

Non-Substantive Change Request to OMB Control Number 0920-0666; The National Healthcare Safety Network (NHSN)

Program Contact

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Office of Policy
1600 Clifton Rd, C-12
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Submission Date: January 26, 2018

Circumstances of Change Request for OMB 0920-0666

CDC requests approval to replace a recently-approved form with the previously approved version of the same form to OMB Control No. 0920-0666; The National Healthcare Safety Network (NHSN)

Form Name: Denominators for Neonatal Intensive Care Unit (NICU) - CDC 57.116

The most recently approved form includes data collection fields that pertain to an NHSN event titled Pediatric Ventilator-Associated Event (PedVAE). PedVAE was scheduled for release in NHSN in January 2018 but release has been delayed until January 2019. The currently approved form 57.116 has fields that are not available for use given the delay in the PedVAE.

This is a request to re-instate the previously approved version of form CDC 57.116 to minimize confusion to respondents.

Estimates of annualized burden hours for this change request will decrease by 1 hour per response. Because each respondent is expected to respond 12 times per year, the total decrease in burden is expected to be 72,000 hours per year.

	Form Name	No. of Respondents	No. of responses per respondent	Avg. burden per response (hours)	Total burden (hours)
APPROVED	Denominators for Neonatal Intensive Care Unit (NICU) (2018)	6,000	12	4	288,000
REQUESTED	Denominators for Neonatal Intensive Care Unit (NICU) (2017)	6,000	12	3	216,000

For OMB clearance No. 0920-0666, the total burden will decrease from 5,575,470 hours to 5,503,470 hours.

Description of Changes

The previously approved form—Denominators for Neonatal Intensive Care Unit (NICU)—which was in place for calendar year 2017 does not include optional completion of PedVAE Optional Denominator

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data collection fields , optional completion of Episodes of Mechanical ventilation (EMV) field, or the conditional completion of Ventilator Days (VNT) field.

We are requesting the replacement of the recently approved form (attachment 1) with the previously approved 2017 version (attachment 2).

Current form (highlighted areas would be changed):



Form Approved
OMB No. 0920-0666
Exp. Date: 01/31/2021
www.odc.gov/nhsn

Denominators for Neonatal Intensive Care Unit (NICU)

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*Required for saving

**Conditionally required according to the events indicated in Plan

Facility ID:	*Location Code:		*Month:															*Year:								
Birth Weight Categories																										
Date:	≤750 g					751-1000 g					1001-1500 g					1501-2500 g					>2500 g					
	PI*	**CL	**VNT	VIC	EMV	PI*	**CL	**VNT	VIC	EMV	PI*	**CL	**VNT	VIC	EMV	PI*	**CL	**VNT	VIC	EMV	PI*	**CL	**VNT	VIC	EMV	
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Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).
CDC 57-116(Front), Rev 2 v8.8 Continued >>>

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Requested changes:



Form Approved
 OMB No. 0920-0666
 Exp. Date: 01/31/2021
 www.cdc.gov/nhsn

Denominators for Neonatal Intensive Care Unit (NICU)

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**conditionally required according to the events indicated in Plan

Facility ID:	*Location Code:		*Month:		*Year:															
Date	Birth Weight Categories																			
	A = ≤750 g				B = 751-1000 g				C = 1001-1500 g				D = 1501-2500 g				E = >2500 g			
	*Pt	**CL	VNT	UrC	*Pt	**CL	VNT	UrC	*Pt	**CL	VNT	UrC	*Pt	**CL	VNT	UrC	*Pt	**CL	VNT	UrC
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31																				
*Total																				

Pt=number of infants CL=number of infants with 1 or more central lines, including umbilical catheter
 VNT=number of infants on a ventilator UrC=number of infants with a urinary catheter