

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
		04/2019	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)-	1,500	1,000	\$31.54	\$18.73	\$47,310	\$18,730	28,580

Revision of estimated national annual cost burden of data collection by NHSN data collection form.

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	Microbiology Data Electronic Upload Specification Tables							
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

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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

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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.