Revision of Estimated Annual Cost Burden*

	Form Name	Total Estimated Burden (Hours)		Estimated Hourly Wage of Respondent		Total Estimated Annual Cost Burden ^a		Change in Estimated
Form Number		04/2017	05/2016	04/2017	05/2016	04/2017	05/2016	Annual Cost Burden ^a
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 ComponentAnnual 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

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Form Number		04/2017	05/2016	04/2017	05/2016	04/2017	05/2016	Annual Cost Burden ^a
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)

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Form Number	Form Name	04/2017	05/2016	04/2017	05/2016	04/2017	05/2016	Annual Cost Burden ^a
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.