exceptions, the order will terminate in 20 years.

The purpose of this analysis is to facilitate public comment on the order, and it is not intended to constitute an official interpretation of the complaint or order, or to modify the order's terms in any way.

By direction of the Commission.

April J. Tabor,

Acting Secretary.

[FR Doc. 2019–12279 Filed 6–10–19; 8:45 am]

BILLING CODE 6750–01–P

GENERAL SERVICES ADMINISTRATION

[Notice–MA–2019–05; Docket No. 2019–0002, Sequence No. 11]

Cancellation of FMR Bulletin B–32, Motor Vehicle Policy

AGENCY: Office of Government-wide Policy (OGP), General Services Administration (GSA).

ACTION: Notice of cancellation.

SUMMARY: This notice announces the cancellation of GSA Federal Management Regulation (FMR) Bulletin B–32.

DATES: *Applicable:* June 11, 2019.

FOR FURTHER INFORMATION CONTACT: For clarification of content or information, contact Mr. James Vogelsinger, Director, Office of Government-wide Policy, Office of Asset and Transportation Management at (202) 501–1764 or via email at *vehicle.policy@gsa.gov.* Please cite Notice for Cancellation of FMR Bulletin B–32 in the subject line.

SUPPLEMENTARY INFORMATION: On May 24, 2011, the President issued a Presidential Memorandum on Federal Fleet Performance. This memorandum stated that any executive fleet vehicles that are larger than a midsize sedan or do not comply with alternative fueled vehicle (AFV) requirements must be disclosed on agency websites. On October 12, 2011, GSA provided guidance to agencies regarding the identification of executive fleet vehicles and the requirements to post them on agency websites by issuing FMR Bulletin B–32. On March 19, 2015, Executive Order 13693, Planning for Federal Sustainability in the Next Decade was signed which revoked the May 24, 2011 Presidential Memorandum on Federal Fleet Performance, effective as of October 1, 2015. Therefore, the requirement for any executive fleet vehicles that are larger than a midsize sedan or do not comply with AFV requirements to be disclosed on agency websites no longer exists.

Bulletins regarding motor vehicle management are located on the internet at *http://www.gsa.gov/fmrbulletin* as FMR bulletins.

Jessica Salmoiraghi,

Associate Administrator, Office of Government-wide Policy.

[FR Doc. 2019–12240 Filed 6–10–19; 8:45 am]

BILLING CODE 6820–14–P

GENERAL SERVICES ADMINISTRATION

[Notice–MA–2019–04; Docket No. 2019–0002, Sequence No. 8]

Cancellation of FMR Bulletin B–30, Vehicle Allocation Methodology for Agency Fleets

AGENCY: Office of Government-wide Policy (OGP), General Services Administration (GSA).

ACTION: Notice.

SUMMARY: This notice announces the cancellation of GSA Federal Management Regulation (FMR) Bulletin B–30.

DATES: *Applicable Date:* June 11, 2019.

FOR FURTHER INFORMATION CONTACT: Mr. James Vogelsinger, Office of Government-wide Policy, Office of Asset and Transportation Management at (202) 501–1764 or via email at *vehicle.policy@gsa.gov.* Please cite notice of FMR Bulletin B–30 cancellation.

SUPPLEMENTARY INFORMATION:

A. Background

GSA Bulletin FMR B–9 was issued on August 26, 2005. The Bulletin provided guidance to Executive Branch agencies on the development and maintenance of a documented Vehicle Allocation Methodology for agency fleets. GSA Bulletin FMR B–30 cancelled FMR Bulletin B–9, effective August 22, 2011. GSA Bulletin FMR B–43 subsequently superseded FMR Bulletin B–30, effective March 20, 2017. This cancellation of GSA FMR Bulletin B–30 clarifies that GSA FMR Bulletin B–43 is the only guidance on Vehicle Allocation Methodology in effect currently.

B. Procedures

Bulletins regarding motor vehicle management are located on the internet at *http://www.gsa.gov/fmrbulletin* as FMR bulletins.

Jessica Salmoiraghi,

Associate Administrator, Office of Government-wide Policy.

[FR Doc. 2019–12239 Filed 6–10–19; 8:45 am]

BILLING CODE 6820–14–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: ''*Hospital Survey on Patient Safety Culture Comparative Database.*'' In accordance with the Paperwork Reduction Act, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on March 19, 2019, and allowed 60 days for public comment. AHRQ did not receive substantive comments. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received on or before 30 days after date of publication.

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 email at *OIRA_submission@omb.eop.gov* (attention: AHRQ's desk officer).

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

Hospital Survey on Patient Safety Culture Comparative Database

The Hospital Survey on Patient Safety Culture (Hospital SOPS) is designed to enable hospitals to assess provider and staff perspectives about patient safety issues, medical error, and error reporting. The Hospital SOPS includes 42 items that measure 12 composites of patient safety culture. AHRQ first made the Hospital SOPS publicly available, along with a Survey User's Guide and other toolkit materials, in November 2004 on the AHRQ website.

The Hospital Survey on Patient Safety Culture Comparative Database (Hospital SOPS Database) consists of data from

the Hospital SOPS and may include reportable, non-required supplemental items. Hospitals in the U.S. can voluntarily submit data from the survey to AHRQ, through its contractor, Westat. The Hospital SOPS Database (OMB NO. 0935–0162, last approved on September 30, 2016) was developed by AHRQ in 2006 in response to requests from hospitals interested in tracking their own survey results. Those organizations submitting data receive a feedback report, as well as a report of the aggregated de-identified findings of the other hospitals submitting data. These reports are used to assist hospital staff in their efforts to improve patient safety culture in their organizations.

Rationale for the information collection. The Hospital SOPS and the Hospital SOPS Database support AHRQ's goals of promoting improvements in the quality and safety of health care in hospital settings. The survey, toolkit materials, and database results are all made publicly available on AHRQ's website. Technical assistance is provided by AHRQ through its contractor at no charge to hospitals, to facilitate the use of these materials for hospital patient safety and quality improvement.

This database will:

(1) Present results from hospitals that voluntarily submit their data,

(2) provide data to hospitals to facilitate internal assessment and learning in the patient safety improvement process, and

(3) provide supplemental information to help hospitals identify their strengths and areas with potential for improvement in patient safety culture.

This study is being conducted by AHRQ through its contractor, Westat, 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 healthcare services and with respect to surveys and database development. 42 U.S.C 299a(a)(1) and (8)

Method of Collection

To achieve the goal of this project the following activities and data collections will be implemented:

(1) *Eligibility and Registration Form*—The hospital point-of-contact (POC) completes a number of data submission steps and forms, beginning with the completion of an online Eligibility and Registration Form. The purpose of this form is to collect basic demographic information about the hospital and initiate the registration process.

(2) *Data Use Agreement*—The purpose of the data use agreement, completed by the hospital POC, is to state how data submitted by hospitals will be used and provide privacy assurances.

(3) *Hospital Site Information Form*—The purpose of the site information form, also completed by the hospital POC, is to collect background characteristics of the hospital. This information will be used to analyze data collected with the Hospital SOPS survey.

(4) *Data Files Submission*—POCs upload their data file(s), using hospital data file specifications, to ensure that users submit standardized and consistent data in the way variables are named, coded, and formatted. The number of submissions to the database is likely to vary each year because hospitals do not administer the survey and submit data every year. Data submission is typically handled by one POC who is either a patient safety manager in the hospital or a survey vendor who contracts with a hospital to collect and submit their data. POCs submit data on behalf of 3 hospitals, on average, because many hospitals are part of a health system that includes many hospitals, or the POC is a vendor that is submitting data for multiple hospitals.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondents' time to participate in the database. An estimated 340 POCs, each representing an average of 3 individual hospitals each, will complete the database submission steps and forms annually. Each POC will submit the following:

- Eligibility and registration form (completion is estimated to take about 3 minutes).
- Data Use Agreement (completion is estimated to take about 3 minutes).
- Hospital Information Form (completion is estimated to take about 5 minutes).
- Survey data submission will take an average of one hour.

The total annual burden hours are estimated to be 459 hours. Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to submit their data. The cost burden is estimated to be $26,572 annually.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Eligibility/Registration Form	340	1	3/60	17
Data Use Agreement	340	1	3/60	17
Hospital Information Form	340	3	5/60	85
Data Files Submission	340	1	1	340
Total	N/A	N/A	N/A	459

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate *	Total cost burden
Eligibility/Registration Form	340	17	$57.89	$984
Data Use Agreement	340	17	57.89	984
Hospital Information Form	340	85	57.89	4,921
Data Files Submission	340	340	57.89	19,683

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN—Continued

Form name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate *	Total cost burden
Total	N/A	N/A	N/A	26,572

* Mean hourly wage of $57.89 for Medical and Health Services Managers (SOC code 11–9111) was obtained from the May 2017 National Industry-Specific Occupational Employment and Wage Estimates NAICS 622000—Hospitals, located at *http://www.bls.gov/oes/current/naics3_622000.htm.*

Request for Comments

In accordance with the Paperwork Reduction Act, 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.

Virginia L. Mackay-Smith,

Associate Director.

[FR Doc. 2019–12312 Filed 6–10–19; 8:45 am]

BILLING CODE 4160–90–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: ''*The AHRQ Safety Program for Improving Antibiotic Use.*'' In accordance with the Paperwork Reduction Act, AHRQ invites the public to comment on this proposed information collection.

This proposed information collection was previously published in the **Federal Register** on April 1, 2019 and allowed 60 days for public comment. AHRQ did not receive substantive comments. The purpose of this notice is to allow an additional 30 days for public comment.

DATES: Comments on this notice must be received on or before 30 days after date of publication.

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 email at *OIRA_submission@omb.eop.gov* (attention: AHRQ's desk officer).

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by email at *doris.lefkowitz@AHRQ.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project

The AHRQ Safety Program for Improving Antibiotic Use

The Agency for Healthcare Research and Quality (AHRQ) requests to revise and extend the currently approved *AHRQ Safety Program for Improving Antibiotic Use.* The AHRQ Safety Program for Improving Antibiotic Use (the ''AHRQ Safety Program'') aims to help facilities implement antibiotic stewardship programs and to reduce unnecessary antibiotic prescribing. The AHRQ Safety Program has already been implemented in a pilot of integrated delivery systems and a national cohort of 400 acute care hospitals, and is currently being implemented in a national cohort of 500 long-term care facilities. The AHRQ Safety Program was last approved by OMB on September 25, 2017 and will expire on September 30, 2020. The request for extension is to allow for completion of activities and data collection in the AHRQ Safety Program, which are scheduled to occur through March 30, 2021. The OMB control number for the AHRQ Safety Program is 0935–0238. All of the supporting documents for the current AHRQ Safety Program can be downloaded from OMB's website at *https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201707-0935-003.*

The 2017 OMB clearance included one response for the Structural Assessment and the *Medical Office Survey on Patient Safety Culture (MOSOPS),* but did not include electronic health record (EHR) data or a second response for the Structural Assessment or MOSOPS for the 4th cohort planned for ambulatory settings. This was because the original OMB clearance expiration date fell in the middle of the planned 4th cohort, so the second Structural Assessment and MOSOPS were not within the approved information collection period, and EHR data collection would have been incomplete. In addition, the project team was not certain that the ambulatory care practices would be able to access EHR data. Based on the experience of the pilot cohort, however, it is believed that many ambulatory practices can access these data, and that these practices are more likely to feasibly participate in the AHRQ Safety Program. The revision also updates the estimated annual burden accordingly, and includes changes to the data collection forms which will be used for the ambulatory care cohort based on lessons learned during the pilot cohort.

Background for This Collection

As part of the Department of Health and Human Services (DHHS) Hospital Acquired Infection (HAI) National Action Plan (NAP), AHRQ has supported the implementation and adoption of the Comprehensive Unit-based Safety Program (CUSP) to reduce Central-Line Associated Bloodstream Infections (CLABSI) and Catheter-Associated Urinary Tract Infections (CAUTI), and subsequently applied CUSP to other clinical challenges, including reducing surgical site infections and improving care for mechanically ventilated patients. As part of the National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB NAP) to increase antibiotic stewardship (defined as organized efforts to promote the judicious use of