

Revision of Estimated Annual Cost Burden*

Form Number	Form Name	Total Estimated Burden (Hours)		Estimated Hourly Wage of Respondent		Total Estimated Annual Cost Burden		Change in Estimated Annual Cost Burden
		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

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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

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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

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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.