**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** | **06/2015** | **06/2014** | **06/2015** | **06/2014** | **06/2015** | **06/2014** |
| 57.100 | NHSN Registration Form | 167 | 167 | $38.98 | $38.55 | $6,497 | $6,425 | $72 |
| 57.101 | Facility Contact Information | 333 | 333 | $38.98 | $38.55 | $12,993 | $12,850 | $143 |
| 57.103 | Patient Safety Component--Annual Hospital Survey | 4,167 | 5,000 | $38.98 | $38.55 | $162,417 | $192,750 | ($30,333) |
| 57.105 | Group Contact Information | 83 | 83 | $38.98 | $38.55 | $3,248 | $3,213 | $36 |
| 57.106 | Patient Safety Monthly Reporting Plan | 18,000 | 18,000 | $38.98 | $38.55 | $701,640 | $693,900 | $7,740 |
| 57.108 | Primary Bloodstream Infection (BSI) | 132,000 | 132,000 | $38.98 | $38.55 | $5,145,360 | $5,088,600 | $56,760 |
| 57.111 | Pneumonia (PNEU) | 216,000 | 216,000 | $38.98 | $38.55 | $8,419,680 | $8,326,800 | $92,880 |
| 57.112 | Ventilator-Associated Event | 360,000 | 360,000 | $38.98 | $38.55 | $14,032,800 | $13,878,000 | $154,800 |
| 57.114 | Urinary Tract Infection (UTI) | 80,000 | 120,000 | $38.98 | $38.55 | $3,118,400 | $4,626,000 | ($1,507,600) |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 162,000 | 162,000 | $32.04 | $31.84 | $5,190,480 | $5,158,080 | $32,400 |
| 57.117 | Denominators for Specialty Care Area (SCA)/Oncology (ONC) | 270,000 | 270,000 | $32.04 | $31.84 | $8,650,800 | $8,596,800 | $54,000 |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 1,800,000 | 1,620,000 | $32.04 | $31.84 | $57,672,000 | $51,580,800 | $6,091,200 |
| 57.120 | Surgical Site Infection (SSI) | 126,000 | 126,000 | $38.98 | $38.55 | $4,911,480 | $4,857,300 | $54,180 |
| 57.121 | Denominator for Procedure | 270,000 | 270,000 | $32.04 | $31.84 | $8,650,800 | $8,596,800 | $54,000 |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables | 6,000 | 6,000 | $18.45 | $18.26 | $110,700 | $109,560 | $1,140 |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables | 6,000 | 6,000 | $14.33 | $14.25 | $85,980 | $85,500 | $480 |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 41,667 | 8,333 | $38.98 | $38.55 | $1,624,167 | $321,250 | $1,302,917 |
| 57.126 | MDRO or CDI Infection Form | 216,000 | 216,000 | $38.98 | $38.55 | $8,419,680 | $8,326,800 | $92,880 |
| 57.127 | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring  | 36,000 | 36,000 | $38.98 | $38.55 | $1,403,280 | $1,387,800 | $15,480 |
| 57.128 | Laboratory-identified MDRO or CDI Event | 480,000 | 360,000 | $38.98 | $38.55 | $18,710,400 | $13,878,000 | $4,832,400 |
| 57.137 | Long-Term Care Facility Component – Annual Facility Survey | 250 | 250 | $38.98 | $38.55 | $9,745 | $9,638 | $108 |
| 57.138 | Laboratory-identified MDRO or CDI Event for LTCF | 500 | 500 | $38.98 | $38.55 | $19,490 | $19,275 | $215 |
| 57.139 | MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF | 250 | 250 | $38.98 | $38.55 | $9,745 | $9,638 | $108 |
| 57.140 | Urinary Tract Infection (UTI) for LTCF | 1,125 | 1,125 | $38.98 | $38.55 | $43,853 | $43,369 | $484 |
| 57.141 | Monthly Reporting Plan for LTCF | 250 | 250 | $38.98 | $38.55 | $9,745 | $9,638 | $108 |
| 57.142 | Denominators for LTCF Locations | 9,750 | 9,750 | $38.98 | $38.55 | $380,055 | $375,863 | $4,192 |
| 57.143 | Prevention Process Measures Monthly Monitoring for LTCF | 250 | 250 | $38.98 | $38.55 | $9,745 | $9,638 | $108 |
| 57.150 | LTAC Annual Survey | 333 | 333 | $38.98 | $38.55 | $12,993 | $12,850 | $143 |
| 57.151 | Rehab Annual Survey | 833 | 833 | $38.98 | $38.55 | $32,483 | $32,125 | $358 |
| 57.200 | Healthcare Personnel Safety Component Annual Facility Survey | 400 | 400 | $33.27 | $32.15 | $13,308 | $12,860 | $448 |
| 57.203 | Healthcare Personnel Safety Monthly Reporting Plan | 1,417 | 917 | $33.27 | $32.15 | $47,133 | $29,471 | $17,662 |
| 57.204 | Healthcare Worker Demographic Data | 3,333 | 3,333 | $33.27 | $32.15 | $110,900 | $107,167 | $3,733 |
| 57.205 | Exposure to Blood/Body Fluids | 2,500 | 2,500 | $33.27 | $32.15 | $83,175 | $80,375 | $2,800 |
| 57.206 | Healthcare Worker Prophylaxis/Treatment | 375 | 375 | $33.27 | $32.15 | $12,476 | $12,056 | $420 |
| 57.207 | Follow-Up Laboratory Testing | 625 | 625 | $18.45 | $18.26 | $11,531 | $11,413 | $119 |
| 57.210 | Healthcare Worker Prophylaxis/Treatment-Influenza | 417 | 417 | $33.27 | $32.15 | $13,863 | $13,396 | $467 |
| 57.300 | Hemovigilance Module Annual Survey | 1,000 | 1,000 | $34.27 | $33.61 | $34,270 | $33,610 | $660 |
| 57.301 | Hemovigilance Module Monthly Reporting Plan | 100 | 100 | $34.27 | $33.61 | $3,427 | $3,361 | $66 |
| 57.303 | Hemovigilance Module Monthly Reporting Denominators | 6,000 | 6,000 | $34.27 | $33.61 | $205,620 | $201,660 | $3,960 |
| 57.304 | Hemovigilance Adverse Reaction | 6,000 | 6,000 | $34.27 | $33.61 | $205,620 | $201,660 | $3,960 |
| 57.305 | Hemovigilance Incident | 833 | 833 | $34.27 | $33.61 | $28,558 | $28,008 | $550 |
| 57.400 | Patient Safety Component—Annual Facility Survey for Ambulatory Surgery Center (ASC) | 417 | 417 | $32.04 | $31.84 | $13,350 | $13,267 | $83 |
| 57.401 | Outpatient Procedure Component - Monthly Reporting Plan | 15,000 | 15,000 | $32.04 | $31.84 | $480,600 | $477,600 | $3,000 |
| 57.402 | Outpatient Procedure Component Event  | 83,333 | 83,333 | $32.04 | $31.84 | $2,670,000 | $2,653,333 | $16,667 |
| 57.403 | Outpatient Procedure Component - Monthly Denominators and Summary | 40,000 | 40,000 | $32.04 | $31.84 | $1,281,600 | $1,273,600 | $8,000 |
| 57.500 | Outpatient Dialysis Center Practices Survey | 13,000 | 11,375 | $38.98 | $38.55 | $506,740 | $438,506 | $68,234 |
| 57.501 | Dialysis Monthly Reporting Plan | 6,500 | 6,500 | $32.04 | $31.84 | $208,260 | $206,960 | $1,300 |
| 57.502 | Dialysis Event | 162,500 | 130,000 | $32.04 | $31.84 | $5,206,500 | $4,139,200 | $1,067,300 |
| 57.503 | Denominator for Outpatient Dialysis | 13,000 | 7,800 | $32.04 | $31.84 | $416,520 | $248,352 | $168,168 |
| 57.504 | Prevention Process Measures Monthly Monitoring for Dialysis | 22,500 | 9,000 | $32.04 | $31.84 | $720,900 | $286,560 | $434,340 |
| 57.505 | Dialysis Patient Influenza Vaccination | 4,063 | 4,063 | $32.04 | $31.84 | $130,163 | $129,350 | $813 |
| 57.506 | Dialysis Patient Influenza Vaccination Denominator | 271 | 271 | $32.04 | $31.84 | $8,678 | $8,623 | $54 |
| **Total Estimated Annual Cost Burden** | $169,329,048 | $146,941,956 | $22,387,097 |

\*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.