PICOS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, SETTINGS, STUDY DESIGN SETTINGS)—Continued

PICOS	Inclusion criteria	Exclusion criteria
Outcomes	*Patient Health Outcomes (highest priority)* • Mortality/survival. ○ To arrival at hospital. ○ To hospital discharge. ○ Any period less than or equal to 30 days post-injury. • Morbidity. ○ Glasgow Outcome Scale, Glasgow Outcome Scale Extended, Modified Rankin Scale, Cerebral Performance Category. ○ Pneumothorax. ○ Aspiration pneumonia. • Length of Stay. ○ Hospital length of stay (days). ○ ICU length of stay (days). ○ ICU-free days. *Intermediate Outcomes (secondary priority).* • Overall success rate. • First pass success rate. • Number of prehospital attempts to secure an airway. • $EtCO_2$ values. • Effective oxygenation. • Effective ventilation. • Definitive Airway Sans Hypoxia/Hypotension on First Attempt (DASH–1A). *Adverse Events/Harms.* • Vomiting. • Gastric content aspiration. • Hypoxia (SpO_2<90%). • Hyperventilation ($EtCO_2$<35). • Hypoventilation (EtCO2>45). • Hypotension. • Oral trauma, airway trauma. • Barotrauma. • Misplaced tube. • Need for additional airway interventions.	Long-term outcomes (more than 30 days post-injury).
Setting	• Prehospital • ED only if needed to fill important gaps where there are no prehospital studies. • International studies in English language.	Airway studies conducted in cadaver labs, or simulated environments; operating rooms; or inpatient. ED studies if prehospital studies of the topic are available.
Study Design	• RCTs If RCTs do not provide sufficient evidence, the following designs will be included: • Prospective comparative studies. • Retrospective comparative studies. • Case control studies.	• Systematic reviews (we will use reference lists to identify studies for possible inclusion). • Case series. • Descriptive studies. • Letters to the editor. • Opinion papers. • Studies published prior to 1990.

BiPAP = bilevel positive airway pressure; CPAP = continuous positive airway pressure; DSI = delayed sequence intubation; ED = emergency department; ICU = intensive care unit; KQ = Key Question; RCT = randomized controlled trial; RSI = rapid sequence intubation

Dated: 26 February 2020.

Virginia L. Mackay-Smith,

Associate Director, Office of the Director, AHRQ.

[FR Doc. 2020–04253 Filed 3–2–20; 8:45 am]

BILLING CODE 4160–90–P

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), HHS.

ACTION: Notice of public meeting.

SUMMARY: This notice announces a meeting of the National Advisory Council for Healthcare Research and Quality.

DATES: The meeting will be held on Thursday, March 26, 2020, from 8:30 a.m. to 2:45 p.m.

ADDRESSES: The meeting will be held at AHRQ, 5600 Fishers Lane, Rockville, Maryland 20857.

FOR FURTHER INFORMATION CONTACT: Jaime Zimmerman, Designated Management Official, at the Agency for Healthcare Research and Quality, 5600 Fishers Lane, Mail Stop 06E37A, Rockville, Maryland 20857, (301) 427–1456. For press-related information, please contact Bruce Seeman at (301) 427–1998 or *Bruce.Seeman@AHRQ.hhs.gov.*

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact the Food and Drug Administration (FDA) Office of Equal Employment Opportunity and Diversity Management on (301) 827–4840, no later than Thursday, March 12, 2020. The agenda, roster, and minutes will be available from Ms. Heather Phelps, Committee Management Officer, Agency for Healthcare Research and Quality, 5600 Fishers Lane, Rockville, Maryland 20857. Ms. Phelps' phone number is (301) 427–1128.

SUPPLEMENTARY INFORMATION:

I. Purpose

In accordance with section 10(a) of the Federal Advisory Committee Act, 5 U.S.C. App., this notice announces a meeting of the National Advisory Council for Healthcare Research and Quality (the Council). The Council is authorized by Section 941 of the Public Health Service Act, 42 U.S.C. 299c. In accordance with its statutory mandate, the Council is to advise the Secretary of the Department of Health and Human Services and the Director of AHRQ on matters related to AHRQ's conduct of its mission including providing guidance on (A) priorities for health care research, (B) the field of health care research including training needs and information dissemination on health care quality, and (C) the role of the Agency in light of private sector activity and opportunities for public private partnerships. The Council is composed of members of the public, appointed by the Secretary, and Federal ex-officio members specified in the authorizing legislation.

II. Agenda

On Thursday, March 26, 2020, the Council meeting will convene at 8:30 a.m., with the call to order by the Council Chair and approval of previous Council summary notes. The meeting is open to the public and will be available via webcast at *www.webconferences.com/ahrq.* The meeting will begin with an update on AHRQ's recent accomplishments and budget. The agenda will also include a discussion about 21st Century Care, AHRQ's Digital Healthcare Research Agenda, and Synthetic Data. The meeting will adjourn at 2:45 p.m. The final agenda will be available on the AHRQ website at *www.AHRQ.gov* no later than Thursday, March 19, 2020.

Dated: February 26, 2020.

Virginia L. Mackay-Smith,

Associate Director.

[FR Doc. 2020–04293 Filed 3–2–20; 8:45 am]

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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 ''AHRQ Research Reporting System (ARRS).''

DATES: Comments on this notice must be received by 60 days after date of publication.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at *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 email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

AHRQ Research Reporting System (ARRS)

AHRQ has developed a systematic method for its grantees and vendors to report project progress and important preliminary findings for grants and contracts funded by the Agency. This system, the AHRQ Research Reporting System (ARRS), previously known as the Grants Reporting System (GRS), was last approved by OMB on May 22nd, 2017. The system addressed the shortfalls in the previous reporting process and established a consistent and comprehensive grants reporting solution for AHRQ. The ARRS provides a centralized repository of grant and contract research progress and additional information that can be used to support initiatives within the Agency. This includes future research planning and support for administrative activities such as performance monitoring, budgeting, knowledge transfer and strategic planning.

This Project has the following goals:

(1) To promote the transfer of critical information more frequently and efficiently and enhance the Agency's ability to support research designed to improve the outcomes and quality of health care, reduce its costs, and broaden access to effective services

(2) To increase the efficiency of the Agency in responding to ad-hoc information requests

(3) To support Executive Branch requirements for increased transparency and public reporting

(4) To establish a consistent approach throughout the Agency for information collection regarding grant and contract progress and a systematic basis for oversight and for facilitating potential collaborations among grantees

(5) To decrease the inconvenience and burden on grantees and vendors of unanticipated ad-hoc requests for information by the Agency in response to particular (one-time) internal and external requests for information

This project is being conducted by AHRQ pursuant to AHRQ's statutory authority to conduct and support research on healthcare and on systems for the delivery of such care, including activities with respect to the quality, effectiveness, efficiency, appropriateness and value of healthcare services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

Method of Collection

To achieve the goals of this project the following data collections will be implemented:

AHRQ Research Reporting System (ARRS)—Grantees and vendors use the ARRS system to report project progress and important preliminary findings for grants and contracts funded by the Agency. Grantees and vendors submit progress reports on a monthly or quarterly basis which are reviewed by AHRQ personnel. All users access the ARRS system through a secure online interface which requires a user I.D. and password entered through the ARRS login screen. When status reports are due AHRQ notifies principal investigators and vendors via email.

The ARRS is an automated user-friendly resource that is utilized by AHRQ staff for preparing, distributing, and reviewing reporting requests to grantees and vendors for the purpose of