

on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)).

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551-0001, not later than January 21, 2025.

*A. Federal Reserve Bank of Boston* (Prabal Chakrabarti, Senior Vice President) 600 Atlantic Avenue, Boston, Massachusetts 02210-2204. Comments can also be sent electronically to [BOS.SRC.Applications.Comments@bos.frb.org](mailto:BOS.SRC.Applications.Comments@bos.frb.org):

1. *Winchester Bancorp, MHC, Winchester, Massachusetts*; to become a bank holding company by acquiring at least 50.1 percent of the voting shares of Winchester Bancorp, Inc., a mid-tier holding company, through a mutual holding company reorganization and minority stock issuance, and thereby indirectly acquiring voting shares of Winchester Savings Bank, both of Winchester, Massachusetts.

Board of Governors of the Federal Reserve System.

**Michele Taylor Fennell,**

*Associate Secretary of the Board.*

[FR Doc. 2024-30299 Filed 12-18-24; 8:45 am]

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## 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 (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 applications are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The public portions of the applications listed below, as well as other related filings required by the Board, if any, are available for immediate inspection at the Federal Reserve Bank(s) indicated below and at the offices of the Board of Governors. This information may also be obtained on an expedited basis, upon request, by contacting the appropriate Federal Reserve Bank and from the Board's Freedom of Information Office at <https://www.federalreserve.gov/foia/request.htm>. Interested persons may express their views in writing on the standards enumerated in paragraph 7 of the Act.

Comments received are subject to public disclosure. In general, comments received will be made available without change and will not be modified to remove personal or business information including confidential, contact, or other identifying information. Comments should not include any information such as confidential information that would not be appropriate for public disclosure.

Comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors, Ann E. Misback, Secretary of the Board, 20th Street and Constitution Avenue NW, Washington, DC 20551-0001, not later than January 3, 2025.

*A. Federal Reserve Bank of Richmond* (Brent B. Hassell, Assistant Vice President) P.O. Box 27622, Richmond, Virginia 23261. Comments can also be sent electronically to [Comments.applications@rich.frb.org](mailto:Comments.applications@rich.frb.org):

1. *The Craig G. Phillips Revocable Trust, Craig G. Phillips, as trustee, both of Buckhannon, West Virginia*; to acquire voting shares of Freedom Bancshares, Inc., and thereby indirectly acquire voting shares of Freedom Bank, Inc., both of Belington, West Virginia.

Board of Governors of the Federal Reserve System.

**Michele Taylor Fennell,**

*Associate Secretary of the Board.*

[FR Doc. 2024-30298 Filed 12-18-24; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Supplemental Evidence and Data Request on Impact of Healthcare Worker Safety and Wellness: A Systematic Review

**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 *Impact of Healthcare Worker Safety and Wellness: A Systematic Review*, 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 January 21, 2025.

**ADDRESSES:**

*Email submissions:* [epc@ahrq.hhs.gov](mailto: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](mailto: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 *Impact of Healthcare Worker Safety and Wellness: A Systematic Review*. 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 *Impact of Healthcare Worker Safety and Wellness: A Systematic Review*. The entire research protocol is available online at: <https://effectivehealthcare.ahrq.gov/products/worker-safety-wellness/protocol>.

This is to notify the public that the EPC Program would find the following information on *Impact of Healthcare Worker Safety and Wellness: A Systematic Review* 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.

**Contextual Question:** What are the manifestations of impaired safety and wellbeing of HCWs, such as burnout, moral injury, emotional exhaustion, staff turnover, and physical injuries?

**Key Questions (KQ)**

**KQ 1:** What are the associations between healthcare delivery conditions and HCW burnout?

**KQ 2:** What are the associations between HCW burnout and outcomes for patients, HCW families, healthcare delivery organizations, and society?

**KQ 3:** What are the effectiveness and harms of system-level interventions targeting HCW burnout?

**PECOTS (POPULATIONS, EXPOSURES, COMPARATORS, OUTCOMES, TIMING AND SETTING) ELIGIBILITY CRITERIA FOR ALL KEY QUESTIONS**

Element	Key Question 1	Key Question 2	Key Question 3
Population .....	HCWs at all organizational levels (e.g., those who provide direct patient care, support personnel, managers, executives) Examples: <ul style="list-style-type: none"> <li>• Physicians.</li> <li>• Nurses: registered nurses and advanced practice nurses.</li> <li>• Pharmacists.</li> <li>• Allied healthcare professionals (e.g., respiratory therapists, physical therapists, social workers, emergency medical technicians).</li> <li>• Support personnel (e.g., environmental services).</li> <li>• Managers.</li> <li>• Executives.</li> </ul>		
Exposure .....	All healthcare delivery conditions associated with the included studies will be recorded as exposures, including <ul style="list-style-type: none"> <li>• Societal conditions, including federal and state laws like nurse staffing laws, policies like pandemic restrictions and credentialing, and unemployment, healthcare utilization, and unionization rates.</li> <li>• Organizational factors such as payment model, level of care, precarious and unstable scheduling, safety culture.</li> <li>• Job and task-specific factors, such as occupational class, shift characteristics, working hours, occupational stressors, support, teamwork, and workplace hazards Individual factors, such as age and experience.</li> </ul>	HCW burnout, including instruments such as: <ul style="list-style-type: none"> <li>• Maslach Burnout Inventory</li> <li>• Oldenburg Burnout Inventory</li> <li>• Copenhagen Burnout Inventory</li> <li>• Two-Item Maslach Burnout Inventory</li> <li>• Physician Worklife Study Single Item Question</li> <li>• ProQOL Burnout scale</li> <li>• Institute for Professional Worklife Mini Z Survey</li> </ul>	<p><i>System-level programs:</i> interventions that intend to reduce or prevent HCW burnout through the elimination or substitution of occupational hazards.</p> <p><i>Exclude:</i> interventions that enable the occupational hazard to remain in place (engineering, administrative controls) or increase the individual capacity to cope with the hazard (PPE, resilience training).</p>
Comparator .....	Other healthcare delivery condition.	Other levels of HCW burnout.	<ul style="list-style-type: none"> <li>• Other intervention.</li> <li>• No intervention.</li> </ul>

PECOTS (POPULATIONS, EXPOSURES, COMPARATORS, OUTCOMES, TIMING AND SETTING) ELIGIBILITY CRITERIA FOR ALL KEY QUESTIONS—Continued

Element	Key Question 1	Key Question 2	Key Question 3
Outcomes .....	<p>HCW burnout, including instruments such as:</p> <ul style="list-style-type: none"> <li>• Maslach Burnout Inventory</li> <li>• Oldenburg Burnout Inventory</li> <li>• Copenhagen Burnout Inventory</li> <li>• Two-Item Maslach Burnout Inventory</li> <li>• Physician Worklife Study Single Item Question</li> <li>• Professional Quality of Life (ProQOL) Burnout scale</li> <li>• Institute for Professional Worklife Mini Z Survey</li> </ul>	<ul style="list-style-type: none"> <li>• HCW family outcomes, such as:                             <ul style="list-style-type: none"> <li>○ Marital/relationship stress measured by a partner</li> <li>○ Divorce/separation rates</li> </ul> </li> <li>• Patient outcomes, such as:                             <ul style="list-style-type: none"> <li>○ Safety</li> <li>○ Satisfaction</li> <li>○ Adverse events</li> <li>○ Mortality</li> </ul> </li> <li>• Healthcare organization outcomes, such as:                             <ul style="list-style-type: none"> <li>○ Productivity (including presenteeism, absenteeism, work-related injuries and illnesses)</li> <li>○ Staff turnover (including due to retirement, leaving the profession, mortality, or suicide)</li> </ul> </li> <li>• Societal outcomes, such as:                             <ul style="list-style-type: none"> <li>○ Workforce shortages</li> </ul> </li> </ul>	<p>HCW burnout, including instruments such as:</p> <ul style="list-style-type: none"> <li>• Maslach Burnout Inventory.</li> <li>• Oldenburg Burnout Inventory.</li> <li>• Copenhagen Burnout Inventory.</li> <li>• Two-Item Maslach Burnout Inventory.</li> <li>• Physician Worklife Study Single Item Question.</li> <li>• ProQOL Burnout scale.</li> <li>• Institute for Professional Worklife Mini Z Survey.</li> </ul>
Mediating Factors.	<ul style="list-style-type: none"> <li>• Individual factors such as stress, satisfaction, wellbeing, engagement, sleep quality, suicidal ideation, depression, anxiety, meaningful work, mattering, moral distress or injury, workplace injury or illness.</li> </ul>		
Modifying Factors.	<ul style="list-style-type: none"> <li>○ Demographic characteristics: (e.g., age, sex, race, ethnicity).</li> <li>○ Occupational title (e.g., physician, nurse, allied health professional, other).</li> <li>○ Educational attainment (e.g., high school, some college, college degree, graduate degree).</li> <li>○ Experience (e.g., number of years employed).</li> <li>○ Income (e.g., household income, socioeconomic status).</li> <li>○ Time (e.g., year of outcome ascertainment, or binned by pre-, concurrent and post-pandemic).</li> <li>○ Shift characteristics: (e.g., timing, duration, knowledge of shift, mandatory overtime).</li> <li>○ Job tasks (e.g., patient-facing vs. non-patient-facing, physical demands as high, moderate, low).</li> <li>○ Geographic location (e.g., U.S. census region, urban vs. suburban vs. rural).</li> </ul>		
Study Designs ...	<ul style="list-style-type: none"> <li>• Cross-sectional studies.</li> <li>• Cohort studies.</li> </ul>	<ul style="list-style-type: none"> <li>• Randomized controlled trials.</li> <li>• Non-randomized controlled trials.</li> <li>• Observational cohort studies with a comparison group.</li> <li>• Pre-post studies (with adjustment for confounders).</li> </ul>	
Timing .....	Published since 2014.		
Settings .....	All U.S. healthcare delivery settings where HCWs work (e.g., ambulatory, prehospital, emergency, various inpatient services, post-acute or skilled nursing/long-term care, including medical, surgical, and mental health care settings).		

Abbreviations: HCW = healthcare worker; PPE = personal protective equipment, ProQOL = Professional Quality of Life.

Dated: December 12, 2024.

**Marquita Cullom,**

*Associate Director.*

[FR Doc. 2024–30259 Filed 12–18–24; 8:45 am]

**BILLING CODE 4160–90–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**Notice of Closed Meeting**

Pursuant to 5 U.S.C. 1009(d), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), title 5 U.S.C., as amended, and the Determination of the Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, pursuant to Public Law 92–463. The grant applications and the discussions could disclose confidential

trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Disease, Disability, and Injury Prevention and Control Special Emphasis Panel; (SEP)—RFA—OH—25–002, Panel A, Occupational Safety and Health Education and Research Centers (ERC).

*Dates:* February 24–25, 2025.

*Times:* 11:00 a.m.–5:00 p.m., EST.

*Place:* Video-Assisted Meeting.

*Agenda:* To review and evaluate grant applications.

*For Further Information Contact:* Dan Hartley, Ed.D., Scientific Review Officer, Office of Extramural Programs, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention, 1095 Willowdale Road, Morgantown, West Virginia 26505. Telephone: (304) 285–5812; Email: [DHartley@cdc.gov](mailto:DHartley@cdc.gov).

The Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

**Kalwant Smagh,**

*Director, Office of Strategic Business Initiatives, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.*

[FR Doc. 2024–30238 Filed 12–18–24; 8:45 am]

**BILLING CODE 4163–18–P**