



Multidrug-Resistant Organism Prevention Process and Outcome Measures Monthly Monitoring Form

OMB No. xxxx-xxxx
Exp. Date: xx-xx-20xx

* required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan

*Facility ID #: _____ *Month: _____ *Year: _____ *Location Code: _____

*Patient Days: _____ ** Admissions: _____

MDRO Infection Surveillance (Required)

(Specify)	MRSA	VRE	<i>C. difficile</i>	<i>Klebsiella</i> spp. (_____)	<i>Acineto-bacter</i> spp. (_____)	<i>Candida</i> spp. (_____)
MDRO Infections being monitored (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Process Measures (Optional)

Hand Hygiene

** Performed: _____

** Indicated: _____

Gown and Gloves

** Used: _____

** Indicated: _____

Active Surveillance Culturing (ASC)

** Active surveillance cultures performed (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
** Timing of ASC † (circle one)	Adm Both	Adm Both		Adm Both	Adm Both	Adm Both
** Patients - ASC eligible ‡ (circle one)	All NHx	All NHx		All NHx	All NHx	All NHx

Admission ASC

** Performed						
** Eligible						

Discharge/Transfer ASC

** Performed						
** Eligible						

† **Adm** – Admission culture **Both** – Admission and Discharge/Transfer cultures

‡ **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

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 10 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-79, Atlanta, GA 30333, ATTN: PRA (0920-0666).
CDC 57.75LL (Front) Effective date xx/xx/20xx

