**Revision of Estimated Annual Cost Burden**

|  |  | **Total Estimated Burden (Hours)** | **Estimated Hourly Wage of Respondent** | **Total Estimated Annual Cost Burden** | **Change in Estimated Annual Cost Burden** |
| --- | --- | --- | --- | --- | --- |
| **Form Number** | **Form Name** | **2009** | **2010** | **2009** | **2010** | **2009** | **2010** |
| 57.100 | NHSN Registration Form | 500 | 500 | $34.65 | $37.49 | $17,325  | $18,745  | $1,420  |
| 57.101 | Facility Contact Information | 1,000 | 1,000 | $34.65 | $37.49 | $34,650  | $37,490  | $2,840  |
| 57.102 | **N/A-Remove from ICR** | 1,500 | 0 | $34.65 | $37.49 | $51,975  | $0  | ($51,975) |
| 57.103 | Patient Safety Component--Annual Facility Survey | 3,000 | 4,000 | $34.65 | $37.49 | $103,950  | $149,960  | $46,010  |
| 57.104 | Patient Safety Component--Outpatient Dialysis Center Practices Survey | 225 | 5,500 | $34.65 | $37.49 | $7,796  | $206,195  | $198,399  |
| 57.105 | Group Contact Information | 500 | 500 | $34.65 | $37.49 | $17,325  | $18,745  | $1,420  |
| 57.106 | Patient Safety Monthly Reporting Plan | 31,500 | 31,500 | $34.65 | $37.49 | $1,091,475  | $1,180,935  | $89,460  |
| 57.108 | Primary Bloodstream Infection (BSI) | 108,000 | 115,200 | $34.65 | $37.49 | $3,742,200  | $4,318,848  | $576,648  |
| 57.109 | Dialysis Event | 11,250 | 9,375 | $29.58 | $30.65 | $332,775  | $287,344  | ($45,431) |
| 57.111 | Pneumonia (PNEU) | 216,000 | 230,400 | $34.65 | $37.49 | $7,484,400  | $8,637,696  | $1,153,296  |
| 57.112 | **N/A-Remove from ICR** | - | - | - | - | - | - | - |
| 57.113 | **N/A-Remove from ICR** | - | - | - | - | - | - | - |
| 57.114 | Urinary Tract Infection (UTI) | 81,000 | 86,400 | $34.65 | $37.49 | $2,806,650  | $3,239,136  | $432,486  |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 216,000 | 216,000 | $29.58 | $30.65 | $6,389,280  | $6,620,400  | $231,120  |
| 57.117 | Denominators for Specialty Care Area (SCA) | 270,000 | 270,000 | $29.58 | $30.65 | $7,986,600  | $8,275,500  | $288,900  |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 540,000 | 540,000 | $29.58 | $30.65 | $15,973,200  | $16,551,000  | $577,800  |
| 57.119 | Denominator for Outpatient Dialysis | 169 | 500 | $29.58 | $30.65 | $4,992  | $15,325  | $10,333  |
| 57.120 | Surgical Site Infection (SSI) | 81,000 | 86,400 | $34.65 | $37.49 | $2,806,650  | $3,239,136  | $432,486  |
| 57.121 | Denominator for Procedure | 432,000 | 540,000 | $29.58 | $30.65 | $12,778,560  | $16,551,000  | $3,772,440  |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology DataElectronic Upload Specification Tables | 810,000 | 6,000 | $17.25 | $17.32 | $13,972,500  | $103,920  | ($13,868,580) |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy DataElectronic Upload Specification Tables | 432,000 | 6,000 | $13.18 | $13.49 | $5,693,760  | $80,940  | ($5,612,820) |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 100,000 | 50,000 | $34.65 | $37.49 | $3,465,000  | $1,874,500  | ($1,590,500) |
| 57.126 | MDRO or CDI Infection Form | 216,000 | 230,400 | $34.65 | $37.49 | $7,484,400  | $8,637,696  | $1,153,296  |
| 57.127 | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring  | 24,000 | 24,000 | $34.65 | $37.49 | $831,600  | $899,760  | $68,160  |
| 57.128 | Laboratory-identified MDRO or CDI Event | 720,000 | 600,000 | $34.65 | $37.49 | $24,948,000  | $22,494,000  | ($2,454,000) |
| 57.130 | Vaccination Monthly Monitoring Form–Summary Method | 480,000 | 420,000 | $34.65 | $37.49 | $16,632,000  | $15,745,800  | ($886,200) |
| 57.131 | Vaccination Monthly Monitoring Form–Patient-Level Method | 40,000 | 20,000 | $34.65 | $37.49 | $1,386,000  | $749,800  | ($636,200) |
| 57.132 | **N/A-Remove from ICR** | 41,667 | 0 | $34.65 | $37.49 | $1,443,750  | $0  | ($1,443,750) |
| 57.133 | Patient Vaccination | 83,333 | 83,333 | $34.65 | $37.49 | $2,887,500  | $3,124,167  | $236,667  |
| 57.135 | **N/A-Remove from ICR** | 6,000 | 0 | $34.65 | $37.49 | $207,900  | $0  | ($207,900) |
| 57.136 | **N/A-Remove from ICR** | 6,000 | 0 | $34.65 | $37.49 | $207,900  | $0  | ($207,900) |
| 57.137† | Patient Safety Component--Annual Facility Survey for LTCF | - | 104 | - | $37.49 | - | $3,905  | $3,905  |
| 57.138† | Laboratory-identified MDRO or CDI Event for LTCF | - | 1,000 | - | $37.49 | - | $37,490  | $37,490  |
| 57.139† | MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF | - | 88 | - | $37.49 | - | $3,280  | $3,280  |
| 57.140† | Urinary Tract Infection (UTI) for LTCF | - | 1,125 | - | $37.49 | - | $42,176  | $42,176  |
| 57.200 | Healthcare Personnel Safety Component Annual Facility Survey | 4,800 | 48,000 | $34.65 | $37.84 | $166,320  | $1,816,320  | $1,650,000  |
| 57.202 | Healthcare Worker Survey | 10,000 | 10,000 | $34.65 | $37.84 | $346,500  | $378,400  | $31,900  |
| 57.203 | Healthcare Personnel Safety Monthly Reporting Plan | 900 | 900 | $34.65 | $37.84 | $31,185  | $34,056  | $2,871  |
| 57.204 | Healthcare Worker Demographic Data | 40,000 | 40,000 | $34.65 | $37.84 | $1,386,000  | $1,513,600  | $127,600  |
| 57.205 | Exposure to Blood/Body Fluids | 30,000 | 30,000 | $34.65 | $37.84 | $1,039,500  | $1,135,200  | $95,700  |
| 57.206 | Healthcare Worker Prophylaxis/Treatment | 1,500 | 1,500 | $34.65 | $37.84 | $51,975  | $56,760  | $4,785  |
| 57.207 | Follow-Up Laboratory Testing | 15,000 | 15,000 | $17.25 | $17.32 | $258,750  | $259,800  | $1,050  |
| 57.208 | Healthcare Worker Vaccination History | 30,000 | 30,000 | $34.65 | $37.84 | $1,039,500  | $1,135,200  | $95,700  |
| 57.209 | Healthcare Worker Influenza Vaccination | 50,000 | 50,000 | $34.65 | $37.84 | $1,732,500  | $1,892,000  | $159,500  |
| 57.210 | Healthcare Worker Prophylaxis/Treatment-Influenza | 5,000 | 5,000 | $34.65 | $37.84 | $173,250  | $189,200  | $15,950  |
| 57.211 | Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel | 100 | 100 | $34.65 | $37.84 | $3,465  | $3,784  | $319  |
| 57.212 | Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel | 100 | 100 | $34.65 | $37.84 | $3,465  | $3,784  | $319  |
| 57.213† | Healthcare Personnel Influenza Vaccination Monthly Summary | - | 72,000 | - | $37.84 | - | $2,724,480  | $2,724,480  |
| 57.300  | Hemovigilance Module Annual Survey | 1,000 | 1,000 | $34.65 | $31.27 | $34,650  | $31,270  | ($3,380) |
| 57.301 | Hemovigilance Module Monthly Reporting Plan | 200 | 200 | $34.65 | $31.27 | $6,930  | $6,254  | ($676) |
| 57.302 | Hemovigilance Module Monthly Incident Summary | 12,000 | 12,000 | $34.65 | $31.27 | $415,800  | $375,240  | ($40,560) |
| 57.303 | Hemovigilance Module Monthly Reporting Denominators | 3,000 | 3,000 | $34.65 | $31.27 | $103,950  | $93,810  | ($10,140) |
| 57.304 | Hemovigilance Adverse Reaction | 10,000 | 10,000 | $34.65 | $31.27 | $346,500  | $312,700  | ($33,800) |
| 57.305 | Hemovigilance Incident | 6,000 | 6,000 | $34.65 | $31.27 | $207,900  | $187,620  | ($20,280) |
| **Total Estimated Annual Cost Burden** | $148,138,253  | $135,294,367  | ($12,843,886) |

†**This is a new form.**