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, Room 06N94B, Rockville, MD 20857; Telephone (toll free): (866) 403–3697; Telephone (local):

(301) 427-1111; TTY (toll free): (866) 438-7231; TTY (local): (301) 427-1130; Email: [psa@ahrq.hhs.gov](mailto:psa@ahrq.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Background**

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity are to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule relating to the listing and operation of PSOs. The Patient Safety Rule authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be "delisted" if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO's listing expires. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs.

AHRQ has accepted a notification from the Patient Safety Leadership Council PSO, PSO number P0164, to voluntarily relinquish its status as a PSO. Accordingly, the Patient Safety Leadership Council PSO was delisted effective at 12:00 Midnight ET (2400) on September 30, 2016. AHRQ notes that the Patient Safety Leadership Council PSO submitted this request for voluntary relinquishment following receipt of the Notice of Preliminary Finding of Deficiency sent on September 1, 2016.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.ahrq.gov>.

**Sharon B. Arnold,**  
Deputy Director.

[FR Doc. 2016-26144 Filed 10-28-16; 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: "*Agency for Healthcare Research and Quality's (AHRQ) Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families—Evaluation.*" In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on August 11th, 2016 and allowed 60 days for public comment. AHRQ did not receive any substantive comments. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by November 30, 2016.

**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](mailto: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](mailto:doris.lefkowitz@ahrq.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*Agency for Healthcare Research and Quality's Guide To Improving Patient Safety in Primary Care Settings by Engaging Patients and Families—Evaluation*

There is a substantial evidence base showing that engaging patients and families in their care can lead to improvements in patient safety. Since the 1999 release of *To Err is Human*, there has been an undeniable focus on improving patient safety and eliminating patient harm within acute care. What is not as well documented is how to achieve these improvements in primary care settings.

Patient and Family Engagement (PFE) strategies for acute care settings include: patient and family advisory committees; membership on patient safety oversight bodies at both operations and governance levels; consultation in the development of patient information material; engaging patients in process improvement or redesign projects; rounding with patients and families; patient and family participation in

clinical education programs, and welcoming patients and families to work alongside providers and health systems employees on transparency, culture change and high reliability organization initiatives.

Although the field of PFE in patient safety for hospitals and health systems is maturing, leveraging PFE to improve patient safety in non-acute settings is in its infancy. Building sustainable processes and practice-based infrastructure are crucial to improving patient safety through patient and family engagement in primary care.

In response to the limited guidance available for primary care practices to improve safety through patient and family engagement, the Agency for Healthcare Research and Quality (AHRQ) has funded the development of a *Guide to Improving Safety in Primary Care Settings by Engaging Patients and Families* (hereafter referred to as the Guide). The comprehensive guide will provide primary care practices with interventions that they can use to engage patients and families in ways that lead to improved patient safety. It will include explicit instructions to help primary care practices, providers, and patients and families adopt new behaviors. The Guide and its development are prefaced on several key insights relevant to primary care including:

- Active engagement requires organizational commitment to hearing the patient and family voice and action by leadership to include them as central members of the health care team.
  - Patients and families expect and increasingly demand meaningful engagement in harm prevention efforts.
  - Institutional courage is required to openly share patient safety vulnerabilities and proactively engage patients in developing solutions that prevent harm.
  - Supportive infrastructure is needed to hardwire PFE into all facets of care delivery across the care continuum.
  - When done well, patient engagement yields important and measurable results. When not done well, PFE activities may disenfranchise patients, contribute to misunderstanding about risk, result in lack of trust between providers and their organizations, and create fissures among members of the clinical care team.
- With these insights as a basis, three precepts undergird our approach to development for the Guide. The Guide interventions must yield:
- *Meaningful relationship-based engagement* for patients and families and primary care providers.