

Revision of Estimated Annual Burden Hours

Form Number	Form Name	Number of Respondents (Annual)		Responses per Respondent (Annual)		Burden per Response (Hours)		Total Annual Burden (Hours)*		Change in Burden (Hours)*
		06/2013	06/2014	06/2013	06/2014	06/2013	06/2014	06/2013	06/2014	
57.100	NHSN Registration Form	2,000	2,000	1	1	5/60	5/60	167	167	0
57.101	Facility Contact Information	2,000	2,000	1	1	10/60	10/60	333	333	0
57.103	Patient Safety Component--Annual Hospital Survey	6,000	6,000	1	1	30/60	50/60	3,000	5,000	2,000
57.105	Group Contact Information	6,000	1,000	1	1	5/60	5/60	500	83	(417)
57.106	Patient Safety Monthly Reporting Plan	6,000	6,000	12	12	35/60	15/60	42,000	18,000	(24,000)
57.108	Primary Bloodstream Infection (BSI)	6,000	6,000	36	44	32/60	30/60	115,200	132,000	16,800
57.111	Pneumonia (PNEU)	6,000	6,000	72	72	29/60	30/60	208,800	216,000	7,200
57.112	Ventilator-Associated Event	6,000	6,000	144	144	22/60	25/60	316,800	360,000	43,200
57.114	Urinary Tract Infection (UTI)	6,000	6,000	27	40	29/60	30/60	78,300	120,000	41,700
57.116	Denominators for Neonatal Intensive Care Unit (NICU)	6,000	6,000	9	9	3	3	162,000	162,000	0
57.117	Denominators for Specialty Care Area (SCA)/Oncology (ONC)	6,000	6,000	9	9	5	5	270,000	270,000	0
57.118	Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)	6,000	6,000	54	54	5	5	1,620,000	1,620,000	0
57.120	Surgical Site Infection (SSI)	6,000	6,000	36	36	29/60	35/60	104,400	126,000	21,600
57.121	Denominator for Procedure	6,000	6,000	540	540	5/60	5/60	270,000	270,000	0
57.123	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables	6,000	6,000	12	12	5/60	5/60	6,000	6,000	0
57.124	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables	6,000	6,000	12	12	5/60	5/60	6,000	6,000	0
57.125	Central Line Insertion Practices Adherence Monitoring	1,000	1,000	100	100	5/60	5/60	8,333	8,333	0
57.126	MDRO or CDI Infection Form	6,000	6,000	72	72	29/60	30/60	208,800	216,000	7,200
57.127	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	6,000	6,000	24	24	12/60	15/60	28,800	36,000	7,200
57.128	Laboratory-identified MDRO or CDI Event	6,000	6,000	240	240	15/60	15/60	360,000	360,000	0
57.137	Long-Term Care Facility Component – Annual Facility Survey	250	250	1	1	45/60	1	188	250	63
57.138	Laboratory-identified MDRO or CDI Event for LTCF	250	250	8	8	15/60	15/60	500	500	0
57.139	MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF	250	250	12	12	5/60	5/60	250	250	0
57.140	Urinary Tract Infection (UTI) for LTCF	250	250	9	9	27/60	30/60	1,013	1,125	113
57.141	Monthly Reporting Plan for LTCF	250	250	12	12	5/60	5/60	250	250	0
57.142	Denominators for LTCF Locations	250	250	12	12	3	3.25	9,000	9,750	750

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57.143	Prevention Process Measures Monthly Monitoring for LTCF	250	250	12	12	5/60	5/60	250	250	0
57.150	LTAC Annual Survey	400	400	1	1	30/60	50/60	200	333	133
57.151	Rehab Annual Survey	1,000	1,000	1	1	25/60	50/60	417	833	417
57.154	Antimicrobial Use & Resistance Component - Monthly Reporting Plan	-	100	-	12	-	5/60	-	100	100
57.200	Healthcare Personnel Safety Component Annual Facility Survey	50	50	1	1	8	8	400	400	0
57.203	Healthcare Personnel Safety Monthly Reporting Plan	50	11,000	9	1	10/60	5/60	75	917	842
57.204	Healthcare Worker Demographic Data	50	50	200	200	20/60	20/60	3,333	3,333	0
57.205	Exposure to Blood/Body Fluids	50	50	50	50	1	1	2,500	2,500	0
57.206	Healthcare Worker Prophylaxis/Treatment	50	50	30	30	15/60	15/60	375	375	0
57.207	Follow-Up Laboratory Testing	50	50	50	50	15/60	15/60	625	625	0
57.210	Healthcare Worker Prophylaxis/Treatment-Influenza	50	50	50	50	10/60	10/60	417	417	0
57.300	Hemovigilance Module Annual Survey	500	500	1	1	2	2	1,000	1,000	0
57.301	Hemovigilance Module Monthly Reporting Plan	500	500	12	12	1/60	1/60	100	100	0
57.303	Hemovigilance Module Monthly Reporting Denominators	500	500	12	12	1	1	6,000	6,000	0
57.304	Hemovigilance Adverse Reaction	500	500	48	48	15/60	15/60	6,000	6,000	0
57.305	Hemovigilance Incident	500	500	12	10	10/60	10/60	1,000	833	(167)
57.400	Outpatient Procedure Component—Annual Facility Survey	5,000	5,000	1	1	5/60	5/60	417	417	0
57.401	Outpatient Procedure Component - Monthly Reporting Plan	5,000	5,000	12	12	15/60	15/60	15,000	15,000	0
57.402	Outpatient Procedure Component Event	5,000	5,000	25	25	40/60	40/60	83,333	83,333	0
57.403	Outpatient Procedure Component - Monthly Denominators and Summary	5,000	5,000	12	12	40/60	40/60	40,000	40,000	0
57.500	Outpatient Dialysis Center Practices Survey	6,000	6,500	1	1	1.75	1.75	10,500	11,375	875
57.501	Dialysis Monthly Reporting Plan	6,000	6,500	12	12	5/60	5/60	6,000	6,500	500
57.502	Dialysis Event	6,000	6,500	60	60	13/60	20/60	78,000	130,000	52,000
57.503	Denominator for Outpatient Dialysis	6,000	6,500	12	12	6/60	6/60	7,200	7,800	600
57.504	Prevention Process Measures Monthly Monitoring for Dialysis	600	1,500	12	12	30/60	30/60	3,600	9,000	5,400
57.505	Dialysis Patient Influenza Vaccination	250	325	75	75	10/60	10/60	3,125	4,063	938
57.506	Dialysis Patient Influenza Vaccination Denominator	250	325	5	5	10/60	10/60	208	271	63
57.600	State Health Department Validation Record	152	152	50	50	15/60	15/60	1,900	1,900	0

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		06/2013	06/2014	06/2013	06/2014	06/2013	06/2014	06/2013	06/2014		
Total Estimated Annual Burden (Hours)									4,104,776	4,277,716	172,943

*Values were rounded prior to summation.