**Revision of Estimated Annual Cost Burden\***

|  |  | **Total Estimated Burden (Hours)** | **Estimated Hourly Wage of Respondent** | **Total Estimated Annual Cost Burdena** | **Change in Estimated Annual Cost Burdena** |
| --- | --- | --- | --- | --- | --- |
| **Form Number** | **Form Name** | **06/2013** | **06/2014** | **06/2013** | **06/2014** | **06/2013** | **06/2014** |
| 57.100 | NHSN Registration Form | 167 | 167 | $37.84 | $38.55 | $6,307 | $6,425 | $118 |
| 57.101 | Facility Contact Information | 333 | 333 | $37.84 | $38.55 | $12,613 | $12,850 | $237 |
| 57.103 | Patient Safety Component--Annual Hospital Survey | 3,000 | 5,000 | $37.84 | $38.55 | $113,520 | $192,750 | $79,230 |
| 57.105 | Group Contact Information | 500 | 83 | $37.84 | $38.55 | $18,920 | $3,213 | ($15,708) |
| 57.106 | Patient Safety Monthly Reporting Plan | 42,000 | 18,000 | $37.84 | $38.55 | $1,589,280 | $693,900 | ($895,380) |
| 57.108 | Primary Bloodstream Infection (BSI) | 115,200 | 132,000 | $37.84 | $38.55 | $4,359,168 | $5,088,600 | $729,432 |
| 57.111 | Pneumonia (PNEU) | 208,800 | 216,000 | $37.84 | $38.55 | $7,900,992 | $8,326,800 | $425,808 |
| 57.112 | Ventilator-Associated Event | 316,800 | 360,000 | $37.84 | $38.55 | $11,987,712 | $13,878,000 | $1,890,288 |
| 57.114 | Urinary Tract Infection (UTI) | 78,300 | 120,000 | $37.84 | $38.55 | $2,962,872 | $4,626,000 | $1,663,128 |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 162,000 | 162,000 | $31.48 | $31.84 | $5,099,760 | $5,158,080 | $58,320 |
| 57.117 | Denominators for Specialty Care Area (SCA)/Oncology (ONC) | 270,000 | 270,000 | $31.48 | $31.84 | $8,499,600 | $8,596,800 | $97,200 |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 1,620,000 | 1,620,000 | $31.48 | $31.84 | $50,997,600 | $51,580,800 | $583,200 |
| 57.120 | Surgical Site Infection (SSI) | 104,400 | 126,000 | $37.84 | $38.55 | $3,950,496 | $4,857,300 | $906,804 |
| 57.121 | Denominator for Procedure | 270,000 | 270,000 | $31.48 | $31.84 | $8,499,600 | $8,596,800 | $97,200 |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables | 6,000 | 6,000 | $17.90 | $18.26 | $107,400 | $109,560 | $2,160 |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables | 6,000 | 6,000 | $14.10 | $14.25 | $84,600 | $85,500 | $900 |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 8,333 | 8,333 | $37.84 | $38.55 | $315,333 | $321,250 | $5,917 |
| 57.126 | MDRO or CDI Infection Form | 208,800 | 216,000 | $37.84 | $38.55 | $7,900,992 | $8,326,800 | $425,808 |
| 57.127 | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring  | 28,800 | 36,000 | $37.84 | $38.55 | $1,089,792 | $1,387,800 | $298,008 |
| 57.128 | Laboratory-identified MDRO or CDI Event | 360,000 | 360,000 | $37.84 | $38.55 | $13,622,400 | $13,878,000 | $255,600 |
| 57.137 | Long-Term Care Facility Component – Annual Facility Survey | 188 | 250 | $37.84 | $38.55 | $7,095 | $9,638 | $2,543 |
| 57.138 | Laboratory-identified MDRO or CDI Event for LTCF | 500 | 500 | $37.84 | $38.55 | $18,920 | $19,275 | $355 |
| 57.139 | MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF | 250 | 250 | $37.84 | $38.55 | $9,460 | $9,638 | $178 |
| 57.140 | Urinary Tract Infection (UTI) for LTCF | 1,013 | 1,125 | $37.84 | $38.55 | $38,313 | $43,369 | $5,056 |
| 57.141 | Monthly Reporting Plan for LTCF | 250 | 250 | $37.84 | $38.55 | $9,460 | $9,638 | $178 |
| 57.142 | Denominators for LTCF Locations | 9,000 | 9,750 | $37.84 | $38.55 | $340,560 | $375,863 | $35,302 |
| 57.143 | Prevention Process Measures Monthly Monitoring for LTCF | 250 | 250 | $37.84 | $38.55 | $9,460 | $9,638 | $178 |
| 57.150 | LTAC Annual Survey | 200 | 333 | $37.84 | $38.55 | $7,568 | $12,850 | $5,282 |
| 57.151 | Rehab Annual Survey | 417 | 833 | $37.84 | $38.55 | $15,767 | $32,125 | $16,358 |
| 57.154 | Antimicrobial Use & Resistance Component - Monthly Reporting Plan | - | 100 | - | $38.55 | - | $3,855 | $3,855 |
| 57.200 | Healthcare Personnel Safety Component Annual Facility Survey | 400 | 400 | $39.85 | $32.15 | $15,940 | $12,860 | ($3,080) |
| 57.203 | Healthcare Personnel Safety Monthly Reporting Plan | 75 | 917 | $39.85 | $32.15 | $2,989 | $29,471 | $26,482 |
| 57.204 | Healthcare Worker Demographic Data | 3,333 | 3,333 | $39.85 | $32.15 | $132,833 | $107,167 | ($25,667) |
| 57.205 | Exposure to Blood/Body Fluids | 2,500 | 2,500 | $39.85 | $32.15 | $99,625 | $80,375 | ($19,250) |
| 57.206 | Healthcare Worker Prophylaxis/Treatment | 375 | 375 | $39.85 | $32.15 | $14,944 | $12,056 | ($2,888) |
| 57.207 | Follow-Up Laboratory Testing | 625 | 625 | $17.90 | $18.26 | $11,188 | $11,413 | $225 |
| 57.210 | Healthcare Worker Prophylaxis/Treatment-Influenza | 417 | 417 | $39.85 | $32.15 | $16,604 | $13,396 | ($3,208) |
| 57.300 | Hemovigilance Module Annual Survey | 1,000 | 1,000 | $33.14 | $33.61 | $33,140 | $33,610 | $470 |
| 57.301 | Hemovigilance Module Monthly Reporting Plan | 100 | 100 | $33.14 | $33.61 | $3,314 | $3,361 | $47 |
| 57.303 | Hemovigilance Module Monthly Reporting Denominators | 6,000 | 6,000 | $33.14 | $33.61 | $198,840 | $201,660 | $2,820 |
| 57.304 | Hemovigilance Adverse Reaction | 6,000 | 6,000 | $33.14 | $33.61 | $198,840 | $201,660 | $2,820 |
| 57.305 | Hemovigilance Incident | 1,000 | 833 | $33.14 | $33.61 | $33,140 | $28,008 | ($5,132) |
| 57.400 | Outpatient Procedure Component—Annual Facility Survey | 417 | 417 | $31.48 | $31.84 | $13,117 | $13,267 | $150 |
| 57.401 | Outpatient Procedure Component - Monthly Reporting Plan | 15,000 | 15,000 | $31.48 | $31.84 | $472,200 | $477,600 | $5,400 |
| 57.402 | Outpatient Procedure Component Event  | 83,333 | 83,333 | $31.48 | $31.84 | $2,623,333 | $2,653,333 | $30,000 |
| 57.403 | Outpatient Procedure Component - Monthly Denominators and Summary | 40,000 | 40,000 | $31.48 | $31.84 | $1,259,200 | $1,273,600 | $14,400 |
| 57.500 | Outpatient Dialysis Center Practices Survey | 10,500 | 11,375 | $37.84 | $38.55 | $397,320 | $438,506 | $41,186 |
| 57.501 | Dialysis Monthly Reporting Plan | 6,000 | 6,500 | $31.48 | $31.84 | $188,880 | $206,960 | $18,080 |
| 57.502 | Dialysis Event | 78,000 | 130,000 | $31.48 | $31.84 | $2,455,440 | $4,139,200 | $1,683,760 |
| 57.503 | Denominator for Outpatient Dialysis | 7,200 | 7,800 | $31.48 | $31.84 | $226,656 | $248,352 | $21,696 |
| 57.504 | Prevention Process Measures Monthly Monitoring for Dialysis | 3,600 | 9,000 | $31.48 | $31.84 | $113,328 | $286,560 | $173,232 |
| 57.505 | Dialysis Patient Influenza Vaccination | 3,125 | 4,063 | $31.48 | $31.84 | $98,375 | $129,350 | $30,975 |
| 57.506 | Dialysis Patient Influenza Vaccination Denominator | 208 | 271 | $31.48 | $31.84 | $6,558 | $8,623 | $2,065 |
| 57.600 | State Health Department Validation Record | 1,900 | 1,900 | $31.38 | $41.29 | $59,622 | $78,451 | $18,829 |
| **Total Estimated Annual Cost Burden** | **$138,711,373** | **$146,941,956** | **$8,230,580** |

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

aValues were rounded prior to summation.