

### 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)*
		05/2016	06/2015	05/2016	06/2015	05/2016	06/2015	05/2016	06/2015	
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	5,000	5,000	1	1	55/60	50/60	4,583	4,167	417
57.105	Group Contact Information	1,000	1,000	1	1	5/60	5/60	83	83	0
57.106	Patient Safety Monthly Reporting Plan	6,000	6,000	12	12	15/60	15/60	18,000	18,000	0
57.108	Primary Bloodstream Infection (BSI)	6,000	6,000	44	44	30/60	30/60	132,000	132,000	0
57.111	Pneumonia (PNEU)	6,000	6,000	72	72	30/60	30/60	216,000	216,000	0
57.112	Ventilator-Associated Event	6,000	6,000	144	144	25/60	25/60	360,000	360,000	0
57.113	Pediatric Ventilator-Associated Event (PedVAE)	2,000	-	120	-	25/60	-	100,000	-	100,000
57.114	Urinary Tract Infection (UTI)	6,000	6,000	40	40	20/60	20/60	80,000	80,000	0
57.115	Custom Event	2,000	-	91	-	35/60	-	106,167	-	106,167
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	60	60	5	5	1,800,000	1,800,000	0
57.120	Surgical Site Infection (SSI)	6,000	6,000	36	36	35/60	35/60	126,000	126,000	0
57.121	Denominator for Procedure	6,000	6,000	540	540	10/60	5/60	540,000	270,000	270,000
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	25/60	25/60	41,667	41,667	0
57.126	MDRO or CDI Infection Form	6,000	6,000	72	72	30/60	30/60	216,000	216,000	0
57.127	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	6,000	6,000	24	24	15/60	15/60	36,000	36,000	0
57.128	Laboratory-identified MDRO or CDI Event	6,000	6,000	240	240	20/60	20/60	480,000	480,000	0
57.129	Adult Sepsis	50	-	250	-	25/60	-	5,208	-	5,208
57.137	Long-Term Care Facility Component – Annual Facility Survey	350	250	1	1	1.08	1	378	250	128
57.138	Laboratory-identified MDRO or CDI Event for LTCF	350	250	12	8	15/60	15/60	1,050	500	550
57.139	MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF	350	250	12	12	10/60	5/60	700	250	450
57.140	Urinary Tract Infection (UTI) for LTCF	350	250	14	9	30/60	30/60	2,450	1,125	1,325

Revision of estimated annual burden, in number of hours, by NHSN data collection form.

Form Number	Form Name	Number of Respondents (Annual)		Responses per Respondent (Annual)		Burden per Response (Hours)		Total Annual Burden (Hours)*		Change in Burden (Hours)*
		05/2016	06/2015	05/2016	06/2015	05/2016	06/2015	05/2016	06/2015	
57.141	Monthly Reporting Plan for LTCF	350	250	12	12	5/60	5/60	350	250	100
57.142	Denominators for LTCF Locations	350	250	12	12	3.35	3.25	14,070	9,750	4,320
57.143	Prevention Process Measures Monthly Monitoring for LTCF	300	250	12	12	5/60	5/60	300	250	50
57.150	LTAC Annual Survey	400	400	1	1	55/60	50/60	367	333	33
57.151	Rehab Annual Survey	1,000	1,000	1	1	55/60	50/60	917	833	83
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	17,000	17,000	1	1	5/60	5/60	1,417	1,417	0
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 – Acute Care Facility	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	1.17	1	7,020	6,000	1,020
57.305	Hemovigilance Incident	500	500	10	10	10/60	10/60	833	833	0
57.306	Hemovigilance Module Annual Survey - Non-Acute Care Facility	200	-	1	-	35/60	-	117	-	117
57.307	Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction	500	-	4	-	25/60	-	833	-	833
57.308	Hemovigilance Adverse Reaction - Allergic Transfusion Reaction	500	-	4	-	25/60	-	833	-	833
57.309	Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction	500	-	1	-	25/60	-	208	-	208
57.310	Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction	500	-	2	-	25/60	-	417	-	417
57.311	Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction	500	-	4	-	25/60	-	833	-	833
57.312	Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction	500	-	1	-	25/60	-	208	-	208
57.313	Hemovigilance Adverse Reaction - Infection	500	-	1	-	25/60	-	208	-	208
57.314	Hemovigilance Adverse Reaction - Post Transfusion Purpura	500	-	1	-	25/60	-	208	-	208
57.315	Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea	500	-	1	-	25/60	-	208	-	208
57.316	Hemovigilance Adverse Reaction - Transfusion Associated	500	-	1	-	25/60	-	208	-	208

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		05/2016	06/2015	05/2016	06/2015	05/2016	06/2015	05/2016	06/2015	
	Graft vs. Host Disease									
57.317	Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury	500	-	1	-	25/60	-	208	-	208
57.318	Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload	500	-	2	-	25/60	-	417	-	417
57.319	Hemovigilance Adverse Reaction - Unknown Transfusion Reaction	500	-	1	-	25/60	-	208	-	208
57.320	Hemovigilance Adverse Reaction - Other Transfusion Reaction	500	-	1	-	25/60	-	208	-	208
57.400	Patient Safety Component—Annual Facility Survey for Ambulatory Surgery Center (ASC)	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	6,500	6,500	1	1	2.0	2.0	13,000	13,000	0
57.501	Dialysis Monthly Reporting Plan	6,500	6,500	12	12	5/60	5/60	6,500	6,500	0
57.502	Dialysis Event	6,500	6,500	60	60	25/60	25/60	162,500	162,500	0
57.503	Denominator for Outpatient Dialysis	6,500	6,500	12	12	10/60	10/60	13,000	13,000	0
57.504	Prevention Process Measures Monthly Monitoring for Dialysis	1,500	1,500	12	12	1.25	1.25	22,500	22,500	0
57.505	Dialysis Patient Influenza Vaccination	325	325	75	75	10/60	10/60	4,063	4,063	0
57.506	Dialysis Patient Influenza Vaccination Denominator	325	325	5	5	10/60	10/60	271	271	0
57.507	Home Dialysis Center Practices Survey	600	-	1	-	25/60	-	250	-	250
<b>Total Estimated Annual Burden (Hours)</b>								5,110,966	4,621,542	489,424

\*Values were rounded prior to summation.