**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** | **04/2017** | **05/2016** | **04/2017** | **05/2016** | **04/2017** | **05/2016** |
| 57.100 | NHSN Registration Form | 167 | 167 | $39.66 | $39.66 | $6,610 | $6,610 | $0 |
| 57.101 | Facility Contact Information | 333 | 333 | $39.66 | $39.66 | $13,220 | $13,220 | $0 |
| 57.103 | Patient Safety Component--Annual Hospital Survey | 5,000 | 4,583 | $39.66 | $39.66 | $198,300 | $181,775 | $16,525 |
| 57.105 | Group Contact Information | 83 | 83 | $39.66 | $39.66 | $3,305 | $3,305 | $0 |
| 57.106 | Patient Safety Monthly Reporting Plan | 18,000 | 18,000 | $39.66 | $39.66 | $713,880 | $713,880 | $0 |
| 57.108 | Primary Bloodstream Infection (BSI) | 145,200 | 132,000 | $39.66 | $39.66 | $5,758,632 | $5,235,120 | $523,512 |
| 57.111 | Pneumonia (PNEU) | 64,800 | 216,000 | $39.66 | $39.66 | $2,569,968 | $8,566,560 | ($5,996,592) |
| 57.112 | Ventilator-Associated Event | 403,200 | 360,000 | $39.66 | $39.66 | $15,990,912 | $14,277,600 | $1,713,312 |
| 57.113 | Pediatric Ventilator-Associated Event (PedVAE) | 6,000 | 100,000 | $39.66 | $39.66 | $237,960 | $3,966,000 | $3,728,040 |
| 57.114 | Urinary Tract Infection (UTI) | 80,000 | 80,000 | $39.66 | $39.66 | $3,172,800 | $3,172,800 | $0 |
| 57.115 | Custom Event | 106,167 | 106,167 | $39.66 | $39.66 | $4,210,570 | $4,210,570 | $0 |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 288,000 | 162,000 | $32.45 | $32.45 | $9,345,600 | $5,256,900 | $4,088,700 |
| 57.117 | Denominators for Specialty Care Area (SCA)/Oncology (ONC) | 271,080 | 270,000 | $32.45 | $32.45 | $8,796,546 | $8,761,500 | $35,046 |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 1,807,200 | 1,800,000 | $32.45 | $32.45 | $58,643,640 | $58,410,000 | $233,640 |
| 57.120 | Surgical Site Infection (SSI) | 126,000 | 126,000 | $39.66 | $39.66 | $4,997,160 | $4,997,160 | $0 |
| 57.121 | Denominator for Procedure | 540,000 | 540,000 | $32.45 | $32.45 | $17,523,000 | $17,523,000 | $0 |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables | 350 | 6,000 | $18.73 | $18.73 | $6,556 | $112,380 | ($105,825) |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables | 800 | 6,000 | $58.41 | $58.41 | $46,728 | $350,460 | ($1,487,250) |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 4,167 | 41,667 | $39.66 | $39.66 | $165,250 | $1,652,500 | ($1,487,250) |
| 57.126 | MDRO or CDI Infection Form | 216,000 | 216,000 | $39.66 | $39.66 | $8,566,560 | $8,566,560 | $0 |
| 57.127 | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring | 36,000 | 36,000 | $39.66 | $39.66 | $1,427,760 | $1,427,760 | $0 |
| 57.128 | Laboratory-identified MDRO or CDI Event | 480,000 | 480,000 | $39.66 | $39.66 | $19,036,800 | $19,036,800 | $0 |
| 57.129 | Adult Sepsis | 5,208 | 5,208 | $39.66 | $39.66 | $206,563 | $206,563 | $0 |
| 57.137 | Long-Term Care Facility Component – Annual Facility Survey | 5,200 | 378 | $39.66 | $39.66 | $206,232 | $14,991 | $191,241 |
| 57.138 | Laboratory-identified MDRO or CDI Event for LTCF | 10,400 | 1,050 | $39.66 | $39.66 | $412,464 | $41,643 | $370,821 |
| 57.139 | MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF | 5,200 | 700 | $39.66 | $39.66 | $206,232 | $27,762 | $178,470 |
| 57.140 | Urinary Tract Infection (UTI) for LTCF | 21,233 | 2,450 | $39.66 | $39.66 | $842,114 | $97,167 | $744,947 |
| 57.141 | Monthly Reporting Plan for LTCF | 2,600 | 350 | $39.66 | $39.66 | $103,116 | $13,881 | $89,235 |
| 57.142 | Denominators for LTCF Locations | 124,800 | 14,070 | $39.66 | $39.66 | $4,949,568 | $558,016 | $4,391,552 |
| 57.143 | Prevention Process Measures Monthly Monitoring for LTCF | 2,600 | 300 | $39.66 | $39.66 | $103,116 | $11,898 | $91,218 |
| 57.150 | LTAC Annual Survey | 400 | 367 | $39.66 | $39.66 | $15,864 | $14,542 | $1,322 |
| 57.151 | Rehab Annual Survey | 1000 | 917 | $39.66 | $39.66 | $39,660 | $36,355 | $3,305 |
| 57.200 | Healthcare Personnel Safety Component Annual Facility Survey | 400 | 400 | $33.75 | $33.75 | $13,500 | $13,500 | $0 |
| 57.203 | Healthcare Personnel Safety Monthly Reporting Plan | 1,417 | 1,417 | $33.75 | $33.75 | $47,813 | $47,813 | $0 |
| 57.204 | Healthcare Worker Demographic Data | 3,333 | 3,333 | $33.75 | $33.75 | $112,500 | $112,500 | $0 |
| 57.205 | Exposure to Blood/Body Fluids | 2,500 | 2,500 | $33.75 | $33.75 | $84,375 | $84,375 | $0 |
| 57.206 | Healthcare Worker Prophylaxis/Treatment | 375 | 375 | $33.75 | $33.75 | $12,656 | $12,656 | $0 |
| 57.207 | Follow-Up Laboratory Testing | 625 | 625 | $18.73 | $18.73 | $11,706 | $11,706 | $0 |
| 57.210 | Healthcare Worker Prophylaxis/Treatment-Influenza | 417 | 417 | $33.75 | $33.75 | $14,063 | $14,063 | $0 |
| 57.300 | Hemovigilance Module Annual Survey – Acute Care Facility | 1,000 | 1,000 | $34.99 | $34.99 | $34,990 | $34,990 | $0 |
| 57.301 | Hemovigilance Module Monthly Reporting Plan | 100 | 100 | $34.99 | $34.99 | $3,499 | $3,499 | $0 |
| 57.303 | Hemovigilance Module Monthly Reporting Denominators | 7,020 | 7,020 | $34.99 | $34.99 | $245,630 | $245,630 | $0 |
| 57.305 | Hemovigilance Incident | 833 | 833 | $34.99 | $34.99 | $29,158 | $29,158 | $0 |
| 57.306 | Hemovigilance Module Annual Survey - Non-Acute Care Facility | 117 | 117 | $34.99 | $34.99 | $4,082 | $4,082 | $0 |
| 57.307 | Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction | 667 | 833 | $34.99 | $34.99 | $23,327 | $29,158 | ($5,832) |
| 57.308 | Hemovigilance Adverse Reaction - Allergic Transfusion Reaction | 667 | 833 | $34.99 | $34.99 | $23,327 | $29,158 | ($5,832) |
| 57.309 | Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction | 167 | 208 | $34.99 | $34.99 | $5,832 | $7,290 | ($1,458) |
| 57.310 | Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction | 333 | 417 | $34.99 | $34.99 | $11,663 | $14,579 | ($2,916) |
| 57.311 | Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction | 667 | 833 | $34.99 | $34.99 | $23,327 | $29,158 | ($5,832) |
| 57.312 | Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction | 167 | 208 | $34.99 | $34.99 | $5,832 | $7,290 | ($1,458) |
| 57.313 | Hemovigilance Adverse Reaction - Infection | 167 | 208 | $34.99 | $34.99 | $5,832 | $7,290 | ($1,458) |
| 57.314 | Hemovigilance Adverse Reaction - Post Transfusion Purpura | 167 | 208 | $34.99 | $34.99 | $5,832 | $7,290 | ($1,458) |
| 57.315 | Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea | 167 | 208 | $34.99 | $34.99 | $5,832 | $7,290 | ($1,458) |
| 57.316 | Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease | 167 | 208 | $34.99 | $34.99 | $5,832 | $7,290 | ($1,458) |
| 57.317 | Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury | 167 | 208 | $34.99 | $34.99 | $5,832 | $7,290 | ($1,458) |
| 57.318 | Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload | 333 | 417 | $34.99 | $34.99 | $11,663 | $14,579 | ($2,916) |
| 57.319 | Hemovigilance Adverse Reaction - Unknown Transfusion Reaction | 167 | 208 | $34.99 | $34.99 | $5,832 | $7,290 | ($1,458) |
| 57.320 | Hemovigilance Adverse Reaction - Other Transfusion Reaction | 167 | 208 | $34.99 | $34.99 | $5,832 | $7,290 | ($1,458) |
| 57.400 | Outpatient Procedure Component—Annual Facility Survey | 833 | 417 | $32.45 | $32.45 | $27,042 | $13,521 | $13,521 |
| 57.401 | Outpatient Procedure Component - Monthly Reporting Plan | 20,000 | 15,000 | $32.45 | $32.45 | $649,000 | $486,750 | $162,250 |
| 57.402 | Outpatient Procedure Component Same Day Outcome Measures | 20,000 | 83,333 | $32.45 | $32.45 | $649,000 | $2,704,167 | ($2,055,167) |
| 57.403 | Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures | 9,600 | 40,000 | $32.45 | $32.45 | $311,520 | $1,298,000 | ($986,480) |
| 57.404 | OPC- SSI Denominator | 450,000 | - | $32.45 | - | $14,602,500 | - | $14,602,500 |
| 57.405 | OPC Surgical Site Infection (SSI) Event | 105,000 | - | $39.66 | - | $4,164,300 | - | $4,164,300 |
| 57.500 | Outpatient Dialysis Center Practices Survey | 14,350 | 13,000 | $39.66 | $39.66 | $569,121 | $515,580 | $53,541 |
| 57.501 | Dialysis Monthly Reporting Plan | 7,000 | 6,500 | $32.45 | $32.45 | $227,150 | $210,925 | $16,225 |
| 57.502 | Dialysis Event | 175,000 | 162,500 | $32.45 | $32.45 | $5,678,750 | $5,273,125 | $405,625 |
| 57.503 | Denominator for Outpatient Dialysis | 14,000 | 13,000 | $32.45 | $32.45 | $454,300 | $421,850 | $32,450 |
| 57.504 | Prevention Process Measures Monthly Monitoring for Dialysis | 30,000 | 22,500 | $32.45 | $32.45 | $973,500 | $730,125 | $243,375 |
| 57.505 | Dialysis Patient Influenza Vaccination | 4,063 | 4,063 | $32.45 | $32.45 | $131,828 | $131,828 | $0 |
| 57.506 | Dialysis Patient Influenza Vaccination Denominator | 271 | 271 | $32.45 | $32.45 | $8,789 | $8,789 | $0 |
| 57.507 | Home Dialysis Center Practices Survey | 175 | 250 | $39.66 | $39.66 | $6,941 | $9,915 | ($2,975) |
| **Total Estimated Annual Cost Burden** | | | | | | **$194,782,795** | $180,066,067 | **$14,716,728** |

\*Cost for some data collection forms remained the same, due to no changes in annual wages.

aValues were rounded prior to summation.