

Itemized IC Revisions and Justifications

Form No.	Name	Name in last ICR	Itemized Changes	Justifications
57.100	NHSN Registration Form	No change	No change	N/A
57.101	Facility Contact Information	No change	No change	N/A
57.103	Patient Safety Component-Annual Hospital Survey	No change	<ol style="list-style-type: none"> 1) Increase the number of reporting facilities from 5,000 to 6,000. Increase in time burden of 15 minutes. 2) Question revised for #1, #6,#7, #9, #21#11,#24, #25-#35 3) Response options modified for questions #2, #5, #6, #9, #16-#19, 4) New required question added #5, #8, #10,#22, #25-#30, #31-40 5) New optional questions added for #41-50 	<ol style="list-style-type: none"> 1) Additional health systems and hospitals continue to onboard into the Patient Safety Component of NHSN, therefore, we've increased the estimated number of facilities that will report these data in the calendar year 2019. Time burden will increase form 60 minutes to 75 minutes. 2) Modified question language for question #1 to include "bacterial" for the type of antimicrobial susceptibility testing. Adding the word was done to clarify the existing question and differentiate it from the same question about fungal testing later (#7). Wording clarification for question #6 added. For #9 the question was enhanced to include testing that occurs at both facilities and outside laboratory testing. The emergence of Candida auris in the U.S it is more important to get a sense of how many facilities have access to labs (whether it is their own or outside lab) that use methods that can accurately identify C. auris. Question #21 contains clarification to include patients admitted to non-NICU settings in order to differentiate from a new question (#22) added. Question #11 was removed because CDC no longer recommends production of antibiograms, which removes the utility of the responses. Question #24 was removed because it did not produce useful information to our prevention and response branch upon analysis. Question #25-35 were replaced by questions #31-40 on the new form to align better with the Core Elements of Hospital Antibiotic Stewardship guidelines from CDC to better describe current stewardship programs. 3) New response options included on #2 to reflect current advanced testing instruments (ATI) being used bacterial antimicrobial susceptibility testing .Also a wording correction for one of the test method names that was previously "Other micro broth dilution method"; it's been corrected to "Other broth

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				<p>microdilution method”. New response options added to #5 to include updated ATI for carbapenemase testing. Answer options for antimicrobial susceptibility testing (AST) methods on question #6, “Vitek (legacy)”Microscan Walkaway rapid” have become obsolete and have been removed. Methods “MicroScan WalkAway”, “MicroScan autoSCAN”, “Birby-Bauer disk diffusion”, and Accelerate Pheno” were all added as options to address an update in new AST methods technology. Response option for #9 “Broth macrodilution” was removed due to it becoming obsolete. Response options for questions #16-19 have been changed in order to remove the mutually exclusive categorization. Respondents will now select “Yes” “No” or “Not applicable” to the question. If “Yes” is selected.</p> <p>4) Secondary question added to #5 to gather information about a policy in place to notify hospital personnel when carbapenemase is detected to inform prevention and protocol practices implemented by DHQP. Question #8 added because 50% of C. auris isolates in the U.S. are from non-blood sites and there is currently no question on the survey to enumerate this appropriately. Question #10 added to capture further details about the scenario’s that exist for antifungal susceptibility testing (AFST) to be conducted. AFST is typically not included in routine Candida testing that other survey questions inquire about. Question #22 added to specifically identify routine screening for MRSA of neonatal units. Neonatal indication screening of MRSA differs greatly from adults and pediatrics, and in turn, predictors of antimicrobial use would be different. Question #25-30 added to assist in with the creation neonatal-specific Standardized Antimicrobial Administration Ratio (SAAR), a benchmark metric that we hope will assist hospitals with antibiotic stewardship efforts in neonatal intensive care units, special care nurseries, and well newborn nurseries. Current adult and pediatric SAARs adjust only for unit/location- and hospital-level characteristics, such as bed size,</p>

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				<p>teaching status, or location type. Neonatal antimicrobial use differs greatly from adult and pediatric use, both in indication for use and agents selected for therapy, and therefore predictors of antimicrobial use differ. Patient level data is not currently reported to the AU Option, but certain patient-level characteristics in neonates are known to be associated with antimicrobial use. In order to capture these important predictors of antimicrobial use in the absence of patient-level data, survey questions are needed that capture this data in aggregate. We ultimately plan to incorporate information collected through these survey questions as hospital-level factors in our predictive models to assess their association with neonatal AU. Questions #31-40 are replacing previous questions related to Antibiotic Stewardship Practices (ASP) on the previous survey. Analysis conducted found that the previous ASP survey questions did not provide enough description of facilities current Antibiotic Stewardship Programs based on the CDC developed Core Elements of Hospital Antibiotic Stewardship guidelines. These guidelines are part of the larger CDC action plan of Combating Antibiotic-resistant Bacteria. The new questions will add granularity to provide a better depiction of hospitals current stewardship programs.</p> <p>5) New optional questions about hospitals antibiotic stewardship practices were added to add supplemental detail from required questions #31-40 of the same topic.</p> <p>These changes will increase the overall estimated burden of this form by 2,500 hours.</p>
57.105	Group Contact Information	No change	No change	N/A
57.106	Patient Safety Monthly Reporting Plan	No change	1) Added PedVAE responses under the Device Associated Module	<p>1) An addition was made to the response options under the Device Associated Module of the form to accommodate the new NHSN Pediatric Ventilator Associated Event (PedVAE) surveillance module scheduled to be released in 2019.</p> <p>These changes will not affect the overall estimated burden of this form.</p>
57.108	Primary Bloodstream	No change	1) New response options	1) Added optional fields “known or

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	Infection (BSI)		<p>are added under Risk Factor section.</p> <p>2) Response options were changed from optional to required for Hemodialysis, ECMO and VAD devices present.</p>	<p>suspected Munchausen’s Syndrome by Proxy (MSBP); Diagnosis of Epidermolysis Bullosa (EB); Group B Streptococcus in the first 6 days of life’ Pus at vascular access site with matching organism in the blood collected in the IWP; and patient injection into vascular access line to further identify risk factors that can be associated with a BSI but can potentially be excluded from CLABSI surveillance. Collection of this data will aide in the analysis of BSIs not associated with central line use.</p> <p>2) Changed response for Hemodialysis catheter present, ECMO present or VAD device present from optional (2018) to required (2019).Have been unable to capture data to date due to CDA import requirements for “in-plan” data. Once required these options will aide in analysis of BSIs not associated with central line use.</p> <p>This change does not affect the estimated burden of this form because users had to make these determinations in previous years to determine if CLABSI criteria were met. This year they are merely required to record the information.</p>
57.111	Pneumonia (PNEU)	No change	No change	N/A
57.112	Ventilator-Associated Event	No change	No change	N/A
57.113	Pediatric Ventilator-Associated Event (PedVAE)	No change	1) Removed “specific event” response option.	<p>1) Under the event details section of the form, the PedVAC was removed due to the algorithm being single tiered and there only being one specific event for PedVAE.</p> <p>This change does not affect the estimated burden of this form.</p>
57.114	Urinary Tract Infection (UTI)	No change	1) Response options were updated to include additional symptom under the Event Details Section.	<p>1) This change will add the symptom, “Suprapubic tenderness” to better align the response options with NHSN protocols, which were updated in 2017.</p> <p>This change does not affect the estimated burden of this form.</p>
57.115	Custom Event	No change	No change	N/A
57.116	Denominators for Neonatal Intensive Care Unit (NICU)	No change	<p>1) Response options were changed from optional to required for Hemodialysis, ECMO and Ventricular Assist Devices present.</p> <p>2) Reporting of ventilator days for birth weight is conditionally required.</p>	<p>1) Changed response to Hemodialysis catheter present, ECMO present or VAD device present from optional (2018) to required (2019).Have been unable to capture data to date due to CDA import requirements for “in-plan” data. Once required these options will aid in the analysis of BSIs not associated with central line use.</p>

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			3) Added PedVAE Optional Denominators for gestational age requesting optional PT, VNT, and EMV.	2) There is now a ventilator associated event available for NICU locations requiring related denominator reporting. 3) There is now a ventilator associated event available for NICU locations requiring related denominator reporting, in which CDC has provided an option to accommodate facilities that are reporting requested data. This change does not affect the estimated burden of this form.
57.117	Denominators for Specialty Care Area (SCA)/Oncology (ONC)	No change	1) Response options were changed from optional to required for Hemodialysis, Extracorporeal Membrane Oxygenation (ECMO). 2) Decrease the number of reporting facilities from 6,000 to 2,000.	1) Changed response to Hemodialysis catheter present, ECMO present or Ventricular Assist Device (VAD) present from optional (2018) to required (2019). NHNS has been unable to capture data to date due to the CDA import. 2) The number of reporting facilities were re-evaluated by NHSN and it has been determined after conducting some additional analysis that this form is only being used by approximately 2,000 facilities compared to what was estimated last year. This change will decrease the overall estimated burden for this form by 180,480 hours.
57.118	Denominators for Intensive Care Unit (ICU)/Other Locations (Not NICU or SCA)	No change	No change	N/A
57.120	Surgical Site Infection (SSI)	No change	No change	N/A
57.122	HAI Progress Report State Health Department Survey	N/A	1) New Form added to the Patient Safety Component of NHSN. 2) Time burden will increase by 45 minutes annually with the addition of this form.	1) The new patient safety component form will be an optional form that is completed by a randomly selected group of Health Departments that participate in HAI surveillance in their respective jurisdictions and also participate in reporting data and conducting surveillance activities and oversee programs. This form will provide NHSN with data on regulatory and legislative influences on HAI reporting within the states. To collect information from all states and territory health departments on healthcare associated infection (HAI) reporting requirements and data validation activities that were in place during the 2017 calendar year Information collected from this survey is used to populate technical tables in the annual release of the National and State Healthcare Associated Infection

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				<p>Progress Report. The report helps identify the progress that is being made in the prevention of HAI's at the state and national level. Information from the survey is justified with state-level data that monitors the number of facilities reporting and total HAI events. Having an understanding of whether the state has validated their HAI data, or has a state mandate to report such HAI data, is very helpful when interpreting the state-level HAI incidence data presented in CDC's report.</p> <p>This form will increase the overall reporting burden of this form by 41 hours.</p>
57.121	Denominator for Procedure	No change	1) Removed the "transoral" Response options under the Procedure Details Section.	<p>1) The "transoral" approach/technique has been removed to accommodate consistency with supporting documents and the NHSN application.</p> <p>This change does not affect the estimated burden of this form.</p>
57.123	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables	No change	<ol style="list-style-type: none"> 1) Added seven new organisms for surveillance 2) Added 11 antimicrobials and removed eight antimicrobials for a net gain of 3 additional drugs to report for antimicrobial susceptibility testing 3) Increased the number of facilities reporting data from 350 to 1,000. 	<ol style="list-style-type: none"> 2) The seven new organisms were added as each is currently found in hospital settings. Monitoring these additional organisms and their antimicrobial susceptibility profiles will aid hospitals in clinical decision making and assist with prioritizing transmission prevention efforts. 3) The antimicrobials that are required to be reported for susceptibility testing were reviewed and updated per the most recent Clinical and Laboratory Standards Institute (CLSI) standards. 4) Additional health systems and hospitals continue to onboard into the Antimicrobial Resistance Option for reporting within NHSN. Therefore, we have increased the estimated number of facilities that will report these data in the calendar year 2019. <p>This change will increase the overall estimated burden for this form for 650 hours.</p>
57.124	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables	No change	<ol style="list-style-type: none"> 1) Added two new antimicrobials for surveillance 2) Increased the number of facilities reporting data from 800 to 2,000 	<ol style="list-style-type: none"> 1) Two new antimicrobials were recently approved by FDA and will be used by hospitals for treating infections. By capturing the use of these two new drugs, hospitals will be able to better track use and implement stewardship interventions if needed. 2) Additional health systems and hospitals continue to onboard into the Antimicrobial Use Option reporting within NHSN. Therefore, we've increased the estimated number of

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				facilities that will report these data in the calendar year 2019. These changes will decrease the overall estimated burden for this form by 1,200 hours.
57.125	Central Line Insertion Practices Adherence Monitoring	No change	No change	N/A
57.126	MDRO or CDI Infection Form	No change	No change	N/A
57.127	MDRO and CDI Monthly Denominator Form	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	1) Title updated from: “MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting” changed to “MDRO and CDI Monthly Denominator Form” 2) Revised form instructions on line #2 and #3 to clarify how users can calculate their counts. 3) Removed “MDRO Encounters” as a data entry field on the form. 4) Removed “CDI Encounters” as a data entry field on the form. 5) Section 2: “MDRO & CDI Infection Surveillance or LabID Event Reporting” changed to “Organism Selection/Confirmation of No Events.” 6) No. of reporting facilities decreased from 6000 to 4930	1) The title was revised to make the form title more concise and easier for users identify. 2) Form instructions on line #2 and #3 were updated to provide more descriptive instructions and guidance to ensure that users are correctly calculating patient days and admissions. 3) This data entry field is ambiguous and no longer needed. 4) This data entry field is ambiguous and no longer needed. 5) The revision will make section title more concise and easier to identify by reporting facilities and NHSN users. 6) Reporting facilities decreased to account for CMS regulatory changes. The changes decrease the overall burden of this form by 6,420 hours.
57.128	Laboratory-identified MDRO or CDI Event	No change	1) No. of reporting facilities decreased from 6000 to 4930	1) Reporting facilities decreased to account for CMS regulatory changes. The changes decrease the overall burden of this form by 85,600 hours.
57.129	Adult Sepsis	No change	No change	N/A
57.137	Long-Term Care Facility Component – Annual Facility Survey	No change	No change	N/A
57.138	Laboratory-identified MDRO or CDI Event for LTCF	No change	No change	N/A
57.139	MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF	No change	1) Add “CDI Treatment Starts” variable. 2) Increase time burden for data collection by 10	1) Adding the “CDI Treatment Starts” variable will help facilities determine whether low CDI event rates might be due to empiric CDI treatment practices.

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			minutes	<p>A new process measure will be incorporated into the monthly summary data on CDI for LTCFs in 2019, which will allow providers to capture the number of residents started on antibiotic treatment for CDI that month based on clinical decisions.</p> <p>2) Time burden for data collection was increased by 10 minutes to account for the additional variable being added to this form.</p> <p>These changes will increase the overall estimated burden for this form by 5,200 hours.</p>
57.140	Urinary Tract Infection (UTI) for LTCF	No change	1) Response options were updated for UTI culture requirements of the UTI criteria section.	<p>1) Responses to the UTI culture requirements under the UTI criteria section was changed from “any number” to “no more than 2 species” to better align with urine culture requirements between NHSN Components.</p> <p>This change do not affect the estimated burden of this form.</p>
57.141	Monthly Reporting Plan for LTCF	No change	No change	N/A
57.142	Denominators for LTCF Locations	No change	<p>1) Add “CDI Treatment Starts” variable.</p> <p>2) Increase time burden for data collection by 10 minutes</p>	<p>1) Adding the “CDI Treatment Starts” variable will help facilities determine whether low CDI event rates might be due to empiric CDI treatment practices. A new process measure will be incorporated into the monthly summary data on CDI for LTCFs in 2019, which will allow providers to capture the number of residents started on antibiotic treatment for CDI that month based on clinical decisions.</p> <p>2) Time burden for data collection was increased by 10 minutes to account for the additional variable being added to this form.</p> <p>These changes will increase the overall estimated burden for this form by 5,200 hours.</p>
57.143	Prevention Process Measures Monthly Monitoring for LTCF	No change	No change	N/A
57.150	Patient Safety Component- Annual Facility Survey for LTAC	No change	<p>1) Increase in time burden by 10 minutes.</p> <p>2) Question modified for questions #1, #6,#7, #9, #19</p>	<p>1) Time burden increased to account for form changes included in ICR. Time burden for both data collection tools from 60 to 70 minutes.</p> <p>2) Modified question language for question #1 to include “bacterial” for the type of antimicrobial susceptibility testing. Adding the word was done to clarify the existing question and differentiate it from the same question about fungal</p>
57.151	Patient Safety Component-Annual Facility Survey for IRF	No change	<p>3) Response options modified for questions #2, #5, #6, #9, #14-#17</p> <p>4) New required question</p>	

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			<p>added for #5, #8, #10,#20, #23-32</p> <p>5) Questions #11,#22, #23-#32 from previous survey removed or replaced</p> <p>6) New optional questions added for #33-42</p>	<p>testing later (#7). Wording clarification for question #6 added. For #9 the question was enhanced to include testing that occurs at both facilities and outside laboratory testing. The emergence of <i>Candida auris</i> in the U.S it's more important to get a sense of how many facilities have access to labs (whether it's their own or outside the lab) that use methods that can accurately identify <i>C. auris</i>. Question #19 contains clarification to include patients admitted to non-NICU settings in order to differentiate from a new question (#20) added.</p> <p>3) New answer options included on #2 to reflect current advanced testing instruments (ATI) being used bacterial antimicrobial susceptibility testing. Also a wording correction for one of the test method names that was previously "Other micro broth dilution method"; it's been corrected to "Other broth microdilution method". New response options added to #5 to include updated ATI for carbapenemase testing. Answer options for antimicrobial susceptibility testing (AST) methods on question #6, "Vitek (legacy)" "Microscan Walkaway rapid" have become obsolete and have been removed. Methods "MicroScan WalkAway", "MicroScan autoSCAN", "Birby-Bauer disk diffusion", and Accelerate Pheno" were all added as options to address an update in new AST methods technology. Response option for #9 "Broth macrodilution" was removed due to it becoming obsolete. Response options for questions #14-17 have been changed in order to remove the mutually exclusive categorization. Respondents will now select "Yes" "No" or "Not applicable" to the question. If "Yes" is selected, respondents will then select one option to indicate the contact precautions taken.</p> <p>4) Secondary question added to #5 to gather information about a policy in place to notify hospital personnel when carbapenemase is detected to inform prevention and protocol practices implemented by DHQP. Question #8 added because 50% of <i>C. auris</i> isolates in the U.S. are from non-blood sites and there is currently no question on the survey to enumerate this appropriately.</p>

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				<p>Question #10 added to capture further details about the scenario's that exist for antifungal susceptibility testing (AFST) to be conducted. AFST is typically not included in routine Candida testing that other survey questions inquire about.</p> <p>Question #20 added to specifically identify routine screening for MRSA of neonatal units. Neonatal indication screening of MRSA differs greatly from adults and pediatrics, and in turn, predictors of antimicrobial use would be different. Questions #23-32 are replacing previous questions related to Antibiotic Stewardship Practices (ASP) on the previous survey. Analysis conducted found that the previous ASP survey questions did not provide enough description of facilities current Antibiotic Stewardship Programs based on the CDC developed Core Elements of Hospital Antibiotic Stewardship guidelines. These guidelines are part of the larger CDC action plan of Combating Antibiotic-resistant Bacteria. The new questions will add granularity to provide a better depiction of hospitals current stewardship programs.</p> <p>5) From the previous survey, Question #11 was removed because CDC no longer recommends production of antibiograms which removes the utility of the responses. Question #22 was removed because it did not produce useful information to our prevention and response branch upon analysis. Question #23-33 were replaced by questions #23-32 on the new form to align better with the Core Elements of Hospital Antibiotic Stewardship guidelines from CDC to better describe current stewardship programs.</p> <p>6) New optional questions about hospitals antibiotic stewardship practices were added to add supplemental detail from required questions #33-42 of the same topic.</p> <p>These changes will increase the overall annual estimated burden of form 57.150 by 183 hours and form 57.151 by 400 hours.</p>
57.200	Healthcare Personnel Safety Component Annual Facility Survey	No change	No change	N/A
57.203	Healthcare Personnel Safety Monthly	No change	1) Increase the number of reporting facilities from	1) The number of reporting facilities has been decreased to account for the new

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	Reporting Plan		17,00 to 0.	flu vaccination waiver for facilities required to report to a CMS program such as IQR, IPF, IRF, LTAC, ASC, and Dialysis. This change will increase the overall annual estimated burden of this form by 1,417 hours.
57.204	Healthcare Worker Demographic Data	No change	No change	N/A
57.205	Exposure to Blood/Body Fluids	No change	No change	N/A
57.206	Healthcare Worker Prophylaxis/Treatment	No change	No change	N/A
57.207	Follow-Up Laboratory Testing	No change	No change	N/A
57.210	Healthcare Worker Prophylaxis/Treatment-Influenza	No change	No change	N/A
57.300	Hemovigilance Module Annual Survey	No change	<ol style="list-style-type: none"> Updates were made to the Facility characteristics section of the form to auto-populate facility information in the NHSN Application. Question #17 removed from the survey. Time burden reduction by a total of 45 minutes, from 2 hours to 1 hour and 25 minutes to complete. 	<ol style="list-style-type: none"> NHSN will be incorporating instructions about auto-populated data in the application to reflect data entered into the form, which will provide additional clarity to users completing the form and increase the quality of data entered into NHSN. Question #17 requested an annual sum of all transfused components and based on further analysis the form was not completed by many facilities, therefore, is being deleted from the survey. These changes will decrease the overall annual estimated burden of the form by 292 hours.
57.301	Hemovigilance Module Monthly Reporting Plan	No change	No change	N/A
57.303	Hemovigilance Module Monthly Reporting Denominators	No change	No change	N/A
57.304	Hemovigilance Adverse Reaction	No change	No change	N/A
57.305	Hemovigilance Incident	No change	No change	N/A
57.306	Hemovigilance Module Annual Survey - Non-Acute Care Facility	No change	No change	N/A
57.307	Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction	No change	<ol style="list-style-type: none"> Response options were updated to remove the "H1 receptor blockers" from the Patient Treatment sections of forms 57.307-57.320. Updated response options in the Investigation results in sections of forms to 	<ol style="list-style-type: none"> Based on user feedback CDC has decided to update response options to provide clarity in the response options that can be entered into NHSN. This will reduce the burden of hours it takes facilities to report non-acute adverse reactions for forms 57.307- 57.320. Added 'No treatment' as a response option under the Investigation Results in sections of forms 57.307- 57.320 to

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			<p>indicate “No treatment” for forms 57.307-57.320.</p> <p>3) Added seven additional response options for “patient blood type” in the Patient Information sections of forms 57.307-57.320.</p>	<p>allow users the option to indicate the treatment provided, which will improve data quality.</p> <p>3) Modified response options for “patient blood type” in the Patient Information sections of forms 57.307-57.320 to further identify patient blood types, which will improve data quality.</p> <p>These changes do not affect the estimated burden of this form.</p>
57.308	Hemovigilance Adverse Reaction - Allergic Transfusion Reaction	No change		These changes do not affect the estimated burden of this form.
57.309	Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction	No change		These changes do not affect the estimated burden of this form.
57.310	Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction	No change		These changes do not affect the estimated burden of this form.
57.311	Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction	No change		These changes do not affect the estimated burden of this form.
57.312	Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction	No change		These changes do not affect the estimated burden of this form.
57.313	Hemovigilance Adverse Reaction - Infection	No change		These changes do not affect the estimated burden of this form.
57.314	Hemovigilance Adverse Reaction - Post Transfusion Purpura	No change		These changes do not affect the estimated burden of this form.
57.315	Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea	No change		These changes do not affect the estimated burden of this form.
57.316	Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease	No change		These changes do not affect the estimated burden of this form.
57.317	Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury	No change		These changes do not affect the estimated burden of this form.
57.318	Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload	No change		These changes do not affect the estimated burden of this form.
57.319	Hemovigilance Adverse Reaction - Unknown Transfusion Reaction	No change		These changes do not affect the estimated burden of this form.
57.320	Hemovigilance Adverse Reaction - Other	No change		These changes do not affect the estimated burden of this form.

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	Transfusion Reaction			
57.400	Outpatient Procedure Component—Annual Facility Survey	No change	No change	N/A
57.401	Outpatient Procedure Component - Monthly Reporting Plan	No change	No change	N/A
57.402	Outpatient Procedure Component Same Day Outcome Measures	No change	No change	N/A
57.403	Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures	No change	No change	N/A
57.404	Outpatient Procedure Component – SSI Denominators	No change	No change	N/A
57.405	Outpatient Procedure Component - Surgical Site (SSI) Event	No change	No change	N/A
57.500	Outpatient Dialysis Center Practices Survey	No change	<ol style="list-style-type: none"> 1) Added question to Section A.1 #3. 2) Modify section header for section E2. 3) Modify response options for #53, #54bii, #55, and #57. 4) The time burden to complete this for was increased by two minutes. 	<ol style="list-style-type: none"> 1) Question added to have an accurate count of facilities who are accredited by an organization outside of CMS. 2) Modified section header from “Dialysate” to “Water/Dialysate” to better reflect the information captured in this section. 3) Revisions are being made to the question, “Before cannulation, what is the buttonhole site most often prepped with?” for all questions listed. Responses for questions #53, #54bii, and #55 will be revised from “chlorhexidine with alcohol (e.g., Chloraprep®, Chlorasrub™)” and updated to “chlorhexidine with alcohol (e.g., Chloarprep™, PDI Prevantics®)” to capture products that meet or exceed the chlorhexidine recommendation. For #57, response option is being revised from “chlorhexidine with alcohol (e.g., Chloraprep®, Chlorasrub™)” to “chlorhexidine”. 4) Time burden to complete the form was increased from 125 minutes to 127 minutes. <p>These changes result in an increase of 13,883 burden hours for this form.</p>
57.501	Dialysis Monthly Reporting Plan	No change	<ol style="list-style-type: none"> 1) Modify responses for Prevention Process Measures. 	<ol style="list-style-type: none"> 1) The ‘Injection Safety’ field of the Prevention Process Measures (PPM) summary form was split into two fields: ‘Injection Safety- Medication Preparation’ and ‘Injection Safety – Medication Administration’. We are modifying the ‘Injection Safety’ field on

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				the MRP to align with the PPM summary form to allow a user to indicate which injection safety practice(s) they are observing in-plan. These changes will not have an impact on the overall annual burden for this form.
57.502	Dialysis Event	No change	No change	No change
57.503	Denominators for Dialysis Event Surveillance	No change	No change	N/A
57.504	Prevention Process Measures Monthly Monitoring for Dialysis	No change	1) The number of respondents decreased from 2,000 to 1,000.	1) The number of respondents was decreased from 2,000 to 1,000 because the number of facilities reporting has not adopted the use of the form. This change will result in a decrease of 13,000 burden hours for this form.
57.505	Dialysis Patient Influenza Vaccination	No change	No change	N/A
57.506	Dialysis Patient Influenza Vaccination Denominator	No change	No change	N/A
57.507	Home Dialysis Center Practices Survey	No change	No change	N/A