**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** | **07/2012** | **06/2013** | **07/2012** | **06/2013** | **07/2012** | **06/2013** |
| 57.100 | NHSN Registration Form | 167 | 167 | $38.65 | $37.84 | $6,442 | $6,307 | ($135) |
| 57.101 | Facility Contact Information | 333 | 333 | $38.65 | $37.84 | $12,883 | $12,613 | ($270) |
| 57.103 | Patient Safety Component--Annual Hospital Survey | 3,000 | 3,000 | $38.65 | $37.84 | $115,950 | $113,520 | ($2,430) |
| 57.105 | Group Contact Information | 500 | 500 | $38.65 | $37.84 | $19,325 | $18,920 | ($405) |
| 57.106 | Patient Safety Monthly Reporting Plan | 70,000 | 42,000 | $38.65 | $37.84 | $2,705,500 | $1,589,280 | ($1,116,220) |
| 57.108 | Primary Bloodstream Infection (BSI) | 126,000 | 115,200 | $38.65 | $37.84 | $4,869,900 | $4,359,168 | ($510,732) |
| 57.111 | Pneumonia (PNEU) | 230,400 | 208,800 | $38.65 | $37.84 | $8,904,960 | $7,900,992 | ($1,003,968) |
| 57.112 | Ventilator-Associated Event | 360,000 | 316,800 | $38.65 | $37.84 | $13,914,000 | $11,987,712 | ($1,926,288) |
| 57.114 | Urinary Tract Infection (UTI) | 86,400 | 78,300 | $38.65 | $37.84 | $3,339,360 | $2,962,872 | ($376,488) |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 162,000 | 162,000 | $31.71 | $31.48 | $5,137,020 | $5,099,760 | ($37,260) |
| 57.117 | Denominators for Specialty Care Area (SCA)/Oncology (ONC) | 270,000 | 270,000 | $31.71 | $31.48 | $8,561,700 | $8,499,600 | ($62,100) |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 540,000 | 1,620,000 | $31.71 | $31.48 | $17,123,400 | $50,997,600 | $33,874,200 |
| 57.120 | Surgical Site Infection (SSI) | 115,200 | 104,400 | $38.65 | $37.84 | $4,452,480 | $3,950,496 | ($501,984) |
| 57.121 | Denominator for Procedure | 270,000 | 270,000 | $31.71 | $31.48 | $8,561,700 | $8,499,600 | ($62,100) |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables | 6,000 | 6,000 | $17.76 | $17.90 | $106,560 | $107,400 | $840 |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables | 6,000 | 6,000 | $13.91 | $14.10 | $83,460 | $84,600 | $1,140 |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 8,333 | 8,333 | $38.65 | $37.84 | $322,083 | $315,333 | ($6,750) |
| 57.126 | MDRO or CDI Infection Form | 230,400 | 208,800 | $38.65 | $37.84 | $8,904,960 | $7,900,992 | ($1,003,968) |
| 57.127 | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring  | 24,000 | 28,800 | $38.65 | $37.84 | $927,600 | $1,089,792 | $162,192 |
| 57.128 | Laboratory-identified MDRO or CDI Event | 360,000 | 360,000 | $38.65 | $37.84 | $13,914,000 | $13,622,400 | ($291,600) |
| 57.130 | Vaccination Monthly Monitoring Form–Summary Method | 420,000 | 7,000 | $38.65 | $37.84 | $16,233,000 | $264,880 | ($15,968,120) |
| 57.131 | Vaccination Monthly Monitoring Form–Patient-Level Method | 20,000 | 1,000 | $38.65 | $37.84 | $773,000 | $37,840 | ($735,160) |
| 57.133 | Patient Vaccination | 83,333 | 4,167 | $38.65 | $37.84 | $3,220,833 | $157,667 | ($3,063,167) |
| 57.137 | Long-Term Care Facility Component – Annual Facility Survey | 188 | 188 | $38.65 | $37.84 | $7,247 | $7,095 | ($152) |
| 57.138 | Laboratory-identified MDRO or CDI Event for LTCF | 500 | 500 | $38.65 | $37.84 | $19,325 | $18,920 | ($405) |
| 57.139 | MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF | 250 | 250 | $38.65 | $37.84 | $9,663 | $9,460 | ($203) |
| 57.140 | Urinary Tract Infection (UTI) for LTCF | 1,125 | 1,013 | $38.65 | $37.84 | $43,481 | $38,313 | ($5,168) |
| 57.141 | Monthly Reporting Plan for LTCF | 250 | 250 | $38.65 | $37.84 | $9,663 | $9,460 | ($203) |
| 57.142 | Denominators for LTCF Locations | 9,000 | 9,000 | $38.65 | $37.84 | $347,850 | $340,560 | ($7,290) |
| 57.143 | Prevention Process Measures Monthly Monitoring for LTCF | 250 | 250 | $38.65 | $37.84 | $9,663 | $9,460 | ($203) |
| 57.150 | LTAC Annual Survey | 200 | 200 | $38.65 | $37.84 | $7,730 | $7,568 | ($162) |
| 57.151 | Rehab Annual Survey | 417 | 417 | $38.65 | $37.84 | $16,104 | $15,767 | ($337) |
| 57.200 | Healthcare Personnel Safety Component Annual Facility Survey | 800 | 400 | $39.69 | $39.85 | $31,752 | $15,940 | ($15,812) |
| 57.203 | Healthcare Personnel Safety Monthly Reporting Plan | 150 | 75 | $39.69 | $39.85 | $5,954 | $2,989 | ($2,965) |
| 57.204 | Healthcare Worker Demographic Data | 6,667 | 3,333 | $39.69 | $39.85 | $264,600 | $132,833 | ($131,767) |
| 57.205 | Exposure to Blood/Body Fluids | 5,000 | 2,500 | $39.69 | $39.85 | $198,450 | $99,625 | ($98,825) |
| 57.206 | Healthcare Worker Prophylaxis/Treatment | 750 | 375 | $39.69 | $39.85 | $29,768 | $14,944 | ($14,824) |
| 57.207 | Follow-Up Laboratory Testing | 1,250 | 625 | $17.76 | $17.90 | $22,200 | $11,188 | ($11,013) |
| 57.210 | Healthcare Worker Prophylaxis/Treatment-Influenza | 5,000 | 417 | $39.69 | $39.85 | $198,450 | $16,604 | ($181,846) |
| 57.300 | Hemovigilance Module Annual Survey | 1,000 | 1,000 | $32.84 | $33.14 | $32,840 | $33,140 | $300 |
| 57.301 | Hemovigilance Module Monthly Reporting Plan | 200 | 100 | $32.84 | $33.14 | $6,568 | $3,314 | ($3,254) |
| 57.303 | Hemovigilance Module Monthly Reporting Denominators | 3,000 | 6,000 | $32.84 | $33.14 | $98,520 | $198,840 | $100,320 |
| 57.304 | Hemovigilance Adverse Reaction | 10,000 | 6,000 | $32.84 | $33.14 | $328,400 | $198,840 | ($129,560) |
| 57.305 | Hemovigilance Incident | $5,580 | 1,000 | $32.84 | $33.14 | $5,580 | $33,140 | ($163,900) |
| 57.400 | Outpatient Procedure Component—Annual Facility Survey | - | 417 | - | $31.48 | - | $13,117 | $13,117 |
| 57.401 | Outpatient Procedure Component - Monthly Reporting Plan | - | 15,000 | - | $31.48 | - | $472,200 | $472,200 |
| 57.402 | Outpatient Procedure Component Event  | - | 83,333 | - | $31.48 | - | $2,623,333 | $2,623,333 |
| 57.403 | Outpatient Procedure Component - Monthly Denominators and Summary | - | 40,000 | - | $31.48 | - | $1,259,200 | $1,259,200 |
| 57.500 | Outpatient Dialysis Center Practices Survey | 8,550 | 10,500 | $38.65 | $37.84 | $330,458 | $397,320 | $66,863 |
| 57.501 | Dialysis Monthly Reporting Plan | - | 6,000 | - | $31.48 | - | $188,880 | $188,880 |
| 57.502 | Dialysis Event | 91,200 | 78,000 | $31.71 | $31.48 | $2,891,952 | $2,455,440 | ($436,512) |
| 57.503 | Denominator for Outpatient Dialysis | 6,840 | 7,200 | $31.71 | $31.48 | $216,896 | $226,656 | $9,760 |
| 57.504 | Prevention Process Measures Monthly Monitoring for Dialysis | - | 3,600 | - | $31.48 | - | $113,328 | $113,328 |
| 57.505 | Dialysis Patient Influenza Vaccination | - | 3,125 | - | $31.48 | - | $98,375 | $98,375 |
| 57.506 | Dialysis Patient Influenza Vaccination Denominator | - | 208 | - | $31.48 | - | $6,558 | $6,558 |
| 57.600 | State Health Department Validation Record | - | 1,900 | - | $31.38 | - | $59,622 | $59,622 |
| **Total Estimated Annual Cost Burden** | **$127,928,768** | **$138,711,373** | **$10,782,604** |

\*Despite no change in the estimated burden hours, cost increased or decreased due to increase or decrease in annual wages.