**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** | **05/2011** | **09/2011** | **05/2011** | **09/2011** | **05/2011** | **09/2011** |
| 57.100 | NHSN Registration Form | 500 | 500 | $37.49 | $37.99 | $18,745  | $18,995  | $250  |
| 57.101 | Facility Contact Information | 1,000 | 1,000 | $37.49 | $37.99 | $37,490  | $37,990  | $500  |
| 57.103 | Patient Safety Component--Annual Facility Survey | 4,000 | 3,000 | $37.49 | $37.99 | $149,960  | $113,970  | ($35,990) |
| 57.104 | Patient Safety Component--Outpatient Dialysis Center Practices Survey | 5,500 | 5,500 | $37.49 | $37.99 | $206,195  | $208,945  | $2,750  |
| 57.105 | Group Contact Information | 500 | 500 | $37.49 | $37.99 | $18,745  | $18,995  | $250  |
| 57.106 | Patient Safety Monthly Reporting Plan | 31,500 | 31,500 | $37.49 | $37.99 | $1,180,935  | $1,196,685  | $15,750  |
| 57.108 | Primary Bloodstream Infection (BSI) | 115,200 | 118,800 | $37.49 | $37.99 | $4,318,848  | $4,513,212  | $194,364  |
| 57.109 | Dialysis Event | 9,375 | 110,000 | $30.65 | $31.10 | $287,344  | $3,421,000  | $3,133,656  |
| 57.111 | Pneumonia (PNEU) | 230,400 | 230,400 | $37.49 | $37.99 | $8,637,696  | $8,752,896  | $115,200  |
| 57.112† | Streamlined Ventilator-Associated Pneumonia | - | 360,000 | - | $37.99 | - | $13,676,400  | $13,676,400  |
| 57.114 | Urinary Tract Infection (UTI) | 86,400 | 86,400 | $37.49 | $37.99 | $3,239,136  | $3,282,336  | $43,200  |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 216,000 | 162,000 | $30.65 | $31.10 | $6,620,400  | $5,038,200  | ($1,582,200) |
| 57.117 | Denominators for Specialty Care Area (SCA) | 270,000 | 270,000 | $30.65 | $31.10 | $8,275,500  | $8,397,000  | $121,500  |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 540,000 | 540,000 | $30.65 | $31.10 | $16,551,000  | $16,794,000  | $243,000  |
| 57.119 | Denominator for Outpatient Dialysis | 500 | 6,600 | $30.65 | $31.10 | $15,325  | $205,260  | $189,935  |
| 57.120 | Surgical Site Infection (SSI) | 86,400 | 115,200 | $37.49 | $37.99 | $3,239,136  | $4,376,448  | $1,137,312  |
| 57.121 | Denominator for Procedure | 540,000 | 432,000 | $30.65 | $31.10 | $16,551,000  | $13,435,200  | ($3,115,800) |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology DataElectronic Upload Specification Tables | 6,000 | 6,000 | $17.32 | $17.44 | $103,920  | $104,640  | $720  |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy DataElectronic Upload Specification Tables | 6,000 | 6,000 | $13.49 | $13.65 | $80,940  | $81,900  | $960  |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 50,000 | 8,333 | $37.49 | $37.99 | $1,874,500  | $316,583  | ($1,557,917) |
| 57.126 | MDRO or CDI Infection Form | 230,400 | 230,400 | $37.49 | $37.99 | $8,637,696  | $8,752,896  | $115,200  |
| 57.127 | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring  | 24,000 | 24,000 | $37.49 | $37.99 | $899,760  | $911,760  | $12,000  |
| 57.128 | Laboratory-identified MDRO or CDI Event | 600,000 | 360,000 | $37.49 | $37.99 | $22,494,000  | $13,676,400  | ($8,817,600) |
| 57.130 | Vaccination Monthly Monitoring Form–Summary Method | 420,000 | 420,000 | $37.49 | $37.99 | $15,745,800  | $15,955,800  | $210,000  |
| 57.131 | Vaccination Monthly Monitoring Form–Patient-Level Method | 20,000 | 20,000 | $37.49 | $37.99 | $749,800  | $759,800  | $10,000  |
| 57.133 | Patient Vaccination | 83,333 | 83,333 | $37.49 | $37.99 | $3,124,167  | $3,165,833  | $41,666  |
| 57.137 | Patient Safety Component--Annual Facility Survey for LTCF | 104 | 104 | $37.49 | $37.99 | $3,905  | $3,957  | $52  |
| 57.138 | Laboratory-identified MDRO or CDI Event for LTCF | 1,000 | 500 | $37.49 | $37.99 | $37,490  | $18,995  | ($18,495) |
| 57.139 | MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF | 88 | 63 | $37.49 | $37.99 | $3,280  | $2,374  | ($906) |
| 57.140 | Urinary Tract Infection (UTI) for LTCF | 1,125 | 1,125 | $37.49 | $37.99 | $42,176  | $42,739  | $563  |
| 57.141† | Monthly Reporting Plan for LTCF | - | 250 | - | $37.99 | - | $9,498  | $9,498  |
| 57.142† | Denominators for LTCF Locations | - | 9,000 | - | $37.99 | - | $341,910  | $341,910  |
| 57.143† | Prevention Process Measures Monthly Monitoring for LTCF | - | 250 | - | $37.99 | - | $9,498  | $9,498  |
| 57.150† | Patient Safety Component-Annual Facility Survey for LTAC | - | 200 | - | $37.99 | - | $7,598  | $7,598  |
| 57.151† | Patient Safety Component-Annual Facility Survey for IRF | - | 417 | - | $37.99 | - | $15,829  | $15,829  |
| 57.200 | Healthcare Personnel Safety Component Annual Facility Survey | 48,000 | 48,000 | $37.84 | $38.67 | $1,816,320  | $1,856,160  | $39,840  |
| 57.202 | Healthcare Worker Survey | 10,000 | 10,000 | $37.84 | $38.67 | $378,400  | $386,700  | $8,300  |
| 57.203 | Healthcare Personnel Safety Monthly Reporting Plan | 900 | 900 | $37.84 | $38.67 | $34,056  | $34,803  | $747  |
| 57.204 | Healthcare Worker Demographic Data | 40,000 | 40,000 | $37.84 | $38.67 | $1,513,600  | $1,546,800  | $33,200  |
| 57.205 | Exposure to Blood/Body Fluids | 30,000 | 30,000 | $37.84 | $38.67 | $1,135,200  | $1,160,100  | $24,900  |
| 57.206 | Healthcare Worker Prophylaxis/Treatment | 1,500 | 1,500 | $37.84 | $38.67 | $56,760  | $58,005  | $1,245  |
| 57.207 | Follow-Up Laboratory Testing | 15,000 | 15,000 | $17.32 | $17.44 | $259,800  | $261,600  | $1,800  |
| 57.208 | Healthcare Worker Vaccination History | 30,000 | 30,000 | $37.84 | $38.67 | $1,135,200  | $1,160,100  | $24,900  |
| 57.209 | Healthcare Worker Influenza Vaccination | 50,000 | 50,000 | $37.84 | $38.67 | $1,892,000  | $1,933,500  | $41,500  |
| 57.210 | Healthcare Worker Prophylaxis/Treatment-Influenza | 5,000 | 5,000 | $37.84 | $38.67 | $189,200  | $193,350  | $4,150  |
| 57.211 | Pre-season Survey on Influenza Vaccination Programs for Healthcare Personnel | 100 | 100 | $37.84 | $38.67 | $3,784  | $3,867  | $83  |
| 57.212 | Post-season Survey on Influenza Vaccination Programs for Healthcare Personnel | 100 | 100 | $37.84 | $38.67 | $3,784  | $3,867  | $83  |
| 57.213 | Healthcare Personnel Influenza Vaccination Monthly Summary | 72,000 | 72,000 | $37.84 | $38.67 | $2,724,480  | $2,784,240  | $59,760  |
| 57.300  | Hemovigilance Module Annual Survey | 1,000 | 1,000 | $31.27 | $31.91 | $31,270  | $31,910  | $640  |
| 57.301 | Hemovigilance Module Monthly Reporting Plan | 200 | 200 | $31.27 | $31.91 | $6,254  | $6,382  | $128  |
| 57.302 | Hemovigilance Module Monthly Incident Summary | 12,000 | 12,000 | $31.27 | $31.91 | $375,240  | $382,920  | $7,680  |
| 57.303 | Hemovigilance Module Monthly Reporting Denominators | 3,000 | 3,000 | $31.27 | $31.91 | $93,810  | $95,730  | $1,920  |
| 57.304 | Hemovigilance Adverse Reaction | 10,000 | 10,000 | $31.27 | $31.91 | $312,700  | $319,100  | $6,400  |
| 57.305 | Hemovigilance Incident | 6,000 | 6,000 | $31.27 | $31.91 | $187,620  | $191,460  | $3,840  |
| **Total Estimated Annual Cost Burden** | $135,294,367 | $140,076,136 | $4,781,769 |

\*Despite no change in the estimated burden hours, cost increased on all forms due to a cost of living increase in average wages.

†This is a new form.