

FEDERAL DEPOSIT INSURANCE CORPORATION

Notice of Termination; 10400 Sun Security Bank, Ellington, Missouri

The Federal Deposit Insurance Corporation (FDIC), as Receiver for 10400 Sun Security Bank, Ellington, Missouri (Receiver) has been authorized to take all actions necessary to terminate the receivership estate of Sun Security Bank (Receivership Estate); the Receiver has made all dividend distributions required by law.

The Receiver has further irrevocably authorized and appointed FDIC-Corporate as its attorney-in-fact to execute and file any and all documents that may be required to be executed by the Receiver which FDIC-Corporate, in its sole discretion, deems necessary; including but not limited to releases, discharges, satisfactions, endorsements, assignments and deeds.

Effective May 1, 2017, the Receivership Estate has been terminated, the Receiver discharged, and the Receivership Estate has ceased to exist as a legal entity.

Dated: May 2, 2017.

Robert E. Feldman,

Executive Secretary, Federal Deposit Insurance Corporation.

[FR Doc. 2017-09126 Filed 5-4-17; 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 (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 notices 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 May 22, 2017.

A. Federal Reserve Bank of Kansas City (Dennis Denney, Assistant Vice President) 1 Memorial Drive, Kansas City, Missouri 64198-0001:

1. *Lloyd K. Culbertson Revocable Trust, Lloyd Culbertson, trustee; The Kent and Toni Culbertson Living Trust, L. Kent Culbertson, trustee and Antonia J. Culbertson, trustee and individually;* all of Phillipsburg, Kansas; to acquire voting shares of Golden Plains Bankshares, Inc., Phillipsburg, Kansas (the Company), and thereby indirectly acquire First National Bank and Trust, Phillipsburg, Kansas. In addition, *The Katherine Culbertson Revocable Trust, Lloyd Culbertson, trustee; The Deanna F. Culbertson Revocable Trust and Deanna F. Culbertson, as trustee, both of Phillipsburg, Kansas; and The Shane Culbertson Living Trust, and Shane Culbertson, trustee, both of Olathe, Kansas,* to retain voting shares of the Company and be approved as members of the Culbertson Family Group.

Board of Governors of the Federal Reserve System, May 2, 2017.

Yao-Chin Chao,

Assistant Secretary of the Board.

[FR Doc. 2017-09127 Filed 5-4-17; 8:45 am]

BILLING CODE 6210-01-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 “Implementation of TeamSTEPPS in Primary Care Settings (ITS-PC).”

DATES: Comments on this notice must be received by July 5, 2017.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at doris.lefkowitz@AHRQ.hhs.gov.

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 emails at doris.lefkowitz@AHRQ.hhs.gov.

SUPPLEMENTARY INFORMATION:

Proposed Project

“Implementation of TeamSTEPPS in Primary Care Settings (ITS-PC)”

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501-3521, AHRQ invites the public the comment on this proposed information collection. As part of its effort to fulfill its mission goals, AHRQ, in collaboration with the Department of Defense's (DoD) Tricare Management Activity, developed TeamSTEPPS® (Team Strategies and Tools for Enhancing Performance and Patient Safety) to provide an evidence-based suite of tools and strategies for training teamwork-based patient safety to health care professionals. TeamSTEPPS includes multiple toolkits which are all tied to, or are variants of, the core curriculum. In addition to the core curriculum, TeamSTEPPS resources have been developed for primary care, rapid response systems, long-term care, and patients with limited English proficiency.

The main objective of the TeamSTEPPS program is to improve patient safety by training health care staff in various teamwork, communication, and patient safety concepts, tools, and techniques and ultimately helping to build national capacity for supporting teamwork-based patient safety efforts in health care organizations.

Created in 2007, AHRQ's National Implementation Program has trained Master Trainers who have stimulated the use and adoption of TeamSTEPPS in health care delivery systems. These individuals were trained using the TeamSTEPPS core curriculum at regional training centers across the U.S. AHRQ has also provided technical assistance and consultation on implementing TeamSTEPPS and has developed user networks, various educational venues and other channels of learning for continued support and the improvement of teamwork in health care. Since the inception of the National Implementation Program, AHRQ has trained more than 8,000 participants to serve as TeamSTEPPS Master Trainers.

Given the success of the National Implementation Program, AHRQ launched an effort to provide TeamSTEPPS training to primary care health professionals using the TeamSTEPPS in Primary Care version of the curriculum, which is now referred to as “TeamSTEPPS for Office-Based Care.”

Most of the participants in the current National Implementation Program's training come from hospital settings, because the TeamSTEPPS core curriculum is most aligned with that

context. Under this new initiative, primary care practice facilitators will be trained through online instruction. Upon completion of the course, these individuals will be Master Trainers who will train the staff at primary care practices and implement or support the implementation of TeamSTEPPS tools and strategies in primary care practices.

As part of this initiative, AHRQ seeks to conduct an evaluation of the TeamSTEPPS for Office-Based Care training program. This evaluation seeks to understand the effectiveness of the TeamSTEPPS for Office-Based Care training and how trained practice facilitators implement TeamSTEPPS in primary care practices.

This research has the following goals:

(1) Conduct a formative assessment of the TeamSTEPPS for Office-Based Care training program to determine what revisions and improvement should be made to the training and how it is delivered, and

(2) Identify how trained participants use and implement the TeamSTEPPS tools and resources in primary care settings.

This study is being conducted by AHRQ through its contractor, the Health Research & Educational Trust and its subcontractor, IMPAQ International, 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 health care services and with respect to quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).

Method of Collection

This is a continuation of data collection for the purpose of conducting an evaluation of the TeamSTEPPS for Office-Based Care training program. The evaluation is formative in nature as AHRQ seeks information to improve the delivery of the online training.

To conduct the evaluation, the *TeamSTEPPS for Office-Based Care Post-Training Survey* will be administered to all individuals who complete the TeamSTEPPS for Office-Based Care training six months after training. The *TeamSTEPPS for Office-Based Care Post-Training Survey* will be administered via the Web to participants.

In order to reduce respondent burden, the training participant questionnaire will be administered via the Web. Participant information acquired by HRET and its partner Reingold, Inc. when participants enroll in the TeamSTEPPS for Office-Based Care training program will be used to develop the distribution lists. Each potential respondent will receive up to five email communications to encourage participation (*i.e.*, an advance notice of the questionnaire, an initial invitation to complete the questionnaire, and three follow-up emails to remind respondents to complete the questionnaire).

Using an online system for data collection, rather than administering a paper-based questionnaire, will make completing and submitting the questionnaire less time-consuming for respondents. Any skip patterns included in the questionnaire (*i.e.*, questions that are appropriate only for a subset of the respondents) will be automatically programmed into the Web-based form of the questionnaire, thereby eliminating any confusion during questionnaire completion. In addition, the contractors can also ensure that important items are not inadvertently skipped or ignored by setting software requirements to ensure proper completion of questionnaires based on specific respondent selections.

Estimated Annual Respondent Burden

Exhibit 1 shows the estimated annualized burden hours for the respondent's time to participate in the study. The *TeamSTEPPS for Office-Based Care Post-Training Survey* will be completed by approximately 600 individuals per year. We estimate that each respondent will require 20 minutes to complete the survey. The total annualized burden is estimated to be 200 hours.

Exhibit 2 shows the estimated annualized cost burden based on the respondents' time to participate in the study. The total cost burden is estimated to be \$24,944.

EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents	Number of responses per respondent	Hours per response	Total burden hours
TeamSTEPPS for Office-Based Care Post-Training Survey	600	1	20/60	200
Total	600	NA	NA	200

EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents	Total burden hours	Average hourly wage rate *	Total cost burden
TeamSTEPPS for Office-Based Care Post-training Survey	600	200	\$96.54	\$19,308
Total	600	200	96.54	19,308

*Based on the mean hourly wage for Family and General Practitioners (29–1062) presented in the National Compensation Survey: Occupational Wages in the United States, May 2016, U.S. Department of Labor, Bureau of Labor Statistics (https://www.bls.gov/oes/current/oes_nat.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 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.

Sharon B. Arnold,
Acting Director.

[FR Doc. 2017-09089 Filed 5-4-17; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Voluntary Relinquishment From the Healogics Patient Safety Institute

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

ACTION: Notice of Delisting.

SUMMARY: The Patient Safety Rule authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be "delisted" by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO's listing expires. AHRQ has accepted a notification of voluntary relinquishment from the Healogics Patient Safety Institute of its status as a PSO, and has delisted the PSO accordingly. The Healogics Patient Safety Institute submitted this request for voluntary relinquishment after receiving a Notice of Preliminary Finding of Deficiency.

DATES: The directories for both listed and delisted PSOs are ongoing and reviewed weekly by AHRQ. The delisting was effective at 12:00 Midnight ET (2400) on March 21, 2017.

ADDRESSES: Both directories can be accessed electronically at the following HHS Web site: <http://www.pso.ahrq.gov/listed>.

FOR FURTHER INFORMATION CONTACT:

Eileen Hogan, Center for Quality Improvement and Patient Safety, AHRQ, 5600 Fishers Lane, Room 06N94B, 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: psa@ahrq.hhs.gov.

SUPPLEMENTARY INFORMATION:

Background

The Patient Safety and Quality Improvement Act of 2005, (Patient Safety Act) and the related Patient Safety and Quality Improvement Final Rule, (Patient Safety Rule), published in the **Federal Register** on November 21, 2008, establish a framework by which hospitals, doctors, and other health care providers may voluntarily report information to Patient Safety Organizations (PSOs), on a privileged and confidential basis, for the aggregation and analysis of patient safety events.

The Patient Safety and Quality Improvement Act of 2005, 42 U.S.C. 299b-21 to b-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 70732-70814, establish a framework by which hospitals, doctors, and other health care providers may voluntarily report information to Patient Safety Organizations (PSOs), on a privileged and confidential basis, for the aggregation and analysis of patient safety events.

The Patient Safety Act authorizes the listing of PSOs, which are entities or component organizations whose mission and primary activity are to conduct activities to improve patient safety and the quality of health care delivery.

HHS issued the Patient Safety Rule to implement the Patient Safety Act. AHRQ administers the provisions of the Patient Safety Act and Patient Safety Rule relating to the listing and operation of PSOs. The Patient Safety Rule authorizes AHRQ to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be "delisted" if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule, when a PSO chooses to voluntarily relinquish its status as a PSO for any reason, or when a PSO's listing expires. Section 3.108(d) of the Patient Safety Rule requires AHRQ to provide public notice when it removes an organization from the list of federally approved PSOs.

AHRQ has accepted a notification from the Healogics Patient Safety Institute, a component entity of Healogics, Inc., PSO number P0169, to voluntarily relinquish its status as a PSO. Accordingly, the Healogics Patient

Safety Institute was delisted effective at 12:00 Midnight EDT (2400) on March 21, 2017. AHRQ notes that the Healogics Patient Safety Institute submitted this request for voluntary relinquishment following receipt of the Notice of Preliminary Finding of Deficiency sent to the PSO on February 22, 2017.

Healogics Patient Safety Institute has patient safety work product (PSWP) in its possession. The PSO will meet the requirements of Section 3.108(c)(2)(i) of the Patient Safety Rule regarding notification to providers that have reported to the PSO. In addition, according to Sections 3.108(c)(2)(ii) and 3.108(b)(3) of the Patient Safety Rule regarding disposition of PSWP, the PSO has 90 days from the effective date of delisting and revocation to complete the disposition of PSWP that is currently in the PSO's possession.

More information on PSOs can be obtained through AHRQ's PSO Web site at <http://www.pso.ahrq.gov>.

Sharon B. Arnold,
Acting Director.

[FR Doc. 2017-09088 Filed 5-4-17; 8:45 am]

BILLING CODE 4160-90-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Patient Safety Organizations: Voluntary Relinquishment From the Empire State Patient Safety Assurance Network PSO

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

ACTION: Notice of delisting.

SUMMARY: The Patient Safety and Quality Improvement Act of 2005, (Patient Safety Act) and the related Patient Safety and Quality Improvement Final Rule, published in the **Federal Register** on November 21, 2008, 73 FR 70732-70814, establish a framework by which hospitals, doctors, and other health care providers may voluntarily report information to Patient Safety Organizations (PSOs), on a privileged and confidential basis, for the aggregation and analysis of patient safety events. The Patient Safety Rule authorizes AHRQ, on behalf of the Secretary of HHS, to list as a PSO an entity that attests that it meets the statutory and regulatory requirements for listing. A PSO can be "delisted" by the Secretary if it is found to no longer meet the requirements of the Patient Safety Act and Patient Safety Rule,