



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
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Procedure-Associated Module				
Locations	SSI	(Circle one setting)		Post -procedure PNEU
_____	In	Out	Both	In
_____	In	Out	Both	In
_____	In	Out	Both	In
_____	In	Out	Both	In
_____	In	Out	Both	In

Medication-Associated Module		
Locations	Microbiology	Pharmacy
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

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-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Multi-drug Resistant Organism Module					
Active Surveillance Culturing Option					
ASC* Process and Outcome Measures					
Location	Organism	ASC-Timing	ASC-Eligible	Incidence	Prevalence
_____	_____	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	Adm Both	All NHx	<input type="checkbox"/>	<input type="checkbox"/>
Process and Laboratory-identified MDRO Event Monitoring Option					
Location	Organism	**LIME	HH	GG	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient Influenza Vaccination Module					
Method A:	<input type="checkbox"/>				
Method B:	<input type="checkbox"/>	Denominator Level: (Circle One)	Summary	Patient Level	

*For ASC, circle one to indicate timing of culture and one to indicate type of patients cultured.

Timing: Adm = Admission Both = Both Admission and Discharge/Transfer

Patients: All = All patients cultured NHx = Only patients cultured are those who have no documentation at the admitting facility in the previous 12 months of MRSA-colonization or infection at the time of admission.

** LIME – Laboratory-identified MDRO Event