

Patient Safety Monthly Reporting Plan

Facility ID # : _____

Month/Year: ____/____

□ No NHSN Patient Safety Modules Followed this Month

Device-Associated Module					
Locations	CLA BSI	CLIP	DI	VAP	
CAUTI	П	п	-		
Procedure-Associated Module Procedures	SSI		Post-procedure PNEU		
Flocedules	(Circle one setting)		(Circle)		
	In Out Both		In		
	In Out	In Out Both		In	
	In Out	In Out Both		In	
	In Out	In Out Both		In	
	In Out Both		In		
	In Out Both		In		
	In Out Both		In	In	
	In Out Both		In		
	In Out Both		In		
	In Out	Both	In		
Medication-Associated Module:					
Locations	Microbiology		Pharmacy		

Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).