Revision of Estimated Annual Cost Burden*

Form Number	Form Name	Total Estimated Burden (Hours)		Estimated Hourly Wage of Respondent		Total Estimated Annual Cost Burden ^a		Change in Estimated
		06/2013	06/2014	06/2013	06/2014	06/2013	06/2014	Annual Cost Burden ^a
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 ComponentAnnual 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	1,620,00 0	\$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

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		06/2013	06/2014	06/2013	06/2014	06/2013	06/2014	Annual Cost Burden ^a
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
E7 1E4	Antimicrobial Use & Resistance Component - Monthly Reporting		100		¢20.55		ቀ ጋ ዕርር	#2.0 FF
57.154	Plan	400	100	#20.0F	\$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
	mated 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.