**NHSN Forms used for Current or Future CMS Quality Reporting Programs (QRPs) and State Mandates**

| **Form Number** | **Form Name** | **No. of Respondents**  | **Mandated for current or future CMS QRP** | **Mandated for current or future State Reporting** |
| --- | --- | --- | --- | --- |
| 57.100 | NHSN Registration Form | 2,000 | Yes | Yes |
| 57.101 | Facility Contact Information | 2,000 | Yes | Yes |
| 57.103 | Patient Safety Component--Annual Hospital Survey | 5,000 | Yes | Yes |
| 57.105 | Group Contact Information | 1,000 | No | Yes |
| 57.106 | Patient Safety Monthly Reporting Plan | 6,000 | Yes | Yes |
| 57.108 | Primary Bloodstream Infection (BSI) | 6,000 | Yes | Yes |
| 57.111 | Pneumonia (PNEU) | 6,000 | No | Yes |
| 57.112 | Ventilator-Associated Event | 6,000 | Yes | Yes |
| 57.114 | Urinary Tract Infection (UTI) | 6,000 | Yes | Yes |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 6,000 | Yes | Yes |
| 57.117 | Denominators for Specialty Care Area (SCA)/Oncology (ONC) | 6,000 | Yes | Yes |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 6,000 | Yes | Yes |
| 57.120 | Surgical Site Infection (SSI) | 6,000 | Yes | Yes |
| 57.121 | Denominator for Procedure | 6,000 | Yes | Yes |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables | 6,000 | No | No |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables | 6,000 | No | No |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 1,000 | No | Yes |
| 57.126 | MDRO or CDI Infection Form | 6,000 | No | Yes |
| 57.127 | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring  | 6,000 | Yes | Yes |
| 57.128 | Laboratory-identified MDRO or CDI Event | 6,000 | Yes | Yes |
| 57.137 | Long-Term Care Facility Component – Annual Facility Survey | 250 | No | Yes |
| 57.138 | Laboratory-identified MDRO or CDI Event for LTCF | 250 | No | Yes |
| 57.139 | MDRO and CDI Prevention Process Measures Monthly Monitoring for LTCF | 250 | No | Yes |
| 57.140 | Urinary Tract Infection (UTI) for LTCF | 250 | No | Yes |
| 57.141 | Monthly Reporting Plan for LTCF | 250 | No | Yes |
| 57.142 | Denominators for LTCF Locations | 250 | No | Yes |
| 57.143 | Prevention Process Measures Monthly Monitoring for LTCF | 250 | No | No |
| 57.150 | LTAC Annual Survey | 400 | Yes | Yes |
| 57.151 | Rehab Annual Survey | 1,000 | Yes | Yes |
| 57.200 | Healthcare Personnel Safety Component Annual Facility Survey | 50 | No | No |
| 57.203 | Healthcare Personnel Safety Monthly Reporting Plan | 17,000 | Yes | Yes |
| 57.204 | Healthcare Worker Demographic Data | 50 | No | No |
| 57.205 | Exposure to Blood/Body Fluids | 50 | No | No |
| 57.206 | Healthcare Worker Prophylaxis/Treatment | 50 | No | No |
| 57.207 | Follow-Up Laboratory Testing | 50 | No | No |
| 57.210 | Healthcare Worker Prophylaxis/Treatment-Influenza | 50 | No | No |
| 57.300 | Hemovigilance Module Annual Survey | 500 | No | Yes |
| 57.301 | Hemovigilance Module Monthly Reporting Plan | 500 | No | Yes |
| 57.303 | Hemovigilance Module Monthly Reporting Denominators | 500 | No | Yes |
| 57.304 | Hemovigilance Adverse Reaction | 500 | No | Yes |
| 57.305 | Hemovigilance Incident | 500 | No | Yes |
| 57.400 | Outpatient Procedure Component - Annual Facility Survey | 5,000 | No | No |
| 57.401 | Outpatient Procedure Component - Monthly Reporting Plan | 5,000 | No | No |
| 57.402 | Outpatient Procedure Component Event  | 5,000 | No | No |
| 57.403 | Outpatient Procedure Component - Monthly Denominators and Summary | 5,000 | No | No |
| 57.500 | Outpatient Dialysis Center Practices Survey | 6,500 | Yes | Yes |
| 57.501 | Dialysis Monthly Reporting Plan | 6,500 | Yes | Yes |
| 57.502 | Dialysis Event | 6,500 | Yes | Yes |
| 57.503 | Denominator for Outpatient Dialysis | 6,500 | Yes | Yes |
| 57.504 | Prevention Process Measures Monthly Monitoring for Dialysis | 1,500 | No | No |
| 57.505 | Dialysis Patient Influenza Vaccination | 325 | No | No |
| 57.506 | Dialysis Patient Influenza Vaccination Denominator | 325 | No | No |