

similarly revised to include the current credit exposure arising from credit derivative contracts that represent (a) purchased protection that is defined as a covered position under the market risk capital guidelines and (b) purchased protection that is not a covered position under the market risk capital guidelines and is not recognized as a guarantee for risk-based capital purposes. The Federal Reserve also proposed to add new Memorandum items 3.a and 3.b to Schedule HC-R to collect the present value of unpaid premiums on sold credit protection that is defined as a covered position under the market risk capital guidelines. Consistent with the information currently reported in Memorandum item 2.g, the Federal Reserve proposed to collect this present value information with a breakdown between investment grade and subinvestment grade for the rating of the underlying reference asset and with the same three remaining maturity breakouts.

No comments were received on any of the proposed reporting revisions pertaining to credit derivatives described above, except for a comment from a bankers' organization on the proposal to collect data on Schedule HC-R relating to the present value of unpaid premiums on sold credit protection that is defined as a covered position under the market risk capital guidelines. Accordingly, the Federal Reserve will implement all of the proposed credit derivative reporting changes—other than the proposed new Schedule HC-R data items for present value data—as of June 30, 2009, as proposed. With respect to the present value data, the bankers' organization requested clarification of the impact of this proposed reporting requirement on a banking institution's risk-based capital calculations. The Federal Reserve is continuing to consider this comment and the proposed collection of present value data for certain credit derivatives. Therefore, the Federal Reserve will not add Memorandum items 3.a and 3.b to Schedule HC-R to collect this present value information effective June 30, 2009, as proposed. Once deliberations on the comment and the proposed present value data items have been concluded, conclusions will be published in a separate **Federal Register** notice. If Memorandum items 3.a and 3.b are subsequently added to Schedule HC-R, this new reporting requirement would take effect no earlier than December 31, 2009.

Board of Governors of the Federal Reserve System, March 11, 2009.

**Jennifer J. Johnson,**

*Secretary of the Board.*

[FR Doc. E9-5584 Filed 3-13-09; 8:45 am]

**BILLING CODE 6210-01-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: "Improving Patient Flow and Reducing Emergency Department Crowding." In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on January 15th, 2009 and allowed 60 days for public comment. One comment was received. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments on this notice must be received by April 15, 2009.

**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 e-mail at [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) (attention: AHRQ's desk officer).

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 e-mail at [doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

#### Proposed Project

"Improving Patient Flow and Reducing Emergency Department Crowding" AHRQ proposes to study implementation of strategies from the Urgent Matters (UM) Toolkit for improving patient flow in emergency

departments (ED). UM, a Robert Wood Johnson Foundation (RWJF) funded initiative, began as a collaborative of 10 urban, safety net hospitals that experimented with a variety of strategies (now included in the "UM Toolkit") designed to relieve ED crowding. The first phase of this initiative demonstrated that reductions in ED crowding were achievable without investment of significant financial resources. However, implementation of these strategies has not been widespread, and questions remain about how readily the strategies could be implemented in a more diverse group of hospitals, and the associated costs and outcomes of implementation. This study is funded by a grant from RWJF to AHRQ.

Six diverse hospitals have been selected for this study of the implementation of strategies from the UM Toolkit for improving ED patient flow. This study poses a common outcome goal across all six sites of improving patient flow and reducing ED crowding, but requires each hospital to select strategies that fit its own needs and context. This approach rests on innovation research showing that organizational innovations are more successful when they are aligned with features of the adopting hospital. Participating hospitals will select strategies from the UM Toolkit that they believe will work best to address the particular problems they face. The six hospitals have agreed to participate in a collaborative run by the UM National Program Office (NPO) over the course of this study to facilitate the sharing of data and experiences while the project is underway.

This study will document the experiences of a diverse set of hospital EDs as they identify and implement ED patient flow improvement strategies. The six case study hospitals were selected to reflect diversity of size, ownership, teaching status, safety net status, and types of challenges with ED crowding.

Research methods will include observational site visits, in-person and telephone interviews, and the analysis of cost data. AHRQ's contractor for this study, Health Research & Educational Trust (HRET), will perform analysis of secondary data on ED performance measures; this secondary data will be provided to HRET by the Urgent Matters NPO. These qualitative and quantitative methods will be used to:

- Study the processes through which hospitals decide upon and adopt patient flow improvement strategies;

- Identify facilitators and barriers to the implementation and maintenance of these strategies;

- Document changes in patient flow, patient satisfaction, and staff satisfaction associated with the implementation of strategies and processes;

- Generate estimates of the costs of adopting the strategies;

- Identify issues associated with the reporting of ED performance measures; and,

- Develop lessons for hospitals considering the adoption of patient flow improvement strategies.

The study will not be used to answer questions about causality or degrees of effectiveness (e.g., to what degree did a given intervention cause an improvement in patient flow?). Rather, the study seeks to enhance understanding of factors affecting decision-making and adoption processes that facilitate or hinder implementation. Insights and lessons learned about

organizational, technical and resource challenges arising from these improvement activities may be of interest or benefit to others seeking to identify and adopt strategies to address similar problems in their EDs.

This study is being conducted pursuant to AHRQ's statutory authority to conduct and support research on health care and on systems for the delivery of such care, including activities with respect to: The quality, effectiveness, efficiency, appropriateness and value of health care services; quality measurement and improvement; and health care costs, productivity, organization, and market forces. 42 U.S.C. 299a(a)(1), (2), and (6).

**Method of Collection**

AHRQ seeks approval for the following data collection activities:

In-person interviews will be conducted within two months of the implementation with up to 12 individuals at each of the 6 sites during

two-day site visits to each of the hospitals.

Telephone interviews will be conducted approximately 6 months after implementation with 12 individuals from each of the six hospitals (most or all of whom will be the same individuals interviewed in person).

**Estimated Annual Respondent Burden**

Exhibit 1 shows the estimated annualized burden hours for the hospitals' time to participate in this study. In-person interviews will be conducted within two months of implementation with 12 administrative and clinical personnel from each of the six participating hospitals and will require about one hour. Telephone interviews will be conducted approximately six months thereafter with 12 individuals (administrative and clinical) from each hospital and will take about 45 minutes. The total estimated burden for participation in this study is 126 hours.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Data collection	Number of hospitals	Number of responses per hospital	Hours per response	Total burden hours
In-person interviews .....	6	12	1.0	72
Telephone interviews .....	6	12	45/60	54
Total .....	12	na	na	126

Exhibit 2 shows the estimated annualized cost burden for the respondents' time to provide the

requested data. The total cost burden is approximately \$4,419.

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Data collection	Total burden hours	Average hourly wage rate*	Total cost burden
In-person interviews .....	72	\$35.07	\$2,525
Telephone interviews .....	54	\$35.07	1,894
Total .....	126	na	4,419

\*For the interviews, the hourly rate of \$35.07 is an average of the administrative personnel hourly wage of \$14.53, the physician rate of \$62.52, and the registered nurse rate of \$28.15. National Compensation Survey: Occupational Wages in the United States 2005, U.S. Department of Labor, Bureau of Labor Statistics.

**Estimated Annual Costs to the Federal Government**

Exhibit 3 shows the total and annualized cost to the government for this eighteen-month study.

EXHIBIT 3—ESTIMATED COST

Cost component	Total cost	Annualized cost
Project Development .....	52,446	34,964
Data Collection Activities .....	90,298	60,199

## EXHIBIT 3—ESTIMATED COST—Continued

Cost component	Total cost	Annualized cost
Data Processing and Analysis .....	70,569	47,046
Publication of Results .....	41,420	27,613
Project Management .....	68,908	45,939
Overhead .....	76,320	50,880
Total .....	\$399,961	266,641

**Request for Comments**

In accordance with the above-cited Paperwork Reduction Act legislation, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ's health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) 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 upon the respondents, including the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection.

All comments will become a matter of public record.

Dated: March 9, 2009.

**Carolyn M. Clancy,**  
*Director.*

[FR Doc. E9-5581 Filed 3-13-09; 8:45 am]

BILLING CODE 4160-90-M

**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).

**ACTION:** Notice of public meeting.

**SUMMARY:** In accordance with section 10(a) of the Federal Advisory Committee Act, 5 U.S.C. app. 2, this notice announces a meeting of the National

Advisory Council for Healthcare Research and Quality.

**DATES:** The meeting will be held on Friday, April 3, 2009, from 9 a.m. to 3 p.m.

**ADDRESSES:** The meeting will be held at the Eisenberg Conference Center, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850.

**FOR FURTHER INFORMATION CONTACT:** Deborah Queenan, Coordinator of the Advisory Council, at the Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850, (301) 427-1330. For press-related information, please contact Karen Migdail at (301) 427-1855.

If sign language interpretation or other reasonable accommodation for a disability is needed, please contact Mr. Donald L. Inniss, Director, Office of Equal Employment Opportunity Program, Program Support Center, on (301) 443-1144, no later than March 27, 2009. The agenda, roster, and minutes are available from Ms. Bonnie Campbell, Committee Management Officer, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, Maryland 20850. Ms. Campbell's phone number is (301) 427-1554.

**SUPPLEMENTARY INFORMATION:****I. Purpose**

The National Advisory Council for Healthcare Research and Quality was established in accordance with Section 921 (now Section 931) 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, Agency for Healthcare Research and Quality (AHRQ), on matters related to actions of AHRQ to enhance the quality, improve the outcomes, and reduce the costs of health care services; improve access to such services through scientific research; and promote improvements in clinical practice and in the organization, financing, and delivery of health care services.

The Council is composed of members of the public, appointed by the

Secretary, and Federal ex-officio members.

**II. Agenda**

On Friday, April 3, the Council meeting will convene at 9 a.m., with the call to order by the Council Chair and approval of previous Council minutes. The AHRQ director will present her update on current research, programs, and initiatives. The agenda will include a discussion of AHRQ budget for FY09, the comparative effectiveness program, and the AHRQ activities under American Recovery and Reinvestment Act (ARRA).

The final agenda will be available on the AHRQ Web site at <http://www.ahrq.gov> no later than March 30, 2009.

Dated: March 9, 2009.

**Carolyn M. Clancy,**

*Alternate Certifying Officer Director.*

[FR Doc. E9-5580 Filed 3-13-09; 8:45 am]

BILLING CODE 4160-90-M

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Centers for Disease Control and Prevention****Subcommittee on Procedures Reviews, Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH)**

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), CDC announces the following meeting for the aforementioned subcommittee:

*Time and Date:* 10 a.m.–5 p.m., March 24, 2009.

*Place:* Cincinnati Airport Marriott, 2395 Progress Drive, Hebron, Kentucky 41018. Telephone (859) 334-4611, Fax (859) 334-4619.

*Status:* Open to the public, but without a public oral comment period. To access by conference call dial the following information 1 (866) 659-0537, Participant Pass Code 9933701.

*Background:* The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program