**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** | **04/2019** | **04/2018** | **04/2019** | **04/2018** | **04/2019** | **04/2018** |
| 57.100 | NHSN Registration Form | 167 | 167 | $49.05 | $39.66 | $8,175 | $6,610 | 1,565 |
| 57.101 | Facility Contact Information | 333 | 333 | $49.05 | $39.66 | $16,350 | $13,220 | 3,130 |
| 57.103 | Patient Safety Component--Annual Hospital Survey | 6,469 | 6,250 | $49.05 | $39.66 | $317,292 | $198,300 | 118,992 |
| 57.104 | NHSN Facility Administrator Change Request Form | 67 | 0 | $49.05 | 0 | $3,270 | 0 |  |
| 57.105 | Group Contact Information | 83 | 83 | $33.49 | $39.66 | $2,791 | $3,305 | 514 |
| 57.106 | Patient Safety Monthly Reporting Plan | 18,000 | 18,000 | $49.05 | $39.66 | $882,900 | $713,880 | 169,020 |
| 57.108 | Primary Bloodstream Infection (BSI) | 18,288 | 145,200 | $49.05 | $39.66 | $897,002 | $5,758,632 | 4,861,630 |
| 57.111 | Pneumonia (PNEU) | 27,000 | 64,800 | $49.05 | $39.66 | $1,324,350 | $2,569,968 | 1,245,618 |
| 57.112 | Ventilator-Associated Event | 12,833 | 377,328 | $49.05 | $39.66 | $629,475 | $14,964,828 | 14,335,353 |
| 57.113 | Pediatric Ventilator-Associated Event (PedVAE) | 20,040 | 6,000 | $49.05 | $39.66 | $982,962 | $237,960 | 745,002 |
| 57.114 | Urinary Tract Infection (UTI) | 9,167 | 80,000 | $49.05 | $39.66 | $449,625 | $3,172,800 | 2,723,175 |
| 57.115 | Custom Event | 31,850 | 31,850 | $49.05 | $39.66 | $156,243 | $1,263,171 | 299,072 |
| 57.116 | Denominators for Neonatal Intensive Care Unit (NICU) | 10,956 | 216,000 | $33.56 | $32.45 | $390,878 | $9,345,600 | 8,954,722 |
| 57.117 | Denominators for Specialty Care Area (SCA)/Oncology (ONC) | 9,966 | 90,600 | $33.56 | $32.45 | $349,792 | $8,796,600 | 8,446,808 |
| 57.118 | Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) | 1,661,000 | 1,812,000 | $33.56 | $32.45 | $58,298,625 | $58,644,000 | 345,375 |
| 57.120 | Surgical Site Infection (SSI) | 28,875 | 126,000 | $49.05 | $39.66 | $1,416,319 | $4,997,160 | 3,580,841 |
| 57.121 | Denominator for Procedure | 510,000 | 540,000 | $33.56 | $32.45 | $17,161,500 | $17,523,000 | 361,500 |
| 57.122 |  HAI Progress Report State Health Department Survey | 41 | 41 | $49.05 | $39.66 | $2,023 | $1,636 | 387 |
| 57.123 | Antimicrobial Use and Resistance (AUR)-Microbiology Data Electronic Upload Specification Tables | 1,500 | 1,000 | $31.54 | $18.73 | $47,310 | $18,730 | 28,580 |
| 57.124 | Antimicrobial Use and Resistance (AUR)-Pharmacy Data Electronic Upload Specification Tables | 2,000 | 2,000 | $49.05 | $58.41 | $98,100 | $116,820 | 18,720 |
| 57.125 | Central Line Insertion Practices Adherence Monitoring | 44,375 | 4,167 | $49.05 | $39.66 | $2,176,594 | $165,250 | 2,011,344 |
| 57.126 | MDRO or CDI Infection Form | 4,320 | 216,000 | $49.05 | $39.66 | $211,896 | $8,566,560 | 8,354,664 |
| 57.127 | MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring | 39,875 | 29,580 | $49.05 | $39.66 | $1,955,896 | $1,173,143 | 528,109 |
| 57.128 | Laboratory-identified MDRO or CDI Event | 139,200 | 394,400 | $49.05 | $39.66 | $6,827,760 | $15,641,904 | 8,814,144 |
| 57.129 | Adult Sepsis | 5,208 | 5,208 | $49.05 | $39.66 | $255,469 | $206,563 | 48,906 |
| 57.136 |  Long-Term Care Facility Component - Respiratory Tract Infection | 2,400 | 0 | $49.05 | 0 | $117,720 | 0 |  |
| 57.137 | Long-Term Care Facility Component – Annual Facility Survey | 4,440 | 5,200 | $49.05 | $39.66 | $217,782 | $206,232 | 11,550 |
| 57.138 | Laboratory-identified MDRO or CDI Event for LTCF | 12,900 | 7,800 | $49.05 | $39.66 | $632,745 | $309,348 | 323,397 |
| 57.139 | MDRO and CDI LabID Event Reporting Monthly Summary Data for LTCF | 8,800 | 10,400 | $49.05 | $39.66 | $431,640 | $412,464 | 19,176 |
| 57.140 | Urinary Tract Infection (UTI) for LTCF | 2,400 | 18,200 | $49.05 | $39.66 | $117,720 | $721,812 | 604,092 |
| 57.141 | Monthly Reporting Plan for LTCF | 2,220 | 2,600 | $49.05 | $39.66 | $108,891 | $103,116 | 5,775 |
| 57.142 | Denominators for LTCF Locations | 111,000 | 130,000 | $49.05 | $39.66 | $5,749,445 | $5,155,800 | 593,645 |
| 57.143 | Prevention Process Measures Monthly Monitoring for LTCF | 375 | 2,600 | $49.05 | $39.66 | $18,394 | $103,116 | 84,722 |
| 57.150 | LTAC Annual Survey | 583 | 583 | $49.05 | $39.66 | $30,656 | $23,135 | 7,521 |
| 57.151 | Rehab Annual Survey | 1,400 | 1,400 | $49.05 | $39.66 | $73,575 | $55,524 | 18,051 |
| 57.200 | Healthcare Personnel Safety Component Annual Facility Survey | 400 | 400 | $34.51 | $33.75 | $13,804 | $13,500 | 304 |
| 57.203 | Healthcare Personnel Safety Monthly Reporting Plan | 0 | 0 | $34.51 | $33.75 | $0 | $0 |  |
| 57.204 | Healthcare Worker Demographic Data | 3,333 | 3,333 | $34.51 | $33.75 | $115,033 | $112,500 | 2533 |
| 57.205 | Exposure to Blood/Body Fluids | 2,500 | 2,500 | $34.51 | $33.75 | $86,275 | $84,375 | 1,900 |
| 57.206 | Healthcare Worker Prophylaxis/Treatment | 375 | 375 | $34.51 | $33.75 | $12,961 | $12,656 | 285 |
| 57.207 | Follow-Up Laboratory Testing | 625 | 625 | $31.54 | $18.73 | $19,713 | $11,706 | 8006 |
| 57.210 | Healthcare Worker Prophylaxis/Treatment-Influenza | 417 | 417 | $34.51 | $33.75 | $14,379 | $14,063 | 317 |
| 57.300 | Hemovigilance Module Annual Survey – Acute Care Facility | 708 | 708 | $31.54 | $34.99 | $22,341 | $24,785 | 2,444 |
| 57.301 | Hemovigilance Module Monthly Reporting Plan | 100 | 100 | $31.54 | $34.99 | $3,154 | $3,499 | 345 |
| 57.303 | Hemovigilance Module Monthly Reporting Denominators | 7,000 | 7,000 | $31.54 | $34.99 | $220,780 | $244,930 | 8,380 |
| 57.305 | Hemovigilance Incident | 833 | 833 | $31.54 | $34.99 | $26,282 | $29,158 | 2,875 |
| 57.306 | Hemovigilance Module Annual Survey - Non-Acute Care Facility | 292 | 117 | $31.54 | $34.99 | $9,199 | $10,205 | 1,006 |
| 57.307 | Hemovigilance Adverse Reaction - Acute Hemolytic Transfusion Reaction | 667 | 667 | $31.54 | $34.99 | $21,027 | $23,327 | 2,300 |
| 57.308 | Hemovigilance Adverse Reaction - Allergic Transfusion Reaction | 667 | 667 | $31.54 | $34.99 | $21,027 | $23,327 | 2,300 |
| 57.309 | Hemovigilance Adverse Reaction - Delayed Hemolytic Transfusion Reaction | 167 | 167 | $31.54 | $34.99 | $5,257 | $5,832 | 575 |
| 57.310 | Hemovigilance Adverse Reaction - Delayed Serologic Transfusion Reaction | 333 | 333 | $31.54 | $34.99 | $10,513 | $11,663 | 1,150 |
| 57.311 | Hemovigilance Adverse Reaction - Febrile Non-hemolytic Transfusion Reaction | 667 | 667 | $31.54 | $34.99 | $21,027 | $23,327 | 2,300 |
| 57.312 | Hemovigilance Adverse Reaction - Hypotensive Transfusion Reaction | 167 | 167 | $31.54 | $34.99 | $5,275 | $5,832 | 575 |
| 57.313 | Hemovigilance Adverse Reaction - Infection | 167 | 167 | $31.54 | $34.99 | $5,275 | $5,832 | 575 |
| 57.314 | Hemovigilance Adverse Reaction - Post Transfusion Purpura | 167 | 167 | $31.54 | $34.99 | $5,275 | $5,832 | 575 |
| 57.315 | Hemovigilance Adverse Reaction - Transfusion Associated Dyspnea | 167 | 167 | $31.54 | $34.99 | $5,275 | $5,832 | 575 |
| 57.316 | Hemovigilance Adverse Reaction - Transfusion Associated Graft vs. Host Disease | 167 | 167 | $31.54 | $34.99 | $5,275 | $5,832 | 575 |
| 57.317 | Hemovigilance Adverse Reaction - Transfusion Related Acute Lung Injury | 167 | 167 | $31.54 | $34.99 | $5,275 | $5,832 | 575 |
| 57.318 | Hemovigilance Adverse Reaction - Transfusion Associated Circulatory Overload | 333 | 333 | $31.54 | $34.99 | $10,513 | $11,663 | 1,150 |
| 57.319 | Hemovigilance Adverse Reaction - Unknown Transfusion Reaction | 167 | 167 | $31.54 | $34.99 | $5,275 | $5,832 | 575 |
| 57.320 | Hemovigilance Adverse Reaction - Other Transfusion Reaction | 167 | 167 | $31.54 | $34.99 | $5,275 | $5,832 | 575 |
| 57.400 | Outpatient Procedure Component—Annual Facility Survey  | 117 | 833 | $33.65 | $32.45 | $3,926 | $27,042 | 23,116 |
| 57.401 | Outpatient Procedure Component - Monthly Reporting Plan | 2,100 | 20,000 | $33.65 | $32.45 | $70,665 | $649,000 | 578,335 |
| 57.402 | Outpatient Procedure Component Same Day Outcome Measures | 133 | 20,000 | $33.65 | $32.45 | $4,487 | $649,000 | 644,513 |
| 57.403 | Outpatient Procedure Component - Monthly Denominators for Same Day Outcome Measures  | 53,333 | 9,600 | $33.65 | $32.45 | $1,794,667 | $311,520 | 1,483,147 |
| 57.404 | OPC- SSI Denominator  | 46,667 | 450,000 | $33.65 | $32.45 | $1,570,333 | $14,602,500 | 13,032,167 |
| 57.405 | OPC Surgical Site Infection (SSI) Event | 2,333 | 105,000 | $49.05 | $39.66 | $114,450 | $3,407,250 | 3,292,800 |
| 57.500 | Outpatient Dialysis Center Practices Survey | 15,028 | 28,233 | $49.05 | $39.66 | $737,140 | $569,100 | 214,474 |
| 57.501 | Dialysis Monthly Reporting Plan | 7,100 | 7,000 | $33.65 | $32.45 | $238,915 | $227,150 | 11,765 |
| 57.502 | Dialysis Event | 88,750 | 175,000 | $33.65 | $32.45 | $2,986,438 | $5,678,750 | 2,692,313 |
| 57.503 | Denominator for Outpatient Dialysis | 14,200 | 14,000 | $33.65 | $32.45 | $447,830 | $454,300 | 23,390 |
| 57.504 | Prevention Process Measures Monthly Monitoring for Dialysis | 26,400 | 34,000 | $49.05 | $39.66 | $888,360 | $1,103,300 | 214,940 |
| 57.505 | Dialysis Patient Influenza Vaccination | 8,600 | 4,063 | $33.65 | $32.45 | $289,390 | $131,828 | 157,562 |
| 57.506 | Dialysis Patient Influenza Vaccination Denominator | 72 | 271 | $33.65 | $32.45 | $2,412 | $8,789 | 6,377 |
| 57.507 | Home Dialysis Center Practices Survey  | 15,028 | 175 | $49.05 | $39.66 | $10,546 | $6,941 | 3,605 |
| **Total Estimated Annual Cost Burden** |  | $**110,877,550** |  | **$70,890,910** |

\*Cost for some data collection forms remained the same, due to no changes in annual wages. Values were rounded prior to summation. The form is not subject to PRA approval due to the statutory waiver for immunization-related work.