Government-wide Policy and the Federal Acquisition Service and is posted on *https://www.gsa.gov/policy-regulations/regulations/federal-travel-regulation/ftr-and-related-files#TravelPerDiemBulletins.*

DATES: This bulletin is applicable after April 15, 2024.

FOR FURTHER INFORMATION CONTACT: Ryan Edelstein, ETSNext Program Director, GSA, Office of Travel, Employee Relocation and Transportation at 703–835–2830.

SUPPLEMENTARY INFORMATION:

Background

ETSNext is the next generation governmentwide travel & expense solution being acquired by GSA. It is a mandatory program and GSA has responsibility through the Office of Governmentwide Policy, FAS Program Management and Governmentwide Category Management to provide this ETSNext solution.

The Bulletin provides immediate, actionable and practical steps agencies should take now to prepare for the transition to ETSNext. Agency actions include:

- Engaging with GSA to determine budgets and timelines for your agency's transition to ETSNext.
- Preparing for and prioritizing financial management (FM) systems integration with ETSNext.
- Executing a memorandum of understanding (MOU) with GSA that will memorialize both GSA's and agencies' understanding that certain tasks must be completed in accordance with a defined schedule to ensure a successful transition to ETSNext and the utilization of ETSNext for the life of the contract.

Timothy Burke,

Executive Director, GSA Office of Travel, Employee Relocation and Transportation.

[FR Doc. 2024–11170 Filed 5–21–24; 8:45 am]

BILLING CODE 6820–V1–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Management of Suicidal Thoughts and Behaviors in Youth

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

ACTION: Request for supplemental evidence and data submission.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review on *Management of Suicidal Thoughts and Behaviors in Youth,* which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before June 21, 2024.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, Attn: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857

Shipping Address (FedEx, UPS, etc.): Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857

FOR FURTHER INFORMATION CONTACT: Kelly Carper, Telephone: 301–427–1656 or email: *epc@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Centers (EPC) Program to complete a review of the evidence for *Management of Suicidal Thoughts and Behaviors in Youth.* AHRQ is conducting this review pursuant to Section 902 of the Public Health Service Act, 42 U.S.C. 299a.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (*e.g.,* details of studies conducted). We are looking for studies that report on *Management of Suicidal Thoughts and Behaviors in Youth.* The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/suicidal-thoughts-youth/protocol.*

This is to notify the public that the EPC Program would find the following information on *Management of Suicidal Thoughts and Behaviors in Youth* helpful:

- A list of completed studies that your organization has sponsored for this topic. In the list, please *indicate whether results are available on ClinicalTrials.gov along with the ClinicalTrials.gov trial number.*
- *For completed studies that do not have results on ClinicalTrials.gov,* a summary, including the following elements, if relevant: study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.
- *A list of ongoing studies that your organization has sponsored for this topic.* In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including, if relevant, a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.
- Description of whether the above studies constitute *ALL Phase II and above clinical trials* sponsored by your organization for this topic and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on topics not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the email list at: *https://effectivehealthcare.ahrq.gov/email-updates.*

The review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Key Questions (KQ)

KQ 1. For youth, what are the effectiveness, comparative effectiveness, and harms of treatments for suicidal thoughts and behaviors?

(a) What are the components of effective psychosocial treatments (*e.g.,* frequency or intensity of therapy and/or aspects of the therapeutic modality)?

(b) How do social determinants of health, racism and disparities, care

delivery methods, patient demographics and psychiatric or developmental co-occurring conditions affect outcomes?

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTING)

PICOTS elements	Inclusion criteria	Exclusion criteria
Population	• Ages 5–24 years who have a heightened risk for suicide, including— ○ Those who have suicidal ideation (*i.e.,* thinking about or planning suicide) with or without self-injurious behaviors (*i.e.,* suicide attempt or self-injurious behavior, including self-directed deliberate injury or potential for injury). ○ Those who have made suicide attempts in the absence of known suicidal ideation. ○ Those who have a recent hospital discharge for mental health treatment. ○ Those who have shown command hallucination (*i.e.,* auditory hallucinations that instruct a patient to act in specific manners) or intense stress/distress. ○ Those who are identified as having heightened risk by PHQ–9, C–SSRS, or ASQ. ○ Those who are from racial/ethnic minority groups known to have increased risk of suicide. ○ Those who are from the LGBTQ+ community ○ Those who have/had exposure to high crime/violence	• Animals. • Adults aged >25 years.
Interventions	• An intervention aimed to reduce suicidal and thoughts behaviors— ○ Psychosocial interventions ○ Pharmacological therapy ○ Neurotherapeutics and emerging therapies ○ Combination therapies of the above	• Complementary or integrative health interventions (*e.g.,* light therapy, supplements).
Comparators	• Treatment as usual • Another psychosocial intervention • Another pharmacological therapy • Combination therapies of the above	• None.
Outcomes	• Suicidal behaviors (*e.g.,* suicidal attempts, self-harm with suicidal intent, self-harm without suicidal intent). • Suicidal ideation • Measures of severity of suicide ideation and intent (*e.g.,* C–SSRS, Sheehan STS, SIQ). • Deaths by suicide • Hospitalizations for suicidal thoughts or behaviors • Emergency department visits for suicidal thoughts or behaviors. • Measures of psychological functioning after receiving an intervention targeting suicidal behaviors and thoughts (*e.g.,* depression, anxiety, stress, coping, sense of purpose, agency, burdensomeness, thwarted belonging as reported by child and caregivers, quality of life. • School outcomes [*e.g.,* functioning in school, attendance, drop-out]). • Adverse events, including study withdrawals	• None.
Timing	• At the end of intervention and at the end of followup	• None.
Settings	• Any (*e.g.,* outpatient, inpatient, emergency department)	• None.
Study design	• RCTs • Comparative observational studies • Before—after studies • Relevant systematic reviews, or meta-analyses (used for identifying additional studies).	• In vitro studies. • Nonoriginal studies (*e.g.,* narrative reviews, editorials, letters, or erratum). • Cross-sectional (*i.e.,* nonlongitudinal) studies.
Subgroup analysis	• Delivery methods (*e.g.,* telehealth, in-home treatment, school-based intervention, clinic). • Age group (5–13 years, 14–17 years, and 18–24 years) • Gender/gender identity • Race/ethnicity • History of trauma • Experience of racial/ethnic discrimination and marginalization. • Sexual orientation • Co-occurring conditions (*e.g.,* MDD, bipolar disorder, mood disorders, substance use disorders, eating disorders, posttraumatic stress disorder, autism, intellectual/developmental disabilities, other special needs),. • Intervention objectives (*i.e.,* addressing suicidal thoughts vs. suicidal behaviors; ongoing treatments following crisis care vs. crisis care). • Clinical settings (*e.g.,* outpatient, inpatient, residential, emergency department). • Timing of outcome assessment (*e.g.,* long-term outcome assessment, short-term outcome assessment). • Social determinants of health (*e.g.,* access to mental healthcare, access to housing, poverty, exposure to violence/crime).	• None.

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTING)—Continued

PICOTS elements	Inclusion criteria	Exclusion criteria
Publications	• Full-text peer-reviewed studies published in English • Studies published after the year 2000	• Non-English language studies. • Conference abstracts.

Abbreviations: ASQ = Ask Suicide-Screening Questions; C–SSRS = Columbia Suicide Severity Rating Scale; LGBTQ+ = Lesbian Gay Bisexual Transgender Queer/Questioning Plus/Others; MDD = major depressive disorder; PHQ–9 = Patient Health Questionnaire–9; RCT = randomized controlled trial; Sheehan STS = Sheehan Suicidality Tracking Scale; SIQ = Suicidal Ideation Questionnaire.

Dated: May 16, 2024.

Mamatha Pancholi,

Deputy Director.

[FR Doc. 2024–11197 Filed 5–21–24; 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 ''Implementation and Testing of Diagnostic Safety Resources.'' This proposed information collection was previously published in the **Federal Register** on March 7th, 2024 and allowed 60 days for public comment. AHRQ received no substantive comments from members of the public. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received by June 21, 2024.

ADDRESSES: Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to *www.reginfo.gov/public/do/PRAMain.* Find this particular information collection by selecting ''Currently under 30-day Review—Open for Public Comments'' or by using the search function. 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 *REPORTSCLEARANCEOFFICER@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Implementation and Testing of Diagnostic Safety Resources

Patient safety is a pillar of the Agency for Healthcare Research and Quality's (AHRQ's) mission to support the highest quality healthcare. While progress has been made in many areas of patient safety, the field of diagnostic safety has emerged as a particular area of concern. It is estimated that every person in the United States will experience a diagnostic error in their lifetime (Institute of Medicine, 2015) which can lead to inappropriate, delayed, or withheld treatment and ultimately poor health outcomes, distress, and increased costs. Diagnostic errors can occur for many reasons: lack of meaningful engagement between clinicians, patients, and families; a fragmented healthcare system not designed to account for an increasingly complex diagnostic process; minimal (if any) feedback to clinicians about their diagnostic performance; and a culture that does not always support transparent disclosure of diagnostic errors (Institute of Medicine, 2015). Leaders in diagnostic excellence suggest that multi-pronged efforts are needed to address this complex problem and go beyond individual behaviors to system-level changes and empowering patients to engage in their care (Institute of Medicine, 2015; Henriksen, et al., 2017).

Improving diagnostic safety and quality is an AHRQ priority. In recognition of the multifaceted approach needed to effectively advance diagnostic safety, AHRQ recently supported the development of three tools to prevent diagnostic errors and have prioritized these tools for implementation and testing. These resources vary in the types of stakeholders they target, a critical advancement in our approach to diagnostic excellence.

- Calibrate Dx. This tool, targeted to individual clinicians, invites users to select a topic or condition, review diagnostic performance on a sample of cases for insights and learning opportunities, and debrief with a peer. *This resource will be tested in all settings where clinicians are involved in the diagnostic process, including both inpatient and ambulatory settings.*
- Measure Dx. This tool supports healthcare organizations in building sustainable teams for improving diagnostic excellence, identifying current capacity gaps, engaging in measurement strategies as part of a systematic approach to reviewing available data, and translating findings into learning opportunities. *This resource will be tested in both inpatient and ambulatory settings; it is expected to be implemented more commonly in inpatient settings.*
- Toolkit for Engaging Patients to Improve Diagnostic Safety (Patient Toolkit). This tool prepares patients, families, and health professionals to work together as partners to improve diagnostic safety; encourages patients to prepare for visits; and encourages providers to listen for 60 seconds before interrupting the patient. *This resource will be tested in ambulatory settings only.*

The goal of this research is to implement and test these three diagnostic safety resources to identify specific ways in which each resource can be used to maximize its value. For each resource the following will be examined:

(1) Feasibility of implementation—barriers, facilitators, success factors, and time needed for implementation

(2) Level of adoption—number and type of clinicians aware of and/or using the resource, number of organizational leaders endorsing the resource

(3) Effectiveness of the resource—number of diagnostic safety events (Measure Dx and Patient Toolkit), clinician self-efficacy for diagnostic decision-making (Calibrate Dx)

(4) Maintenance and sustainability—the number and type of patient safety processes in place, barriers and facilitators to maintenance and sustainability

This project will implement and test these three diagnostic safety resources across a minimum of 150 sites to up to 219 sites (*i.e.,* 50 to 73 sites per resource). An Implementation and Testing period for each resource will last 12 months, with Calibrate Dx starting implementation first and Measure Dx and the Toolkit for