

A. Federal Reserve Bank of St. Louis (Yvonne Sparks, Community Development Officer) P.O. Box 442, St. Louis, Missouri 63166-2034:

1. *Riney Family Control Group* acting in concert to retain control of Kentucky Home Bancshares, Inc., Bardstown, Kentucky. The Riney Family Control Group consists of Teresa White Riney; Teresa White Riney, IRA; William Anthony Riney, Jr.; William Anthony Riney, Jr. IRA; William Anthony Riney, Jr., Custodian for Thomas William Riney; William Anthony Riney, Jr., Custodian for John William Riney; Betty Doris White; William Anthony Riney, Sr.; Nancy White Hale, IRA; Rachel White Fenwick; Joseph Stephen Fenwick; David Wayne

Riney, IRA; David Wayne Riney; Rhonda Thompson Riney; James Kevin Riney; Lori Russell Riney, all of Springfield, Kentucky; Charles David White and Janice Carol White, both of Bardstown, Kentucky; Theresa Riney Noel and Bradley Dee Noel, both of Harrodsburg, Kentucky; and Deborah Jean Goist, Portage, Michigan.

Board of Governors of the Federal Reserve System, May 15, 2014.

**Michael J. Lewandowski,**

*Assistant Secretary of the Board.*

[FR Doc. 2014-11653 Filed 5-20-14; 8:45 am]

**BILLING CODE 6210-01-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 will also be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the

standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 13, 2014.

A. Federal Reserve Bank of Richmond (Adam M. Drimer, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. *Yadkin Financial Corporation*, Elkin, North Carolina; to acquire 100 percent of the voting shares of Piedmont Community Bank Holdings, Inc., Raleigh, North Carolina, and its subsidiary, VantageSouth Bancshares, Inc., Raleigh, North Carolina, and thereby indirectly acquire control of VantageSouth Bank, Cary, North Carolina.

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

1. *Citizens National Corporation*, Wisner, Nebraska; to acquire up to an additional 1.49 percent for a total of 35.93 percent of the voting shares of Republic Corporation, parent of United Republic Bank, both in Omaha, Nebraska.

Board of Governors of the Federal Reserve System, May 15, 2014.

**Michael J. Lewandowski,**

*Assistant Secretary of the Board.*

[FR Doc. 2014-11654 Filed 5-20-14; 8:45 am]

**BILLING CODE 6210-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

[Document Identifier HHS-OS-0990-0278]

### Agency Information Collection Activities; Submission to OMB for Review and Approval; Public Comment Request

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the Office of the Secretary (OS), Department of Health and Human Services, has submitted an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB) for review and approval. The ICR is for extension of the approved information collection assigned OMB control number 0990-0278, scheduled to expire

on June 30, 2014. Comments submitted during the first public review of this ICR will be provided to OMB. OMB will accept further comments from the public on this ICR during the review and approval period.

**DATES:** Comments on the ICR must be received on or before June 20, 2014.

**ADDRESSES:** Submit your comments to [OIRA\\_submission@omb.eop.gov](mailto:OIRA_submission@omb.eop.gov) or via facsimile to (202) 395-5806.

**FOR FURTHER INFORMATION CONTACT:** Information Collection Clearance staff, [Information.CollectionClearance@hhs.gov](mailto:Information.CollectionClearance@hhs.gov) or (202) 690-6162.

**SUPPLEMENTARY INFORMATION:** When submitting comments or requesting information, please include the OMB control number 0990-0278 and document identifier HHS-OS-0990-0278-30D for reference.

*Information Collection Request Title:* Federalwide Assurance Form, Assistant Secretary for Health, Office for Human Research Protections.

*OMB No.:* 0990-0278.

*Abstract:* The Office for Human Research Protections is requesting a three year extension of the Federalwide Assurance (FWA). The FWA is designed to provide a simplified procedure for institutions engaged in HHS-conducted or supported research to satisfy the assurance requirements of Section 491(a) of the Public Health Service Act and HHS Regulations for the protection of human subjects at 45 CFR 46.103. The respondents are institutions engaged in human subjects research that is conducted or supported by HHS.

*Need and Proposed Use of the Information:* The information collected by OHRP through the FWA is the minimum necessary to satisfy the assurance requirements of the Public Health Service Act and the requirements of HHS regulations at 45 CFR 46.103.

*Likely Respondents:* Research institutions engaged in HHS-conducted or -supported research involving human subjects.

*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.

**TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS**

Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Federalwide assurance (FWA) .....	11,050	2	30/60	11,050
<b>Total</b> .....	.....	.....	.....	<b>11,050</b>

**Darius Taylor,**  
*Information Collection Clearance Officer.*  
 [FR Doc. 2014–11659 Filed 5–20–14; 8:45 am]  
**BILLING CODE 4150–28–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: “*Evaluation of the Implementation of TeamSTEPPS in Primary Care Settings (ITS-PC)*.” In accordance with the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)), AHRQ invites the public to comment on this proposed information collection.

**DATES:** Comments on this notice must be received by July 21, 2014.

**ADDRESSES:** Written comments should be submitted to: Doris Lefkowitz, Reports Clearance Officer, AHRQ, by email at [doris.lefkowitz@ahrq.hhs.gov](mailto: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 email at [doris.lefkowitz@ahrq.hhs.gov](mailto:doris.lefkowitz@ahrq.hhs.gov).

**SUPPLEMENTARY INFORMATION:**

**Proposed Project**

*Evaluation of the Implementation of TeamSTEPPS in Primary Care Settings (ITS-PC)*

As part of its effort to fulfill its mission goals, AHRQ, in collaboration with the Department of Defense’s (DoD) Tricare Management Activity (TMA), developed TeamSTEPPS® (aka, 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. Since 2007, AHRQ’s National Implementation Program has produced (and continues to produce) 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 various channels of learning (e.g., user networks, various educational venues) for continued support and the improvement of teamwork in health care. Since the inception of the National Implementation Program, AHRQ has trained more than 5,000 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. 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 a combination of in-person and online training. Upon completion of the course, these individuals will be Master Trainers who will (a) train the staff at primary care practices, and (b) 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 in Primary Care* training program. This evaluation seeks to understand the effectiveness of the *TeamSTEPPS in Primary 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 Primary 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 and Education Trust (HRET) and HRET’s subcontractor, IMPAQ International, pursuant to AHRQ’s statutory authority to conduct and support research on healthcare 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 quality measurement and improvement. 42 U.S.C. 299a(a)(1) and (2).