Revision of Estimated Annual Burden Hours

|  |  | **Number of Respondents (Annual)** | | **Responses per Respondent (Annual)** | | **Burden per Response (Hours)** | | **Total Annual Burden (Hours)\*** | | **Change in Burden (Hours)\*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Form Number** | **Form Name** | **04/2017** | **04/2018** | **04/2017** | **04/2018** | **04/2017** | **04/2018** | **04/2017** | **04/2018** |
| 57.100 | NHSN Registration Form | 2,000 | 2,000 | 1 | 1 | 5/60 | 5/60 | 167 | 167 |  |
| 57.101 | Facility Contact Information | 2,000 | 2,000 | 1 | 1 | 10/60 | 10/60 | 333 | 333 |  |
| 57.103 | Patient Safety Component--Annual Hospital Survey | 6,000 | 5,000 | 1 | 1 | 60/60 | 1.17 | 5,000 | 7,500 | 2,500 |
| 57.105 | Group Contact Information | 1,000 | 1,000 | 1 | 1 | 5/60 | 5/60 | 83 | 83 |  |
| 57.106 | Patient Safety Monthly Reporting Plan | 6,000 | 6,000 | 12 | 12 | 15/60 | 15/60 | 18,000 | 18,000 |  |
| 57.108 | Primary Bloodstream Infection (BSI) | 6,000 | 6,000 | 44 | 44 | 33/60 | 33/60 | 145,200 | 145,200 |  |
| 57.111 | Pneumonia (PNEU) | 1,800 | 1,800 | 30 | 30 | 30/60 | 30/60 | 64,800 | 64,800 |  |
| 57.112 | Ventilator-Associated Event | 6,000 | 5,615 | 144 | 144 | 28/60 | 28/60 | 377,328 | 403,200 | 25,872 |
| 57.113 | Pediatric Ventilator-Associated Event (PedVAE) | 100 | 100 | 120 | 120 | 30/60 | 30/60 | 6,000 | 6,000 |  |
| 57.114 | Urinary Tract Infection (UTI) | 6,000 | 6,000 | 40 | 40 | 20/60 | 20/60 | 80,000 | 80,000 |  |
| 57.115 | Custom Event | 600 | 600 | 91 | 91 | 35/60 | 35/60 | 31,850 | 31,850 |  |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 6,000 | 6,000 | 12 | 12 | 4 | 4 | 288,000 | 288,000 |  |
| 57.117 | Denominators for Specialty Care Area (SCA)/Oncology (ONC) | 6,000 | 2,000 | 9 | 9 | 5.03 | 5.03 | 271,080 | 90,600 | 180,480 |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 6,000 | 6,000 | 60 | 60 | 5.03 | 5.03 | 1,807,200 | 1,807,200 |  |
| 57.120 | Surgical Site Infection (SSI) | 6,000 | 6,000 | 36 | 36 | 35/60 | 35/60 | 126,000 | 126,000 |  |
| 57.121 | Denominator for Procedure | 6,000 | 6,000 | 540 | 540 | 10/60 | 10/60 | 540,000 | 540,000 |  |
| 57.122 | HAI Progress Report State Health Department Survey | - | 55 | - | 1 | - | 45/60 | - | 41 | 41 |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables | 350 | 1,000 | 12 | 12 | 5/60 | 5/60 | 350 | 1,000 | 650 |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables | 800 | 800 | 12 | 12 | 5/60 | 5/60 | 800 | 2,000 | 1,200 |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 500 | 100 | 100 | 100 | 25/60 | 25/60 | 4,167 | 4,167 |  |
| 57.126 | MDRO or CDI Infection Form | 6,000 | 6,000 | 72 | 72 | 30/60 | 30/60 | 216,000 | 216,000 |  |
| 57.127 | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring | 6,000 | 4,930 | 24 | 24 | 15/60 | 15/60 | 36,000 | 29,580 | 6,420 |
| 57.128 | Laboratory-identified MDRO or CDI Event | 6,000 | 4,930 | 240 | 240 | 20/60 | 20/60 | 480,000 | 394,400 | 85,000 |
| 57.129 | Adult Sepsis | 50 | 50 | 250 | 250 | 25/60 | 25/60 | 5,208 | 5,208 |  |
| 57.137 | Long-Term Care Facility Component – Annual Facility Survey | 2,600 | 2,600 | 1 | 1 | 2 | 2 | 5,200 | 5,200 |  |
| 57.138 | Laboratory-identified MDRO or CDI Event for LTCF | 2,600 | 2,600 | 12 | 12 | 20/60 | 20/60 | 10,400 | 10,400 |  |
| 57.139 | MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF | 2,600 | 2,600 | 12 | 12 | 10/60 | 20/60 | 5,200 | 10,400 | 5,200 |
| 57.140 | Urinary Tract Infection (UTI) for LTCF | 2,600 | 2,600 | 14 | 14 | 35/60 | 35/60 | 21,233 | 21,233 |  |
| 57.141 | Monthly Reporting Plan for LTCF | 2,600 | 2,600 | 12 | 12 | 5/60 | 5/60 | 2,600 | 2,600 |  |
| 57.142 | Denominators for LTCF Locations | 2,600 | 2,600 | 12 | 12 | 4 | 35/60 | 124,800 | 130,000 | 5,200 |
| 57.143 | Prevention Process Measures Monthly Monitoring for LTCF | 2,600 | 2,600 | 12 | 12 | 5/60 | 5/60 | 2,600 | 2,600 |  |
| 57.150 | LTAC Annual Survey | 400 | 500 | 1 | 1 | 1 | 1.17 | 400 | 583 | 183 |
| 57.151 | Rehab Annual Survey | 1,000 | 1,200 | 1 | 1 | 1 | 1.17 | 1000 | 1,400 | 400 |
| 57.200 | Healthcare Personnel Safety Component Annual Facility Survey | 50 | 50 | 1 | 1 | 8 | 8 | 400 | 400 |  |
| 57.203 | Healthcare Personnel Safety Monthly Reporting Plan | 17,000 | 0 | 1 | 1 | 5/60 | 5/60 | 1,417 | 0 | 1,417 |
| 57.204 | Healthcare Worker Demographic Data | 50 | 50 | 200 | 200 | 20/60 | 20/60 | 3,333 | 3,333 |  |
| 57.205 | Exposure to Blood/Body Fluids | 50 | 50 | 50 | 50 | 1 | 1 | 2,500 | 2,500 |  |
| 57.206 | Healthcare Worker Prophylaxis/Treatment | 50 | 50 | 30 | 30 | 15/60 | 15/60 | 375 | 375 |  |
| 57.207 | Follow-Up Laboratory Testing | 50 | 50 | 50 | 50 | 15/60 | 15/60 | 625 | 625 |  |
| 57.210 | Healthcare Worker Prophylaxis/Treatment-Influenza | 50 | 50 | 50 | 50 | 10/60 | 10/60 | 417 | 417 |  |
| 57.300 | Hemovigilance Module Annual Survey – Acute Care Facility | 500 | 500 | 1 | 1 | 2 | 1.42 | 1,000 | 708 | 292 |
| 57.301 | Hemovigilance Module Monthly Reporting Plan | 500 | 500 | 12 | 12 | 1/60 | 1/60 | 100 | 100 |  |
| 57.303 | Hemovigilance Module Monthly Reporting Denominators | 500 | 500 | 12 | 12 | 1.17 | 1.17 | 7,000 | 7,000 |  |
| 57.305 | Hemovigilance Incident | 500 | 500 | 10 | 10 | 10/60 | 10/60 | 833 | 833 |  |
| 57.306 | Hemovigilance Module Annual Survey - Non-Acute Care Facility | 200 | 200 | 1 | 1 | 35/60 | 35/60 | 117 | 117 |  |
| 57.307 | Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction | 500 | 500 | 4 | 4 | 20/60 | 20/60 | 667 | 667 |  |
| 57.308 | Hemovigilance Adverse Reaction - Allergic Transfusion Reaction | 500 | 500 | 4 | 4 | 20/60 | 20/60 | 667 | 667 |  |
| 57.309 | Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction | 500 | 500 | 1 | 1 | 20/60 | 20/60 | 167 | 167 |  |
| 57.310 | Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction | 500 | 500 | 2 | 2 | 20/60 | 20/60 | 333 | 333 |  |
| 57.311 | Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction | 500 | 500 | 4 | 4 | 20/60 | 20/60 | 667 | 667 |  |
| 57.312 | Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction | 500 | 500 | 1 | 1 | 20/60 | 20/60 | 167 | 167 |  |
| 57.313 | Hemovigilance Adverse Reaction - Infection | 500 | 500 | 1 | 1 | 20/60 | 20/60 | 167 | 167 |  |
| 57.314 | Hemovigilance Adverse Reaction - Post Transfusion Purpura | 500 | 500 | 1 | 1 | 20/60 | 20/60 | 167 | 167 |  |
| 57.315 | Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea | 500 | 500 | 1 | 1 | 20/60 | 20/60 | 167 | 167 |  |
| 57.316 | Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease | 500 | 500 | 1 | 1 | 20/60 | 20/60 | 167 | 167 |  |
| 57.317 | Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury | 500 | 500 | 1 | 1 | 20/60 | 20/60 | 167 | 167 |  |
| 57.318 | Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload | 500 | 500 | 2 | 2 | 20/60 | 20/60 | 333 | 333 |  |
| 57.319 | Hemovigilance Adverse Reaction - Unknown Transfusion Reaction | 500 | 500 | 1 | 1 | 20/60 | 20/60 | 167 | 167 |  |
| 57.320 | Hemovigilance Adverse Reaction - Other Transfusion Reaction | 500 | 500 | 1 | 1 | 20/60 | 20/60 | 167 | 167 |  |
| 57.400 | Outpatient Procedure Component—Annual Facility Survey | 5,000 | 5,000 | 1 | 1 | 10/60 | 10/60 | 833 | 833 |  |
| 57.401 | Outpatient Procedure Component - Monthly Reporting Plan | 5,000 | 5,000 | 12 | 12 | 20/60 | 20/60 | 15,000 | 15,000 |  |
| 57.402 | Outpatient Procedure Component Same Day Outcome Measures | 1,200 | 1,200 | 25 | 25 | 40/60 | 40/60 | 63,333 | 63,333 |  |
| 57.403 | Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures | 1,200 | 1,200 | 12 | 12 | 40/60 | 40/60 | 9,600 | 9,600 |  |
| 57.404 | OPC- SSI Denominator | 5,000 | 5,000 | 540 | 540 | 10/60 | 10/60 | 450,000 | 450,000 |  |
| 57.405 | OPC Surgical Site Infection (SSI) Event | 5,000 | 5,000 | 36 | 36 | 35/60 | 35/60 | 105,000 | 105,000 |  |
| 57.500 | Outpatient Dialysis Center Practices Survey | 7,000 | 7,000 | 1 | 1 | 2.05 | 2.12 | 14,350 | 14,817 | 467 |
| 57.501 | Dialysis Monthly Reporting Plan | 7,000 | 7,000 | 12 | 12 | 5/60 | 5/60 | 7,000 | 7,000 |  |
| 57.502 | Dialysis Event | 7,000 | 7,000 | 60 | 60 | 25/60 | 25/60 | 175,000 | 175,000 |  |
| 57.503 | Denominator for Outpatient Dialysis | 7,000 | 7,000 | 12 | 12 | 10/60 | 10/60 | 14,000 | 14,000 |  |
| 57.504 | Prevention Process Measures Monthly Monitoring for Dialysis | 2,000 | 2,000 | 12 | 12 | 1.42 | 1.42 | 30,000 | 17,000 | 13,000 |
| 57.505 | Dialysis Patient Influenza Vaccination | 325 | 325 | 75 | 75 | 10/60 | 10/60 | 4,063 | 4,063 |  |
| 57.506 | Dialysis Patient Influenza Vaccination Denominator | 325 | 325 | 5 | 5 | 10/60 | 10/60 | 271 | 271 |  |
| 57.507 | Home Dialysis Center Practices Survey | 350 | 350 | 1 | 1 | 30/60 | 30/60 | 175 | 175 |  |
| **Total Estimated Annual Burden (Hours)** | | | | | | | |  | | **228,912** |

\* Cost increased due to increase or decrease in the number of facilities. aValues were rounded prior to summation.