FEDERAL MARITIME COMMISSION

Ocean Transportation Intermediary License Applicants

Notice is hereby given that the following applicants have filed with the Federal Maritime Commission an application for a license as a Non-Vessel-Operating Common Carrier (NVO) and/or Ocean Freight Forwarder (OFF)—Ocean Transportation Intermediary (OTT) pursuant to section 19 of the Shipping Act of 1984 as amended (46 U.S.C. Chapter 409 and 46 CFR 515). Notice is also hereby given of the filing of applications to amend an existing OTI license or the Qualifying Individual (QI) for a license.

Interested persons may contact the Office of Transportation Intermediaries, Federal Maritime Commission, Washington, DC 20573, by telephone at (202) 523-5843 or by e-mail at OTI@fmc.gov.

<table>
<thead>
<tr>
<th>License No.</th>
<th>Name/Address</th>
<th>Date Reissued</th>
</tr>
</thead>
<tbody>
<tr>
<td>004413N</td>
<td>All Transport, Inc., 8369 NW. 66th Street, Miami, FL 33166</td>
<td>December 12, 2010.</td>
</tr>
</tbody>
</table>

FEDERAL MARITIME COMMISSION
Ocean Transportation Intermediary License Reissuance

Notice is hereby given that the following Ocean Transportation Intermediary licenses have been reissued by the Federal Maritime Commission pursuant to section 19 of the Shipping Act of 1984 (46 U.S.C. chapter 409) and the regulations of the Commission pertaining to the licensing of Ocean Transportation Intermediaries, 46 CFR part 515.

<table>
<thead>
<tr>
<th>License No.</th>
<th>Name/Address</th>
<th>Date Reissued</th>
</tr>
</thead>
<tbody>
<tr>
<td>003614N</td>
<td>JRM Freight Corp. (NVO), 14388 SW. 96 Lane, Miami, FL 33186</td>
<td>December 14, 2010.</td>
</tr>
<tr>
<td>004413N</td>
<td>macro Logistics Group, LLC (NVO &amp; OFF), 2229 NW. 79 Avenue, Doral, FL 33122</td>
<td>December 24, 2010.</td>
</tr>
<tr>
<td>004413N</td>
<td>SAPIA Logistics, Inc. (NVO &amp; OFF), 1331 Gemini Street, Suite 103, Houston, TX 77038</td>
<td>December 24, 2010.</td>
</tr>
</tbody>
</table>

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services (HHS) announces the following advisory committee meeting.

**Name:** National Committee on Vital and Health Statistics (NCVHS), Full Committee Meeting.

**Time and Date:** February 9, 2011, 9 a.m.–2:30 p.m. February 10, 2011, 10 a.m.–3 p.m.

**Place:** St. Regis Hotel, 923 16th Street, NW., Washington, DC 20006. (202) 638–2626.

**Status:** Open.

**Purpose:** At this meeting the Committee will hear presentations and hold discussions on several health data policy topics. On the morning of the first day the Committee will hear updates from the Department, the Center for Medicare and Medicaid Services, and the Office of the National Coordinator. A discussion of a letter to the HHS Secretary regarding quality measures and a letter to the Secretary regarding Electronic Funds Transfer (EFT) operating rules and remittance rules will also take place. In the afternoon there will be a discussion of the Community Health Data Initiative. On the morning of the second day there will be a review of the final letters regarding quality measures, and EFT operating rules and remittance. There will also be a discussion regarding bridging Systematized Nomenclature of Medicine—Clinical Terms (SNOWMED CT) and international classifications and the IOM Report Digital Infrastructure for the Learning Health System: The Foundation for Continuous Improvement in Health and Health Care. Subcommittees will also present their reports.
The times shown above are for the full Committee meeting. Subcommittee breakout sessions can be scheduled for late in the afternoon of the first day and second day and in the morning prior to the full Committee meeting on the second day. Agendas for these breakout sessions will be posted on the NCVHS website (URL below) when available.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, 3311 Toledo Road, Room 2402, Hyattsville, Maryland 20782, telephone (301) 458–4245. Information also is available on the NCVHS home page of the HHS Web site: http://www.ncvhs.hhs.gov/, where further information including an agenda will be posted when available.

Should you require reasonable accommodation, please contact the CDC Office of Equal Employment Opportunity on (301) 458–4EE0 (4336) as soon as possible.

Dated: January 20, 2011.

James Scanlon,
Deputy Assistant Secretary for Planning and Evaluation.

[FR Doc. 2011–1654 Filed 1–25–11; 8:45 am]
BILLING CODE 4151–05–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: “Development of the Guide to Patient and Family Engagement in Health Care Quality and Safety in the Hospital Setting.” In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3520, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the Federal Register on November 15th, 2010 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 February 25, 2011.

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 (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.

SUPPLEMENTARY INFORMATION:

Proposed Project

Development of the Guide to Patient and Family Engagement in Health Care Quality and Safety in the Hospital Setting

Improving the quality and safety of health care in the United States is one of the most significant challenges facing the American health care system. Too many Americans continue to receive health care that is not grounded in a reliable evidence base of what is proven appropriate, safe, and effective. Extensive studies conducted during recent decades demonstrate that the U.S. health care system provides continuing unwarranted variation and costly, inefficient, and simply unsafe care. Involving patients and families in improving quality and safety in hospitals has the potential to improve health care experiences, delivery, and outcomes. AHRQ has been at the forefront of supporting increased involvement for patients, families, and the public in all aspects of health care.

This project will develop a program to help patients, families, and health professionals in the hospital support one another to improve quality and safety. To accomplish these goals, patients and families must be able to express what they want from their hospital care and how they want to be involved and then effectively communicate this information with health professionals. Conversely, health professionals must be able to understand what patients want to do and what is appropriate for them to do and feel that they have the system supports and tools to facilitate these actions.

To address this issue and help fulfill AHRQ’s mission of health care quality improvement, AHRQ will develop a set of interventions and materials, entitled the Guide to Patient and Family Engagement in Health Care Quality and Safety in the Hospital Setting (“the Guide”), for use by patients, their family members, health care professionals, and hospital leaders to foster patient and family engagement around the issues of hospital safety and quality.

The goals of this project are to:

(1) Identify the barriers and facilitators to implementing the Guide, including how barriers were overcome;

(2) Assess staff satisfaction with the Guide and change in staff behavior before and after implementation of the Guide including organizational culture with respect to patient and family engagement and patient- and family-centered care;

(3) Assess patient satisfaction with the Guide and change in patient experience of care before and after implementation of the Guide including patient/family involvement in their own health care and patient/family involvement in quality improvement and patient safety activities; and,

(4) Refine the Guide as necessary to improve implementation and effectiveness. The Guide will be tested in three hospitals which will vary in terms of size, location, teaching status, and ownership.

This study is being conducted by AHRQ through its contractor, the American Institutes for Research (AIR), pursuant to AHRQ’s statutory authority to promote health care quality improvement by conducting and supporting research that develops and presents scientific evidence regarding all aspects of health care, including the development and assessment of methods for enhancing patient participation in their own care and for facilitating shared patient-physician decision-making. 42 U.S.C. 299(b)(1)(A).

Method of Collection

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

(1) Semi-structured interviews will be conducted in-person with hospital staff and hospital leaders from each of the participating health care facilities. Both pre- and post-implementation interviews will be conducted and separate interview guides will be used for staff and leaders. Pre-implementation, the interviews will focus on current knowledge, attitudes and beliefs around patient and family engagement and on the current organizational culture and climate surrounding patient and family engagement. Post-implementation,