

asks for the staff member most knowledgeable about electronic health record (EHR) adoption and utilization to answer the survey.

**Burden Statement:** Burden in this context means the time expended by persons to generate, maintain, retain, disclose or provide the information

requested. This includes the time needed to review instructions, to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information, to train

personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information, and to transmit or otherwise disclose the information. The total annual burden hours estimated for this ICR are summarized in the table below.

#### ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Physicians .....	Form A Screener Administered on Paper.	1571	1	5/60	131
Nurses .....	Form A Screener Administered on Paper.	1571	1	5/60	131
Practice Managers .....	Form A Screener Administered on Paper.	1570	1	5/60	131
Physicians .....	Form B Survey Administered as a Computer-Assisted Telephone Interview.	475	1	30/60	238
Nurses .....	Form B Survey Administered as a Computer-Assisted Telephone Interview.	475	1	30/60	238
Practice Managers .....	Form B Survey Administered as a Computer-Assisted Telephone Interview.	475	1	30/60	238
Physicians .....	Form C Shortened Survey Administered on Paper.	119	1	10/60	20
Nurses .....	Form C Shortened Survey Administered on Paper.	119	1	10/60	20
Practice Managers .....	Form C Shortened Survey Administered on Paper.	118	1	10/60	20
<b>Total</b> .....	.....	.....	.....	.....	<b>1167</b>

OS specifically requests comments on (1) the necessity and utility of the proposed information collection for the proper performance of the agency's functions, (2) the accuracy of the estimated burden, (3) ways to enhance the quality, utility, and clarity of the information to be collected, and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

**Darius Taylor,**

*Deputy Information Collection Clearance Officer.*

[FR Doc. 2013-22732 Filed 9-18-13; 8:45 am]

**BILLING CODE 4150-45-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### Request for Comments on Pediatric Planned Procedure Algorithm

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

**ACTION:** Notice of request for comments on pediatric planned procedure algorithm from the members of the public.

**SUMMARY:** Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act (the Act) to enact section 1139A (42 U.S.C. 1320b-9a). Section 1139A(b) charged the Department of Health and Human Services with improving pediatric health care quality measures. This effort includes development of several new pediatric quality measures, including a pediatric readmission measure. The Agency for Healthcare Research and Quality (AHRQ) is requesting comments from the public on an algorithm for identifying pediatric planned procedures as part of the readmission measure. The purpose of the algorithm is to identify, using International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) procedure codes, pediatric procedures that are usually planned so that admissions for these procedures

can be excluded from calculations of readmission rates.

To identify planned procedures, expert pediatric clinicians in 14 different procedure-oriented specialties reviewed procedures typically performed by their specialty. The reviewers indicated which procedures (1) are usually planned (defined as planned in more than 80% of cases) and (2) could require hospitalization. Admissions for which the primary procedure coded was one of these procedures are excluded from the count of readmissions.

The list of ICD-9-CM codes and code descriptions for the planned procedures is available at: <http://www.ahrq.gov/policymakers/chipra/pedprocedurecodes.html>.

**DATES:** Please submit comments October 21, 2013. AHRQ will not respond to individual comments, but will consider all comments.

**ADDRESSES:** Electronic submissions are encouraged, preferably as an email with an electronic file in a standard word processing format as an email attachment. Submissions may also be in the form of a letter to: Maushami (Mia)

DeSoto, MSc, Ph.D., MHA, Office of Extramural Research, Education and Priority Populations, Agency for Healthcare Research and Quality, 540 Gaither Rd., Rockville, MD 20850, Phone: (301) 427-1546, Fax: (301) 427-1238, Email: [Maushami.Desoto@AHRQ.hhs.gov](mailto:Maushami.Desoto@AHRQ.hhs.gov).

**Submission Guidelines:** When submitting comments, please include, to the extent available:

- Detailed responses and suggestions; and

- Rationale and evidence for any recommended changes to the algorithm, including citations of published evidence, if available.

For all submissions, please also include:

- A brief cover letter summarizing the information requested above for submitted comments;

- Complete information about the person submitting the comments, including:

- (a) Name; and

- (b) Email address.

**FOR FURTHER INFORMATION CONTACT:**

Maushami (Mia) DeSoto, MSc, Ph.D., MHA

**SUPPLEMENTARY INFORMATION:** Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act (the Act) to enact section 1139A (42 U.S.C. 1320b-9a). Since the law was passed, the Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) have been working together to implement selected provisions of the legislation related to children's health care quality. Section 1139A(b) of the Act charged the Department of Health and Human Services with improving pediatric health care quality measures. To implement the law, AHRQ and CMS have established the CHIPRA Pediatric Quality Measures Program (PQMP), which is designed to enhance select pediatric quality measures and develop new measures as needed.

The information sought in this Notice is being collected pursuant to the needs of the Children's Hospital Boston Center of Excellence for Pediatric Quality Measurement (CEPQM). It is one of the seven CHIPRA Pediatric Quality Measures Program (PQMP) Centers of Excellence and has been assigned the task of developing a pediatric readmission measure.

Dated: September 12, 2013.

**Richard Kronick,**

*AHRQ Director.*

[FR Doc. 2013-22796 Filed 9-18-13; 8:45 am]

**BILLING CODE 4160-90-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30 Day-13-13TD]

#### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639-7570 or send an email to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395-5806. Written comments should be received within 30 days of this notice.

#### Proposed Project

"So What? Telling a Compelling Story" Template—New—Office of Public Health Preparedness and Response (OPHPR), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

**Background:** Stories are difficult to gather and track; therefore, OPHPR must use a creative method to collect relevant stories on the impacts of the Public Health Emergency Preparedness (PHEP) grant in state and local health departments and at the community level. Several resources and tools exist within CDC and partner organizations to share stories but the stories tend to be dated or already used in another capacity. OPHPR must be proactive in leveraging this template to collect new, timely anecdotes, described as "leads" in the rest of this notice, versus full stories, in order to describe the current successes and challenges public health officials face implementing the PHEP grant and associated activities.

CDC requests Office of Management and Budget (OMB) approval to collect information for three years.

**Description:** The storytelling template is a single page, double-sided guide for storytellers, described as "sources" in

the remainder of this notice. With this tool, developers intend to dramatically reduce the burden on respondents and employees who may otherwise engage in complete story development with each new event. In this manner, staff may tease out pertinent and timely leads for potential development at a later date based on the needs of leadership. Development of a complete story from this template will occur with a small percentage of the leads. The text specifically requested is the source's name, telephone number, email address, organization, job title, the topic of the compelling story, a headline, and up to three key bullet points. The intent of this template is to guide the development of bullets and headlines describing successes, impacts, and other funding-related activities.

The goals of these leads are shaped by four topics:

1. Showcasing the nature of the preparedness and response challenge: Something observed at ground level that clearly illustrates why preparedness and response work is necessary.

2. Illustrating the public health contribution: Examples that prove public health preparedness and response not only makes a difference, but also describe the unique approach public health brings to emergency response.

3. Supporting the evidence-base: Examples that compliment qualitative research on evidence based interventions.

4. Demonstrating return on investment: Leads describing awareness of how funds are used and demonstrating fiscal responsibility and transparency.

OPHPR representatives intend to collect story leads from a variety of sources including CDC Field Staff, state health officers, local health department directors, preparedness planners, non-public health preparedness and response partners, the public and volunteer group members.

The developers plan to leverage existing communications channels if the leads are used or developed into more lengthy stories. Just as stories are used currently, leads from this template will be potentially used in congressional inquiries, leadership presentations, annual reports, and CDC OPHPR Web sites.

There are no costs to respondents other than their time. The total estimated annual burden hours are 95.