

**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)*
		04/2017	05/2016	04/2017	05/2016	04/2017	05/2016	04/2017	05/2016	
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 <sup>1</sup>	5,000	5,000	1	1	60/60	55/60	5,000	4,583	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	33/60	30/60	145,200	132,000	13,200
57.111	Pneumonia (PNEU)	1,800	6,000	30	72	30/60	30/60	64,800	216,000	151,200
57.112	Ventilator-Associated Event	6,000	6,000	144	144	28/60	25/60	403,200	360,000	43,200
57.113	Pediatric Ventilator-Associated Event (PedVAE)	100	2,000	120	120	30/60	25/60	6,000	100,000	94,000
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	600	2,000	91	91	35/60	35/60	31,850	106,167	74,317
57.116	Denominators for Neonatal Intensive Care Unit (NICU)	6,000	6,000	12	9	4	3	288,000	162,000	126,000
57.117	Denominators for Specialty Care Area (SCA)/Oncology (ONC)	6,000	6,000	9	9	5.02	5.02	271,080	270,000	1,080
57.118	Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)	6,000	6,000	60	60	5.02	5.02	1,807,200	1,800,000	7,200
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	10/60	540,000	540,000	0
57.123	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables	350	6,000	12	12	5/60	5/60	350	6,000	5,650
57.124	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables	800	6,000	12	12	5/60	5/60	800	6,000	5,200
57.125	Central Line Insertion Practices Adherence Monitoring	100	1,000	100	100	25/60	25/60	4,167	41,667	37,500
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	50	250	250	25/60	25/60	5,208	5,208	0
57.137	Long-Term Care Facility Component – Annual Facility Survey	2,600	350	1	1	2	1.08	5,200	378	4,822
57.138	Laboratory-identified MDRO or CDI Event for LTCF	2,600	350	12	12	20/60	15/60	10,400	1,050	9,350

<sup>1</sup>

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)*
		04/2017	05/2016	04/2017	05/2016	04/2017	05/2016	04/2017	05/2016	
57.139	MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF	2,600	350	12	12	10/60	10/60	5,200	700	4,500
57.140	Urinary Tract Infection (UTI) for LTCF	2,600	350	14	14	35/60	30/60	21,233	2,450	18,783
57.141	Monthly Reporting Plan for LTCF	2,600	350	12	12	5/60	5/60	2,600	350	2,250
57.142	Denominators for LTCF Locations	2,600	350	12	12	4	3.35	124,800	14,070	110,730
57.143	Prevention Process Measures Monthly Monitoring for LTCF	2,600	300	12	12	5/60	5/60	2,600	300	2,300
57.150	LTAC Annual Survey	400	400	1	1	60/60	55/60	400	367	33
57.151	Rehab Annual Survey	1,000	1,000	1	1	60/60	55/60	1000	917	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	1.17	7,020	7,020	0
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	200	1	1	35/60	35/60	117	117	0
57.307	Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction	500	500	4	4	20/60	25/60	667	833	167
57.308	Hemovigilance Adverse Reaction - Allergic Transfusion Reaction	500	500	4	4	20/60	25/60	667	833	167
57.309	Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction	500	500	1	1	20/60	25/60	167	208	42
57.310	Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction	500	500	2	2	20/60	25/60	333	417	83
57.311	Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction	500	500	4	4	20/60	25/60	667	833	167
57.312	Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction	500	500	1	1	20/60	25/60	167	208	42
57.313	Hemovigilance Adverse Reaction - Infection	500	500	1	1	20/60	25/60	167	208	42
57.314	Hemovigilance Adverse Reaction - Post Transfusion Purpura	500	500	1	1	20/60	25/60	167	208	42

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		04/2017	05/2016	04/2017	05/2016	04/2017	05/2016	04/2017	05/2016	
57.315	Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea	500	500	1	1	20/60	25/60	167	208	42
57.316	Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease	500	500	1	1	20/60	25/60	167	208	42
57.317	Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury	500	500	1	1	20/60	25/60	167	208	42
57.318	Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload	500	500	2	2	20/60	25/60	333	417	83
57.319	Hemovigilance Adverse Reaction - Unknown Transfusion Reaction	500	500	1	1	20/60	25/60	167	208	42
57.320	Hemovigilance Adverse Reaction - Other Transfusion Reaction	500	500	1	1	20/60	25/60	167	208	42
57.400	Outpatient Procedure Component—Annual Facility Survey	5,000	5,000	1	1	10/60	5/60	833	417	417
57.401	Outpatient Procedure Component - Monthly Reporting Plan	5,000	5,000	12	12	20/60	15/60	20,000	15,000	5,000
57.402	Outpatient Procedure Component Same Day Outcome Measures	1,200	5,000	25	25	40/60	40/60	63,333	83,333	20,000
57.403	Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures	1,200	5,000	12	12	40/60	40/60	9,600	40,000	30,400
57.404	OPC- SSI Denominator	5,000	-	540	-	10/60	-	450,000	-	450,000
57.405	OPC Surgical Site Infection (SSI) Event	5,000	-	36	-	35/60	-	105,000	-	105,000
57.500	Outpatient Dialysis Center Practices Survey	7,000	6,500	1	1	2.05	2	14,350	13,000	1,350
57.501	Dialysis Monthly Reporting Plan	7,000	6,500	12	12	5/60	5/60	7,000	6,500	500
57.502	Dialysis Event	7,000	6,500	60	60	25/60	25/60	175,000	162,500	12,500
57.503	Denominator for Outpatient Dialysis	7,000	6,500	12	12	10/60	10/60	14,000	13,000	1,000
57.504	Prevention Process Measures Monthly Monitoring for Dialysis	2,000	1,500	12	12	1.25	1.25	30,000	22,500	7,500
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	350	600	1	1	30/60	25/60	175	250	75
<b>Total Estimated Annual Burden (Hours)</b>								<b>5,575,467</b>	5,110,968	<b>464,498</b>

\* Cost increased due to increase or decrease in the number of facilities.

\*Values were rounded prior to summation.