



Multi-Drug Resistant Organism Prevention Process Monitoring Form

* required for saving

*Facility ID #: _____

*Event #: _____

*Event Type: MDRO

*Location: _____

*Month: ____ / ____ (mm/yyyy)

*MDRO _____

of Patient Days _____

of Admissions _____

of incident MDRO patient isolates from clinical cultures _____

incident MDRO patient isolates from surveillance cultures _____

MDRO isolates from clinical cultures that are not attributable to the unit _____

MDRO isolates from surveillance cultures that are not attributable to unit _____

of patients for whom admission surveillance cultures were indicated _____

of patients who had admission surveillance cultures performed _____

of patients for whom follow-up surveillance cultures were indicated _____

of patients who had follow-up surveillance cultures performed _____

of observed healthcare worker-patient interactions during which hand hygiene was indicated _____

of observed healthcare worker-patient interactions during which hand hygiene was performed _____

of observed healthcare worker-patient interactions during which contact precautions were indicated _____

of observed healthcare worker-patient interactions during which contact precautions were performed _____

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 5 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, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Custom Fields

Label

____/____/____

Label

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Comments