

The purpose of this analysis is to facilitate public comment on the Consent Agreement, and it is not intended to constitute an official interpretation of the proposed Decision and Order or the Order to Maintain Assets, or to modify their terms in any way.

By direction of the Commission.

Donald S. Clark

Secretary.

[FR Doc. 2011-23305 Filed 9-12-11; 8:45 am]

BILLING CODE 6750-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Assistant Secretary for Planning and Evaluation; Meeting of the Advisory Council on Alzheimer's Research, Care, and Services

AGENCY: Assistant Secretary for Planning and Evaluation, HHS.

ACTION: Notice of meeting.

SUMMARY: This notice announces public meetings of the Advisory Council on Alzheimer's Research, Care, and Services (Advisory Council). Notice of these meetings is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)). The Advisory Council on Alzheimer's Research, Care, and Services will provide advice on how to prevent or reduce the burden of Alzheimer's disease and related dementias on people with the disease and their caregivers. Representatives from the Department of Health and Human Services (HHS) will present inventories of Federal activities related to Alzheimer's disease and related dementias in three areas: research, clinical care, and long-term services and support. The representatives will also identify gaps and opportunities in these areas. The Advisory Council will discuss the inventories, gaps, and opportunities, and make recommendations to the Secretary for priority areas and actions for a national plan to address Alzheimer's disease and related dementias.

Meeting Date: September 27, 2011, 9:30 a.m. to 4 p.m.

ADDRESSES: The meeting will be held at Administration on Aging headquarters at 1 Massachusetts Ave., NW., Washington, DC, 20001, Room 5604/5403.

Comments: Time is allocated on the agenda to hear public comments at the end of the meeting. In lieu of oral comments, formal written comments may be submitted for the record to

Helen Lamont, OASPE, 200 Independence Ave., SW., Washington, DC 20201, Room 424E. Those submitting written comments should identify themselves and any relevant organizational affiliations.

FOR FURTHER INFORMATION CONTACT:

Helen Lamont (202) 690-7996, helen.lamont@hhs.gov **Note:** Although the meeting is open to the public, procedures governing security and the entrance to Federal buildings may change without notice. Those wishing to attend the meeting must call or e-mail Dr. Lamont by Thursday September 22, 2011, so that their name may be put on a list of expected attendees and forwarded to the security officers at the Administration on Aging. Space is limited to 40 participants.

SUPPLEMENTARY INFORMATION: Topics of the Meeting: The Advisory Council will hear presentations and provide feedback on inventories of Federal activities to address Alzheimer's disease and related dementias, gaps that can be addressed, and opportunities for collaboration. The Advisory Council is specifically charged with discussing and making recommendations to the Secretary on priorities for a national plan to address Alzheimer's disease and related dementias.

Procedure and Agenda: This meeting is open to the public. Representatives of HHS will present the inventories of Federal activities related to Alzheimer's disease and related dementias to the Advisory Council. The representatives will also identify gaps and opportunities in these areas. After each presentation, the Advisory Council will openly discuss the inventory and the findings. Interested persons may observe the discussion, but the Advisory Council will not hear public comments during this time. The Advisory Council will allow an open public session for any attendee to address issues specific to the inventories or topics that should be addressed by a national plan.

Authority: 42 U.S.C. 11225; Section 2(e)(3) of the National Alzheimer's Project Act. The panel is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees.

Dated: September 8, 2011.

Sherry Glied,

Assistant Secretary for Planning and Evaluation.

[FR Doc. 2011-23465 Filed 9-9-11; 11:15 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-11-0666]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404-639-5960 and send comments to Daniel Holcomb, CDC Reports Clearance Officer, 1600 Clifton Road, MS-D74, Atlanta, GA 30333 or send an e-mail to omb@cdc.gov.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

National Healthcare Safety Network (NHSN) (OMB No. 0920-0666) exp. 05/31/2014—Revision—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The National Healthcare Safety Network (NHSN) is a system designed to accumulate, exchange, and integrate relevant information and resources among private and public stakeholders to support local and national efforts to protect patients and promote healthcare safety. Specifically, the data is used to determine the magnitude of various healthcare-associated adverse events and trends in the rates of these events among patients and healthcare workers with similar risks. The data will be used to detect changes in the epidemiology of

adverse events resulting from new and current medical therapies and changing risks. The NHSN previously consisted of four components: Patient Safety, Healthcare Personnel Safety, Biovigilance, and eSurveillance. In addition, a fifth component, Long Term Care Facilities (LTCF) is included in this revision. In general, the data reported under the Patient Safety Component protocols are used to (1) determine the magnitude of the healthcare-associated adverse events under study, trends in the rates of events, in the distribution of pathogens, and in the adherence to prevention practices, and (2) to detect changes in the epidemiology of adverse events resulting from new medical therapies and changing patient risks. Additionally, reported data will be used to describe the epidemiology of antimicrobial use and resistance and to understand the relationship of antimicrobial therapy to this growing problem. Under the Healthcare Personnel Safety Component protocols, data on events—both positive and adverse—are used to determine (1) the magnitude of adverse events in healthcare personnel and (2) compliance with immunization and sharps injuries safety guidelines. Under the Biovigilance Component, data on adverse reactions and incidents associated with blood transfusions are

used to provide national estimates of adverse reactions and incidents. The Long-Term Care Facility (LTCF) Component will be used to more specifically and appropriately capture data from the residents of skilled nursing facilities. In order to facilitate this reporting, seven LTCF forms were created by using forms from the Patient Safety Component as a base, with modifications to specifically address the nuances of LTC residents.

This revision submission includes the remaining three LTCF Component forms needed to facilitate healthcare-associated infection (HAI) surveillance in this setting, for which no standardized reporting methodology or mechanism currently exists. The three submitted LTCF forms along with the four previously approved LTCF forms will complete the LTCF Component. The scope of NHSN dialysis surveillance is being expanded to include all outpatient dialysis centers, so that the existing Dialysis Annual Survey can be used to facilitate prevention objectives set forth in the HHS HAI tier 2 Action Plan and to assess national practices in all Medicare-certified dialysis centers if CMS re-establishes this survey method (as expected). In addition, two new annual facility surveys will be added for Long-term Acute Care Hospitals (LTAC) and Rehabilitation Hospitals (REHAB).

A CMS ruling states that these specific hospital types must begin reporting HAI surveillance. Therefore, in order to accurately capture data relevant to those specific facility types, separate annual facility surveys were created. Also within the Patient Safety Component, a new form will be added, Streamlined Ventilator-Associated Pneumonia, to provide a streamlined, objective definition via which NHSN users may detect and report cases of ventilator-associated pneumonia in adult patients only. Finally there are many updates, clarifications, and data collection revisions proposed in this submission.

The previously approved NSHN package included 48 individual collection forms; the current revision request includes six new forms for a total of 54 forms. The reporting burden will increase by 64,050 hours, for a total of 3,978,175 hours.

Healthcare institutions that participate in NHSN voluntarily report their data to CDC using a Web browser based technology for data entry and data management. Data are collected by trained surveillance personnel using written standardized protocols. Participating institutions must have a computer capable of supporting an Internet service provider (ISP) and access to an ISP. There is no cost to respondents other than their time.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Form number and name	Type of respondents	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
57.100: NHSN Registration Form	Registered Nurse (Infection Preventionist).	6,000	1	5/60	500
57.101: Facility Contact Information	Registered Nurse (Infection Preventionist).	6,000	1	10/60	1,000
57.103: Patient Safety Component—Annual Facility Survey.	Registered Nurse (Infection Preventionist).	6,000	1	30/60	3,000
57.104: Patient Safety Component—Outpatient Dialysis Center Practices Survey.	Registered Nurse (Infection Preventionist).	5,500	1	1	5,500
57.105: Group Contact Information ...	Registered Nurse (Infection Preventionist).	6,000	1	5/60	500
57.106: Patient Safety Monthly Reporting Plan.	Registered Nurse (Infection Preventionist).	6,000	9	35/60	31,500
57.108: Primary Bloodstream Infection (BSI).	Registered Nurse (Infection Preventionist).	6,000	36	33/60	118,800
57.109: Dialysis Event	Staff RN	5,500	75	16/60	110,000
57.111: Pneumonia (PNEU)	Registered Nurse (Infection Preventionist).	6,000	72	32/60	230,400
57.112: Streamlined Ventilator-Associated Pneumonia.	Registered Nurse (Infection Preventionist).	6,000	144	25/60	360,000
57.114: Urinary Tract Infection (UTI)	Registered Nurse (Infection Preventionist).	6,000	27	32/60	86,400
57.116: Denominators for Neonatal Intensive Care Unit (NICU).	Staff RN	6,000	9	3	162,000
57.117: Denominators for Specialty Care Area (SCA).	Staff RN	6,000	9	5	270,000
57.118: Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA).	Staff RN	6,000	18	5	540,000

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Form number and name	Type of respondents	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
57.119: Denominator for Outpatient Dialysis.	Staff RN	5,500	12	6/60	6,600
57.120: Surgical Site Infection (SSI)	Registered Nurse (Infection Preventionist).	6,000	36	32/60	115,200
57.121: Denominator for Procedure ..	Staff RN	6,000	540	8/60	432,000
57.123: Antimicrobial Use and Resistance (AUR)—Microbiology Data Electronic Upload Specification Tables.	Laboratory Technician	6,000	12	5/60	6,000
57.124: Antimicrobial Use and Resistance (AUR)—Pharmacy Data Electronic Upload Specification Tables.	Pharmacy Technician	6,000	12	5/60	6,000
57.125: Central Line Insertion Practices Adherence Monitoring.	Registered Nurse (Infection Preventionist).	1,000	100	5/60	8,333
57.126: MDRO or CDI Infection Form	Registered Nurse (Infection Preventionist).	6,000	72	32/60	230,400
57.127: MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring.	Registered Nurse (Infection Preventionist).	6,000	24	10/60	24,000
57.128: Laboratory-identified MDRO or CDI Event.	Registered Nurse (Infection Preventionist).	6,000	240	15/60	360,000
57.130: Vaccination Monthly Monitoring Form—Summary Method.	Registered Nurse (Infection Preventionist).	6,000	5	14	420,000
57.131: Vaccination Monthly Monitoring Form—Patient-Level Method.	Registered Nurse (Infection Preventionist).	2,000	5	2	20,000
57.133: Patient Vaccination	Registered Nurse (Infection Preventionist).	2,000	250	10/60	83,333
57.137: Patient Safety Component—Annual Facility Survey for LTCF.	Registered Nurse (Infection Preventionist).	250	1	25/60	104
57.138: Laboratory-identified MDRO or CDI Event for LTCF.	Registered Nurse (Infection Preventionist).	250	8	15/60	500
57.139: MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF.	Registered Nurse (Infection Preventionist).	250	3	5/60	63
57.140: Urinary Tract Infection (UTI) for LTCF.	Registered Nurse (Infection Preventionist).	250	9	30/60	1,125
57.141: Monthly Reporting Plan for LTCF.	Registered Nurse (Infection Preventionist).	250	12	5/60	250
57.142: Denominators for LTCF Locations.	Registered Nurse (Infection Preventionist).	250	12	3	9,000
57.143: Prevention Process Measures Monthly Monitoring for LTCF.	Registered Nurse (Infection Preventionist).	250	12	5/60	250
57.150: LTAC Annual Survey	Registered Nurse (Infection Preventionist).	400	1	30/60	200
57.151: Rehab Annual Survey	Registered Nurse (Infection Preventionist).	1,000	1	25/60	417
57.200: Healthcare Personnel Safety Component Annual Facility Survey.	Occupational Health RN/Specialist ..	6,000	1	8	48,000
57.202: Healthcare Worker Survey ...	Occupational Health RN/Specialist ..	600	100	10/60	10,000
57.203: Healthcare Personnel Safety Monthly Reporting Plan.	Occupational Health RN/Specialist ..	600	9	10/60	900
57.204: Healthcare Worker Demographic Data.	Occupational Health RN/Specialist ..	600	200	20/60	40,000
57.205: Exposure to Blood/Body Fluids.	Occupational Health RN/Specialist ..	600	50	1	30,000
57.206: Healthcare Worker Prophylaxis/Treatment.	Occupational Health RN/Specialist ..	600	10	15/60	1,500
57.207: Follow-Up Laboratory Testing.	Laboratory Technician	600	100	15/60	15,000
57.208: Healthcare Worker Vaccination History.	Occupational Health RN/Specialist ..	600	300	10/60	30,000
57.209: Healthcare Worker Influenza Vaccination.	Occupational Health RN/Specialist ..	600	500	10/60	50,000
57.210: Healthcare Worker Prophylaxis/Treatment—Influenza.	Occupational Health RN/Specialist ..	600	50	10/60	5,000
57.211: Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel.	Occupational Health RN/Specialist ..	600	1	10/60	100

ESTIMATE OF ANNUALIZED BURDEN HOURS—Continued

Form number and name	Type of respondents	Number of respondents	Number of responses per respondent	Avg. burden per response (in hours)	Total burden (in hours)
57.212: Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel.	Occupational Health RN/Specialist ..	600	1	10/60	100
57.213: Healthcare Personnel Influenza Vaccination Monthly Summary.	Occupational Health RN/Specialist ..	6,000	6	2	72,000
57.300: Hemovigilance Module Annual Survey.	Medical/Clinical Laboratory Technologist.	500	1	2	1,000
57.301: Hemovigilance Module Monthly Reporting Plan.	Medical/Clinical Laboratory Technologist.	500	12	2/60	200
57.302: Hemovigilance Module Monthly Incident Summary.	Medical/Clinical Laboratory Technologist.	500	12	2	12,000
57.303: Hemovigilance Module Monthly Reporting Denominators.	Medical/Clinical Laboratory Technologist.	500	12	30/60	3,000
57.304: Hemovigilance Adverse Reaction.	Medical/Clinical Laboratory Technologist.	500	120	10/60	10,000
57.305: Hemovigilance Incident	Medical/Clinical Laboratory Technologist.	500	72	10/60	6,000

Total Est Annual Burden Hours:
3,978,175

Dated: September 6, 2011.

Daniel Holcomb,

Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. 2011-23302 Filed 9-12-11; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Initial Review

The meeting announced below concerns Emerging Infections Programs, Funding Opportunity Announcement (FOA), CK12-1202, initial review.

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Time and Date: 8 a.m.–5 p.m., November 9, 2011 (Closed).

Place: Holiday Inn Decatur Conference Plaza, 130 Clairmont Avenue, Decatur, Georgia 30030, Telephone: (404) 371-0204.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92-463.

Matters To Be Discussed: The meeting will include the initial review, discussion, and evaluation of applications received in response to “Emerging Infections Programs, FOA CK12-1202.”

Contact Person for More Information: Amy Yang, Ph.D., Scientific Review Officer, CDC, 1600 Clifton Road, NE., Mailstop E60, Atlanta, Georgia 30333, Telephone: (404) 498-2733.

The Director, Management Analysis and Services Office, 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.

Dated: August 31, 2011.

Elaine L. Baker,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2011-23300 Filed 9-12-11; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Title: Family Violence Prevention and Services: Grants to States; Native American Tribes and Alaskan Native Villages; and State Domestic Violence Coalitions.

OMB No.: 0970-0280.

Description: The Family Violence Prevention and Services Act (FVPSA), 42 U.S.C. 10401 *et seq.*, authorizes the Department of Health and Human Services to award grants to States, Territories, Tribes or Tribal Organizations, and State Domestic Violence Coalitions for family violence prevention and intervention activities. The proposed information collection activities will be used to make grant award decisions and to monitor grant performance.

Respondents: State Agencies and Territories Administering FVPSA Grants; Tribal Governments and Tribal Organizations; and State Domestic Violence Coalitions.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
State Grant Application	53	1	10	530
Tribal Grant Application	200	1	5	1,000
State Domestic Violence Coalition Application	56	1	10	560
State and Territory FVPSA Grant Performance Progress Report	57	1	10	570
Tribal FVPSA Grant Performance Progress Report	200	1	15	3,000