**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 Data  Electronic 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 Data  Electronic 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.**