

National Healthcare Safety Network (NHSN)
 OMB Control No. 0920-0666
 Revision Request 04/13/2018
 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	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	1	55	1	1	45/60	45/60	1	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	

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		04/2017	04/2018	04/2017	04/2018	04/2017	04/2018	04/2017	04/2018	
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	1,000	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	

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		04/2017	04/2018	04/2017	04/2018	04/2017	04/2018	04/2017	04/2018	
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 Prevention Process Measures Monthly	7,000	7,000	12	12	10/60	10/60	14,000	14,000	
57.504	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	325	325	5	5	10/60	10/60	271	271	

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		04/2017	04/2018	04/2017	04/2018	04/2017	04/2018	04/2017	04/2018	
	Denominator									
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.