

National Healthcare Safety Network (NHSN)
 OMB Control No. 0920-0666
 Revision Request April 2019
 Revision of Estimated Annual Burden Hours

Form Number	Form Name	Respondent	Number of Respondents (Annual)		Responses per Respondent (Annual)		Burden per Response (Mins/Hours)		Total Annual Burden (Hours)*		Change in Burden (Hours)*
			04/2019	04/2018	04/2019	04/2018	04/2019	04/2018	04/2019	04/2018	
57.100	NHSN Registration Form	Microbiologist	2,000	2,000	1	1	5	5/60	167	167	0
57.101	Facility Contact Information	Microbiologist	2,000	2,000	1	1	10	10/60	333	333	0
57.103	Patient Safety Component-- Annual Hospital Survey	Microbiologist	5,175	5,000	1	1	75	75/1.17	6,469	6,250	1,469
57.104	57.104 NHSN Facility Administrator Change Request Form	Microbiologist	800	0	1	0	5	0	67	0	0
57.105	Group Contact Information	Epidemiologists	1,000	1,000	1	1	5	5/60	83	83	0
57.106	Patient Safety Monthly Reporting Plan	Microbiologist	6,000	6,000	12	12	15	15/60	18,000	18,000	0
57.108	Primary Bloodstream Infection (BSI)	Microbiologist	5,775	6,000	5	44	38	33/60	18,288	145,200	126,913
57.111	Pneumonia (PNEU)	Microbiologist	1,800	1,800	30	72	30	30/60	27,000	64,800	37,800
57.112	Ventilator-Associated Event	Microbiologist	5,500	5,615	5	144	28	28/60	12,833	403,200	364,495
57.113	Pediatric Ventilator-Associated Event (PedVAE)	Microbiologist	334	100	120	120	30	30/60	20,040	6,000	14,040
57.114	Urinary Tract Infection (UTI)	Microbiologist	5,500	6,000	5	40	20	20/60	9,167	80,000	70,833
57.115	Custom Event	Microbiologist	600	600	91	91	20	20	10,956	216,000	0
57.116	Denominators for Neonatal Intensive Care Unit (NICU)	Microbiologist	220	6,000	12	12	249	240/4	10,956	288,000	204,384
57.117	Denominators for Specialty Care Area (SCA)/Oncology (ONC)	Microbiologist	165	2,000	12	9	302	5.03	9,966	90,600	260,685
57.118	Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA)	Registered Nurse	5,500	6,000	60	60	302	5.03	1,661,000	1,807,200	74,700
57.120	Surgical Site Infection (SSI)	Microbiologist	4,500	6,000	11	36	35	35/60	28,875	126,000	97,125
57.121	Denominator for Procedure	Registered	4,500	6,000	680	540	10	10/60	510,000	540,000	30,000

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			04/2019	04/2018	04/2019	04/2018	04/2019	04/2018	04/2019	04/2018	
		Nurse									
57.122	HAI Progress Report State Health Department Survey	Epidemiologists	55	55	1	1	1	45/60	41	41	0
57.123	Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables	Registered Nurse	1,500	1,000	12	12	5	5/60	1,500	1,000	500
57.124	Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables	Registered Nurse	2,000	2,000	12	12	5	5/60	2,000	2,000	0
57.125	Central Line Insertion Practices Adherence Monitoring	Registered Nurse	500	100	213	100	25	25/60	44,375	4,167	40,208
57.126	MDRO or CDI Infection Form	Microbiologist	720	6,000	12	72	30	30/60	4,320	216,000	211,680
57.127	MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring	Microbiologist	5,500	4,930	29	24	15	15/60	39,875	29,580	3,875
57.128	Laboratory-identified MDRO or CDI Event	Microbiologist	4,800	4,930	87	240	20	20/60	139,200	394,400	255,200
57.129	Adult Sepsis	Microbiologist	50	50	250	250	25	25	5,208	5,208	0
57.136	Long-Term Care Facility Component – Respiratory Tract Infection	Microbiologist	400	0	12	0	30	0	2,400	0	2,400
57.137	Long-Term Care Facility Component – Annual Facility Survey	Microbiologist	2,200	2,600	1	1	120	2	4,440	5,200	760
57.138	Laboratory-identified MDRO or CDI Event for LTCF	Microbiologist	2,150	2,600	24	12	15	20/60	12,900	7,800	5,100
57.139	MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF	Microbiologist	2,200	2,600	12	12	20	20/60	8,800	10,400	1,600
	Urinary Tract Infection	Microbiologist									15,800

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57.141	Monthly Reporting Plan for LTCF	Microbiologist	2,200	2,600	12	12	5	5/60	2,200	2,600	380
57.142	Denominators for LTCF Locations	Microbiologist	2,200	2,600	12	12	250	35/60	111,000	130,000	12,784
57.143	Prevention Process Measures Monthly Monitoring for LTCF	Microbiologist	375	2,600	12	12	5	5/60	375	2,600	2,225
57.150	LTAC Annual Survey	Microbiologist	500	500	1	1	75	1.17	583	583	42
57.151	Rehab Annual Survey	Microbiologist	1,200	1,200	1	1	75	1.17	1,400	1,400	100
57.200	Healthcare Personnel Safety Component Annual Facility Survey	Occupational Health RN/Specialist	50	50	1	1	480	8	400	400	0
57.203	Healthcare Personnel Safety Monthly Reporting Plan	Occupational Health RN/Specialist	0	0	1	5	5	5/60	0	0	0
57.204	Healthcare Worker Demographic Data	Occupational Health RN/Specialist	50	50	200	200	20	20/60	333	3,333	0
57.205	Exposure to Blood/Body Fluids	Occupational Health RN/Specialist	50	50	50	50	60	1	2,500	2,500	0
57.206	Healthcare Worker Prophylaxis/Treatment	Occupational Health RN/Specialist	50	50	30	30	15	15/60	375	375	0
57.207	Follow-Up Laboratory Testing	Occupational Health RN/Specialist	50	50	50	50	15	15/60	625	625	0
57.210	Healthcare Worker Prophylaxis/Treatment-Influenza	Occupational Health RN/Specialist	50	50	50	50	10	10/60	417	417	0
57.300	Hemovigilance Module Annual Survey – Acute Care Facility	Medical/Clinical Laboratory Technologist	500	500	1	1	85	1.42	708	708	0
57.301	Hemovigilance Module Monthly Reporting Plan	Medical/Clinical Laboratory Technologist	500	500	12	12	1	1/60	100	100	0

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57.303	Hemovigilance Module Monthly Reporting Denominators	Medical/Clinical Laboratory Technologist	500	500	12	12	70	1.17	7,000	7,000	500
57.305	Hemovigilance Incident	Medical/Clinical Laboratory Technologist	500	500	10	10	10	10/60	833	833	0
57.306	Hemovigilance Module Annual Survey - Non-Acute Care Facility	Medical/Clinical Laboratory Technologist	500	200	1	1	35	35/60	292	117	0
57.307	Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction	Medical/Clinical Laboratory Technologist	500	500	4	4	20	20/60	667	667	0
57.308	Hemovigilance Adverse Reaction - Allergic Transfusion Reaction	Medical/Clinical Laboratory Technologist	500	500	4	4	20	20/60	667	667	0
57.309	Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction	Medical/Clinical Laboratory Technologist	500	500	1	1	20	20/60	167	167	0
57.310	Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction	Medical/Clinical Laboratory Technologist	500	500	2	2	20	20/60	333	333	0
57.311	Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction	Medical/Clinical Laboratory Technologist	500	500	4	4	20	20/60	667	667	0
57.312	Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction	Medical/Clinical Laboratory Technologist	500	500	1	1	20	20/60	167	167	0
57.313	Hemovigilance Adverse Reaction - Infection	Medical/Clinical Laboratory Technologist	500	500	1	1	20	20/60	167	167	0
57.314	Hemovigilance Adverse Reaction - Post Transfusion Purpura	Medical/Clinical Laboratory Technologist	500	500	1	1	20	20/60	167	167	0

Revision of estimated annual burden, in number of hours, by NHSN data collection form.

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57.315	Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea	Medical/Clinical Laboratory Technologist	500	500	1	1	20	20/60	167	167	0
57.316	Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease	Medical/Clinical Laboratory Technologist	500	500	1	1	20	20/60	167	167	0
57.317	Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury	Medical/Clinical Laboratory Technologist	500	500	1	1	20	20/60	167	167	0
57.318	Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload	Medical/Clinical Laboratory Technologist	500	500	2	2	20	20/60	333	333	0
57.319	Hemovigilance Adverse Reaction - Unknown Transfusion Reaction	Medical/Clinical Laboratory Technologist	500	500	1	1	20	20/60	167	167	0
57.320	Hemovigilance Adverse Reaction - Other Transfusion Reaction	Medical/Clinical Laboratory Technologist	500	500	1	1	20	20/60	167	167	0
57.400	Outpatient Procedure Component—Annual Facility Survey	Registered Nurse	700	5,000	1	1	10	10/60	117	833	717
57.401	Outpatient Procedure Component - Monthly Reporting Plan	Registered Nurse	700	5,000	12	12	15	20/60	2,100	20,000	17,900
57.402	Outpatient Procedure Component Same Day Outcome Measures	Registered Nurse	200	1,200	1	25	40	40/60	133	20,000	19,867
57.403	Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures	Registered Nurse	200	1,200	400	12	40	40/60	53,333	9,600	43,733
57.404	OPC- SSI Denominator	Registered Nurse	700	5,000	100	540	40	10/60	46,667	450,000	403,333
57.405	OPC Surgical Site Infection (SSI) Event	Microbiologist	700	5,000	5	36	40	35/60	2,333	105,000	102,667
57.500	Outpatient Dialysis Center	Microbiologist	7,100	7,000	1	1	127	2.12	15,028	14,817	1,625

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	Practices Survey										
57.501	Dialysis Monthly Reporting Plan	Registered Nurse	7,100	7,000	12	12	5	5/60	7,100	7,000	100
57.502	Dialysis Event	Registered Nurse	7,100	7,000	1	60	25	25/60	88,750	175,000	86,250
57.503	Denominator for Outpatient Dialysis	Registered Nurse	7,100	7,000	400	12	10	10/60	14,200	14,000	200
57.504	Prevention Process Measures Monthly Monitoring for Dialysis	Registered Nurse	1,760	2,000	12	12	75	1.42	26,400	34,000	7,600
57.505	Dialysis Patient Influenza Vaccination	Registered Nurse	860	325	60	75	10	10/60	8,600	4,063	4,538
57.506	Dialysis Patient Influenza Vaccination Denominator	Registered Nurse	860	325	1	5	5	10/60	72	271	199
57.507	Home Dialysis Center Practices Survey	Microbiologist	430	350	1	1	30	30/60	215	175	40
	Total Estimated Annual Burden (Hours)								3,114,323		2,187,370

* 57.203 The form is not subject to PRA approval due to the statutory waiver for immunization-related work. Cost increased due to an increase or decrease in the number of facilities. *Values were rounded prior to summation.