

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 Annual Cost Burden ^a
		05/2016	06/2015	05/2016	06/2015	05/2016	06/2015	
57.100	NHSN Registration Form	167	167	\$39.66	\$38.98	\$6,610	\$6,497	\$113
57.101	Facility Contact Information	333	333	\$39.66	\$38.98	\$13,220	\$12,993	\$227
57.103	Patient Safety Component--Annual Hospital Survey	4,583	4,167	\$39.66	\$38.98	\$181,775	\$162,417	\$19,358
57.105	Group Contact Information	83	83	\$39.66	\$38.98	\$3,305	\$3,248	\$57
57.106	Patient Safety Monthly Reporting Plan	18,000	18,000	\$39.66	\$38.98	\$713,880	\$701,640	\$12,240
57.108	Primary Bloodstream Infection (BSI)	132,000	132,000	\$39.66	\$38.98	\$5,235,120	\$5,145,360	\$89,760
57.111	Pneumonia (PNEU)	216,000	216,000	\$39.66	\$38.98	\$8,566,560	\$8,419,680	\$146,880
57.112	Ventilator-Associated Event	360,000	360,000	\$39.66	\$38.98	\$14,277,600	\$14,032,800	\$244,800
57.113	Pediatric Ventilator-Associated Event (PedVAE)	100,000	-	\$39.66	-	\$3,966,000	-	\$3,966,000
57.114	Urinary Tract Infection (UTI)	80,000	80,000	\$39.66	\$38.98	\$3,172,800	\$3,118,400	\$54,400
57.115	Custom Event	106,167	-	\$39.66	-	\$4,210,570	-	\$4,210,570
57.116	Denominators for Neonatal Intensive Care Unit (NICU)	162,000	162,000	\$32.45	\$32.04	\$5,256,900	\$5,190,480	\$66,420
57.117	Denominators for Specialty Care Area (SCA)/Oncology (ONC)	270,000	270,000	\$32.45	\$32.04	\$8,761,500	\$8,650,800	\$110,700
57.118	Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)	1,800,000	1,800,000	\$32.45	\$32.04	\$58,410,000	\$57,672,000	\$738,000
57.120	Surgical Site Infection (SSI)	126,000	126,000	\$39.66	\$38.98	\$4,997,160	\$4,911,480	\$85,680
57.121	Denominator for Procedure	540,000	270,000	\$32.45	\$32.04	\$17,523,000	\$8,650,800	\$8,872,200
57.123	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables	6,000	6,000	\$18.73	\$18.45	\$112,380	\$110,700	\$1,680
57.124	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables	6,000	6,000	\$58.41	\$14.33	\$350,460	\$85,980	\$264,480
57.125	Central Line Insertion Practices Adherence Monitoring	41,667	41,667	\$39.66	\$38.98	\$1,652,500	\$1,624,167	\$28,333
57.126	MDRO or CDI Infection Form	216,000	216,000	\$39.66	\$38.98	\$8,566,560	\$8,419,680	\$146,880
57.127	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	36,000	36,000	\$39.66	\$38.98	\$1,427,760	\$1,403,280	\$24,480
57.128	Laboratory-identified MDRO or CDI Event	480,000	480,000	\$39.66	\$38.98	\$19,036,800	\$18,710,400	\$326,400
57.129	Adult Sepsis	5,208	-	\$39.66	-	\$206,563	-	\$206,563
57.137	Long-Term Care Facility Component – Annual Facility Survey	378	250	\$39.66	\$38.98	\$14,991	\$9,745	\$5,246
57.138	Laboratory-identified MDRO or CDI Event for LTCF	1,050	500	\$39.66	\$38.98	\$41,643	\$19,490	\$22,153
57.139	MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF	700	250	\$39.66	\$38.98	\$27,762	\$9,745	\$18,017
57.140	Urinary Tract Infection (UTI) for LTCF	2,450	1,125	\$39.66	\$38.98	\$97,167	\$43,853	\$53,315

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57.141	Monthly Reporting Plan for LTCF	350	250	\$39.66	\$38.98	\$13,881	\$9,745	\$4,136
57.142	Denominators for LTCF Locations	14,070	9,750	\$39.66	\$38.98	\$558,016	\$380,055	\$177,961
57.143	Prevention Process Measures Monthly Monitoring for LTCF	300	250	\$39.66	\$38.98	\$11,898	\$9,745	\$2,153
57.150	LTAC Annual Survey	367	333	\$39.66	\$38.98	\$14,542	\$12,993	\$1,549
57.151	Rehab Annual Survey	917	833	\$39.66	\$38.98	\$36,355	\$32,483	\$3,872
57.200	Healthcare Personnel Safety Component Annual Facility Survey	400	400	\$33.75	\$33.27	\$13,500	\$13,308	\$192
57.203	Healthcare Personnel Safety Monthly Reporting Plan	1,417	1,417	\$33.75	\$33.27	\$47,813	\$47,133	\$680
57.204	Healthcare Worker Demographic Data	3,333	3,333	\$33.75	\$33.27	\$112,500	\$110,900	\$1,600
57.205	Exposure to Blood/Body Fluids	2,500	2,500	\$33.75	\$33.27	\$84,375	\$83,175	\$1,200
57.206	Healthcare Worker Prophylaxis/Treatment	375	375	\$33.75	\$33.27	\$12,656	\$12,476	\$180
57.207	Follow-Up Laboratory Testing	625	625	\$18.73	\$18.45	\$11,706	\$11,531	\$175
57.210	Healthcare Worker Prophylaxis/Treatment-Influenza	417	417	\$33.75	\$33.27	\$14,063	\$13,863	\$200
57.300	Hemovigilance Module Annual Survey – Acute Care Facility	1,000	1,000	\$34.99	\$34.27	\$34,990	\$34,270	\$720
57.301	Hemovigilance Module Monthly Reporting Plan	100	100	\$34.99	\$34.27	\$3,499	\$3,427	\$72
57.303	Hemovigilance Module Monthly Reporting Denominators	7,020	6,000	\$34.99	\$34.27	\$245,630	\$205,620	\$40,010
57.305	Hemovigilance Incident	833	833	\$34.99	\$34.27	\$29,158	\$28,558	\$600
57.306	Hemovigilance Module Annual Survey - Non-Acute Care Facility	117	-	\$34.99	-	\$4,082	-	\$4,082
57.307	Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction	833	-	\$34.99	-	\$29,158	-	\$29,158
57.308	Hemovigilance Adverse Reaction - Allergic Transfusion Reaction	833	-	\$34.99	-	\$29,158	-	\$29,158
57.309	Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction	208	-	\$34.99	-	\$7,290	-	\$7,290
57.310	Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction	417	-	\$34.99	-	\$14,579	-	\$14,579
57.311	Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction	833	-	\$34.99	-	\$29,158	-	\$29,158
57.312	Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction	208	-	\$34.99	-	\$7,290	-	\$7,290
57.313	Hemovigilance Adverse Reaction - Infection	208	-	\$34.99	-	\$7,290	-	\$7,290
57.314	Hemovigilance Adverse Reaction - Post Transfusion Purpura	208	-	\$34.99	-	\$7,290	-	\$7,290
57.315	Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea	208	-	\$34.99	-	\$7,290	-	\$7,290
57.316	Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease	208	-	\$34.99	-	\$7,290	-	\$7,290
57.317	Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury	208	-	\$34.99	-	\$7,290	-	\$7,290

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57.318	Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload	417	-	\$34.99	-	\$14,579	-	\$14,579
57.319	Hemovigilance Adverse Reaction - Unknown Transfusion Reaction	208	-	\$34.99	-	\$7,290	-	\$7,290
57.320	Hemovigilance Adverse Reaction - Other Transfusion Reaction	208	-	\$34.99	-	\$7,290	-	\$7,290
57.400	Patient Safety Component—Annual Facility Survey for Ambulatory Surgery Center (ASC)	417	417	\$32.45	\$32.04	\$13,521	\$13,350	\$171
57.401	Outpatient Procedure Component - Monthly Reporting Plan	15,000	15,000	\$32.45	\$32.04	\$486,750	\$480,600	\$6,150
57.402	Outpatient Procedure Component Event	83,333	83,333	\$32.45	\$32.04	\$2,704,167	\$2,670,000	\$34,167
57.403	Outpatient Procedure Component - Monthly Denominators and Summary	40,000	40,000	\$32.45	\$32.04	\$1,298,000	\$1,281,600	\$16,400
57.500	Outpatient Dialysis Center Practices Survey	13,000	13,000	\$39.66	\$38.98	\$515,580	\$506,740	\$8,840
57.501	Dialysis Monthly Reporting Plan	6,500	6,500	\$32.45	\$32.04	\$210,925	\$208,260	\$2,665
57.502	Dialysis Event	162,500	162,500	\$32.45	\$32.04	\$5,273,125	\$5,206,500	\$66,625
57.503	Denominator for Outpatient Dialysis	13,000	13,000	\$32.45	\$32.04	\$421,850	\$416,520	\$5,330
57.504	Prevention Process Measures Monthly Monitoring for Dialysis	22,500	22,500	\$32.45	\$32.04	\$730,125	\$720,900	\$9,225
57.505	Dialysis Patient Influenza Vaccination	4,063	4,063	\$32.45	\$32.04	\$131,828	\$130,163	\$1,666
57.506	Dialysis Patient Influenza Vaccination Denominator	271	271	\$32.45	\$32.04	\$8,789	\$8,678	\$111
57.507	Home Dialysis Center Practices Survey	250	-	\$39.66	-	\$9,915	-	\$9,915
Total Estimated Annual Cost Burden						\$180,066,067	\$169,329,048	\$20,092,219

*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.