**Revision of Estimated Annual Cost Burden\***

|  |  | **Total Estimated Burden (Hours)** | **Estimated Hourly Wage of Respondent** | **Total Estimated Annual Cost Burden** | **Change in Estimated Annual Cost Burden** |
| --- | --- | --- | --- | --- | --- |
| **Form Number** | **Form Name** | **04/2017** | **04/2018** | **04/2017** | **04/2018** | **04/2017** | **04/2018** |
| 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 Component--Annual Hospital Survey | 5,000 | 7,500 | $39.66 | $39.66 | $198,300 | $297,450 | $99,150 |
| 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 | 145,200 | $39.66 | $39.66 | $5,758,632 | $5,758,632 | 0 |
| 57.111 | Pneumonia (PNEU) | 64,800 | 64,800 | $39.66 | $39.66 | $2,569,968 | $2,569,968 | 0 |
| 57.112 | Ventilator-Associated Event | 403,200 | 377,328 | $39.66 | $39.66 | $15,990,912 | $14,964,828 | $1,026,084 |
| 57.113 | Pediatric Ventilator-Associated Event (PedVAE) | 6,000 | 6,000 | $39.66 | $39.66 | $237,960 | $237,960 | 0 |
| 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 | 31,850 | $39.66 | $39.66 | $4,210,570 | $1,263,171 | 0 |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 288,000 | 288,000 | $32.45 | $32.45 | $9,345,600 | $9,345,600 | 0 |
| 57.117 | Denominators for Specialty Care Area (SCA)/Oncology (ONC) | 271,080 | 90,600 | $32.45 | $32.45 | $8,796,546 | $2,939,970 | $5,856,576 |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 1,807,200 | 1,812,000 | $32.45 | $32.45 | $58,643,640 | $58,799,400 | 0 |
| 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 |
| 57.122 |  HAI Progress Report State Health Department Survey | - | 41 | $39.66 | $39.66 | - | $1,636 | $1,636 |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables | 350 | 1,000 | $18.73 | $18.73 | $6,556 | $18,730 | $12,175 |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables | 800 | 2,000 | $58.41 | $58.41 | $46,728 | $116,820 | $70,092 |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 4,167 | 4,167 | $39.66 | $39.66 | $165,250 | $165,250 | 0 |
| 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 | 29,580 | $39.66 | $39.66 | $1,427,760 | $1,173,143 | $254,617 |
| 57.128 | Laboratory-identified MDRO or CDI Event | 480,000 | 394,400 | $39.66 | $39.66 | $19,036,800 | $15,641,904 | $3,394,896 |
| 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 | 5,200 | $39.66 | $39.66 | $206,232 | $206,232 | 0 |
| 57.138 | Laboratory-identified MDRO or CDI Event for LTCF | 10,400 | 10,400 | $39.66 | $39.66 | $412,464 | $412,464 | 0 |
| 57.139 | MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF | 5,200 | 10,400 | $39.66 | $39.66 | $206,232 | $412,464 | $206,232 |
| 57.140 | Urinary Tract Infection (UTI) for LTCF | 21,233 | 18,200 | $39.66 | $39.66 | $842,114 | $721,812 | 0 |
| 57.141 | Monthly Reporting Plan for LTCF | 2,600 | 2,600 | $39.66 | $39.66 | $103,116 | $103,116 | 0 |
| 57.142 | Denominators for LTCF Locations | 124,800 | 130,000 | $39.66 | $39.66 | $4,949,568 | $5,155,800 | $206,232 |
| 57.143 | Prevention Process Measures Monthly Monitoring for LTCF | 2,600 | 2,600 | $39.66 | $39.66 | $103,116 | $103,116 | 0 |
| 57.150 | LTAC Annual Survey | 400 | 583 | $39.66 | $39.66 | $15,864 | $23,135 | $7,271 |
| 57.151 | Rehab Annual Survey | 1000 | 1,400 | $39.66 | $39.66 | $39,660 | $55,524 | $15,864 |
| 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 | 0 | $33.75 | $33.75 | $47,813 | $0 | $47,813 |
| 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 | 708 | $34.99 | $34.99 | $34,990 | $24,785 | $10,205 |
| 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 | 7,000 | $34.99 | $34.99 | $245,630 | $244,930 | 0 |
| 57.305 | Hemovigilance Incident | 833 | 833 | $34.99 | $58.41 | $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 | 667 | $34.99 | $34.99 | $23,327 | $23,327 | 0 |
| 57.308 | Hemovigilance Adverse Reaction - Allergic Transfusion Reaction | 667 | 667 | $34.99 | $34.99 | $23,327 | $23,327 | 0 |
| 57.309 | Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction | 167 | 167 | $34.99 | $34.99 | $5,832 | $5,832 | 0 |
| 57.310 | Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction | 333 | 333 | $34.99 | $34.99 | $11,663 | $11,663 | 0 |
| 57.311 | Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction | 667 | 667 | $34.99 | $34.99 | $23,327 | $23,327 | 0 |
| 57.312 | Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction | 167 | 167 | $34.99 | $34.99 | $5,832 | $5,832 | 0 |
| 57.313 | Hemovigilance Adverse Reaction - Infection | 167 | 167 | $34.99 | $34.99 | $5,832 | $5,832 | 0 |
| 57.314 | Hemovigilance Adverse Reaction - Post Transfusion Purpura | 167 | 167 | $34.99 | $34.99 | $5,832 | $5,832 | 0 |
| 57.315 | Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea | 167 | 167 | $34.99 | $34.99 | $5,832 | $5,832 | 0 |
| 57.316 | Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease | 167 | 167 | $34.99 | $34.99 | $5,832 | $5,832 | 0 |
| 57.317 | Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury | 167 | 167 | $34.99 | $34.99 | $5,832 | $5,832 | 0 |
| 57.318 | Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload | 333 | 333 | $34.99 | $34.99 | $11,663 | $11,663 | 0 |
| 57.319 | Hemovigilance Adverse Reaction - Unknown Transfusion Reaction | 167 | 167 | $34.99 | $34.99 | $5,832 | $5,832 | 0 |
| 57.320 | Hemovigilance Adverse Reaction - Other Transfusion Reaction | 167 | 167 | $34.99 | $34.99 | $5,832 | $5,832 | 0 |
| 57.400 | Outpatient Procedure Component—Annual Facility Survey  | 833 | 417 | $32.45 | $32.45 | $27,042 | $13,532 | 0 |
| 57.401 | Outpatient Procedure Component - Monthly Reporting Plan | 20,000 | 15,000 | $32.45 | $32.45 | $649,000 | $486,750 | 0 |
| 57.402 | Outpatient Procedure Component Same Day Outcome Measures | 20,000 | 20,000 | $32.45 | $32.45 | $649,000 | $649,000 | 0 |
| 57.403 | Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures  | 9,600 | 9,600 | $32.45 | $32.45 | $311,520 | $311,520 | 0 |
| 57.404 | OPC- SSI Denominator  | 450,000 | 450,000 | $32.45 | $32.45 | $14,602,500 | $14,602,500 | 0 |
| 57.405 | OPC Surgical Site Infection (SSI) Event | 105,000 | 105,000 | $39.66 | $39.66 | $4,164,300 | $3,407,250 | 0 |
| 57.500 | Outpatient Dialysis Center Practices Survey | 14,350 | 28,233 | $39.66 | $39.66 | $569,121 | $587,629 | $121,972 |
| 57.501 | Dialysis Monthly Reporting Plan | 7,000 | 7,000 | $32.45 | $32.45 | $227,150 | $227,150 | 0 |
| 57.502 | Dialysis Event | 175,000 | 175,000 | $32.45 | $32.45 | $5,678,750 | $5,678,750 | 0 |
| 57.503 | Denominator for Outpatient Dialysis | 14,000 | 14,000 | $32.45 | $32.45 | $454,300 | $454,300 | 0 |
| 57.504 | Prevention Process Measures Monthly Monitoring for Dialysis | 30,000 | 17,000 | $32.45 | $32.45 | $973,500 | $551,650 | $421,850 |
| 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 | 175 | $39.66 | $39.66 | $6,941 | $6,941 | 0 |
| **Total Estimated Annual Cost Burden** | **$197,482,719** | **$183,509,861** | **$13,972,858** |

\*Cost for some data collection forms remained the same, due to no changes in annual wages.Values were rounded prior to summation.