information needed to evaluate the applications.

Request for Comment: Comments are invited on: (a) Whether the collection of information is necessary for the proper performance of the FDIC’s functions, including whether the information has practical utility; (b) the accuracy of the estimates of the burden of the information collection, including the validity of the methodology and assumptions used; (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. All comments will become a matter of public record.


Valerie Best,
Assistant Executive Secretary.

[FR Doc. 2019–13693 Filed 6–26–19; 8:45 am] BILLING CODE 6714–01–P

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

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The applications also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated. The applications must be received not later than July 10, 2019.

A. Federal Reserve Bank of Atlanta (Kathryn Haney, Assistant Vice President) 1000 Peachtree Street NE, Atlanta, Georgia 30309. Comments can also be sent electronically to Applications.Comments@atl.frb.org.

1. Lawrence Andrew Proffitt, Gatlinburg, Tennessee; to become the substitute trustee for the Voting Trust Agreement of Tennessee State Bancshares, Inc., Pigeon Forge, Tennessee, and thereby indirectly vote the shares of Tennessee State Bank, also of Pigeon Forge, Tennessee.

Yao-Chin Chao,
Assistant Secretary of the Board.

[FR Doc. 2019–13724 Filed 6–26–19; 8:45 am] BILLING CODE P

FEDERAL RESERVE SYSTEM
Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 et seq.) (BHC Act), Regulation Y (12 CFR part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The applications also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than July 10, 2019.

A. Federal Reserve Bank of St. Louis (David L. Hubbard, Senior Manager) P.O. Box 442, St. Louis, Missouri 63166–2034. Comments can also be sent electronically to Comments.applications@stls.frb.org:

1. Magnolia Banking Corporation, Magnolia, Arkansas; to acquire 100 percent of the voting shares of Prescott Bancshares, Inc., Prescott, Arkansas, and thereby indirectly acquire Bank of Prescott, also of Prescott, Arkansas.

Yao-Chin Chao,
Assistant Secretary of the Board.

[FR Doc. 2019–13725 Filed 6–26–19; 8:45 am] BILLING CODE P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Agency for Healthcare Research and Quality
Common Formats for Patient Safety Data Collection

AGENCY: Agency for Healthcare Research and Quality (AHRQ), Department of Health and Human Services (HHS).

ACTION: Notice of availability—new Common Formats

SUMMARY: As authorized by the Secretary of HHS, AHRQ coordinates the development of common definitions and reporting formats (Common Formats or formats) for reporting on health care quality and patient safety. The purpose of this notice is to announce the availability of Common Formats for Surveillance—Hospital Version 0.3 Beta for public review and comment.

DATES: Ongoing public input.

ADDRESSES: The Common Formats for Surveillance—Hospital Version 0.3 Beta can be accessed electronically at the following website: http://hare.qualityforum.org/Projects/Common-Formats/Pages/default.aspx.

FOR FURTHER INFORMATION CONTACT: Dr. Hamid Jalal, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, Rockville, MD 20857; Telephone (toll free): (866) 403–3697; Telephone (local): (301) 427–1111; TTY (toll free): (866) 438–7231; TTY (local): (301) 427–1130; Email: pso@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background on Common Formats Development

The Patient Safety and Quality Improvement Act of 2005, 42 U.S.C. 299b–21 to 299b–26, (Patient Safety Act) and the related Patient Safety and Quality Improvement Final Rule, 42 CFR part 3 (Patient Safety Rule), published in the Federal Register on November 21, 2008, 73 FR 70731–70814, provide for the formation of Patient Safety Organizations (PSOs), which collect and analyze confidential and privileged information regarding the quality and safety of health care delivery that meets the definition of
PSWP. Aggregation of these data enables PSOs and others to identify and address underlying causal factors of patient safety and quality issues.

The Patient Safety Act provides for the development of standardized reporting formats using common language and definitions to ensure that health care quality and patient safety data collected by PSOs and other entities are comparable. The Common Formats facilitate aggregation of comparable data at local, PSO, regional and national levels. In addition, the formats are intended to enhance the reporting of information that is standardized both clinically and electronically.

AHRQ has developed Common Formats for three settings of care—acute care hospitals, nursing homes, and community pharmacies—for use by health care providers and PSOs. AHRQ-listed PSOs are required to collect patient safety work product in a standardized manner to the extent practical and appropriate; this is a requirement the PSO can meet by collecting such information using Common Formats. Additionally, providers and other organizations not working with an AHRQ-listed PSO can use the Common Formats in their work to improve quality and safety; however, they cannot benefit from the federal confidentiality and privilege protections of the Patient Safety Act.

Since February 2005, AHRQ has convened the Federal Patient Safety Work Group (PSWG) to assist AHRQ in developing and maintaining the Common Formats. The PSWG includes major health agencies within HHS as well as the Departments of Defense and Veterans Affairs. The PSWG helps assure the consistency of definitions/formats with those of relevant government agencies. In addition, AHRQ has solicited comments from the private and public sectors regarding proposed versions of the Common Formats through a contract, since 2008, with the National Quality Forum (NQF), which is a non-profit organization focused on health care quality. After receiving comments, the NQF solicits review of the formats by its Common Formats Expert Panel. Subsequently, NQF provides this input to AHRQ who then uses it to refine the Common Formats.

Previously, AHRQ’s primary focus with the formats has been to support traditional event reporting. For the Common Formats, it should be noted that AHRQ uses the term “surveillance” in this context to refer to the improved detection of events and calculation of adverse event rates in populations reviewed that will allow for collection of comparable performance data over time and across populations of patients. These formats are designed to provide, through retrospective review of medical records, information that is complementary to that derived from event reporting systems. For more information on AHRQ’s efforts measuring patient safety in this area, please go to: https://www.ahrq.gov/news/blog/ahrqvieus/new-system-aims-to-improve-patient-safety-monitoring.html.

The Common Formats for Surveillance—Hospital Version 0.3 Beta include two general types of formats, generic and event-specific. The generic Common Formats pertain to all patient safety concerns. The event-specific Common Formats pertain to frequently-occurring and/or serious patient safety events. The Common Formats for Surveillance—Hospital Version 0.3 Beta event-specific formats are: Blood or Blood Product, Birth—Maternal, Birth—Neonatal, Device, Fall, Medication, Pressure Ulcer/Pressure Injury, Surgery or Anesthesia, Venous Thromboembolism, Healthcare Associated Infection (HAI)—Catheter Associated Tract Infection (CAUTI)/Clostridium Difficile—Clostridiodes Infection (CDI)/Central Line Associated Blood Stream Infection (CLABSI)/Pneumonia/Surgical Site Infection (SSI)/Urinary Tract Infection (UTI), Other HAI, and Other Outcomes of Interest (OOI).

AHRQ is specifically interested in receiving feedback in order to guide the improvement of the formats. Information on how to comment on the Common Formats for Surveillance—Hospital Version 0.3 Beta is available at: http://www.qualityforum.org/Project_Pages/Common_Formats_for_Patient_Safety_Data.aspx.

Additional information about the Common Formats can be obtained through AHRQ’s PSO website: https://pso.ahrq.gov/.

Virginia L. Mackay-Smith, Associate Director.

[FR Doc. 2019–13661 Filed 6–26–19; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–7054–N]

Announcement of the Advisory Panel on Outreach and Education (APOE) July 16, 2019 Meeting

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Notice.

SUMMARY: This notice announces the next meeting of the APOE (the Panel) in accordance with the Federal Advisory Committee Act. The Panel advises and makes recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) and the Administrator of the Centers for Medicare & Medicaid Services (CMS) on opportunities to enhance the effectiveness of consumer education strategies concerning the Health Insurance Marketplace, Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP). This meeting is open to the public.

DATES: Meeting Date: Tuesday, July 16, 2019, 8:30 a.m. to 4 p.m. eastern daylight time (e.d.t.)

Deadline for Meeting Registration, Presentations, Special Accommodations and Comments: Tuesday, July 2, 2019, 5 p.m., e.d.t.


Presentations and Written Comments: Presentations and written comments should be submitted to: Lisa Carr, Designated Federal Official (DFO), Office of Communications, Centers for Medicare & Medicaid Services, 200 Independence Avenue SW, Mailstop 325G HHH, Washington, DC 20201, 202–690–5742, or via email at Lisa.Carr@cms.hhs.gov.

Registration: The meeting is open to the public, but attendance is limited to the space available. Persons wishing to attend this meeting must register at the website https://www.eventbrite.com/e/apoe-july-16–2019-meeting-tickets-60810918093 or by contacting the DFO listed in the FOR FURTHER INFORMATION CONTACT section of this notice, by the date listed in the DATES section of this notice. Individuals requiring sign language interpretation or other special accommodations should contact the DFO at the address listed in the

BILLING CODE 4160–90–P