MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

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

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

Setting: Inpatient **Total Patient Days: _____ **Total Admissions: _____
Setting: Outpatient (or Emergency Room) **Total Encounters: _____

If monitoring *C. difficile* in a FACWIDE location, then subtract NICU & Well Baby counts from Totals:
**§Patient Days:_____   **§Admissions:_____   **§Encounters:_____

MDRO & CDI Infection Surveillance or LabID Event Reporting

Specific Organism Type	MRSA	VRE	CephR-*Klebsiella*	CRE-*Ecoli*	CRE-*Klebsiella*	MDR-*Acinetobacter*	*C. difficile*
Infection Surveillance	☐	☐	☐	☐	☐	☐	☐
LabID Event (All specimens)	☐	☐	☐	☐	☐	☐	☐
LabID Event (Blood specimens only)	☐	☐	☐	☐	☐	☐	

Process Measures (Optional)

Hand Hygiene
**Performed:_____ **Indicated:_____

Gown and Gloves
**Used:_____ **Indicated:_____

Active Surveillance Testing (AST)

**Active Surveillance Testing performed	☐	☐	
**Timing of AST † (circle one)	Adm Both	Adm Both	
**AST Eligible Patients ‡ (circle one)	All NHx	All NHx	

Admission AST

**Performed			
**Eligible			

Discharge/Transfer AST

**Performed			
**Eligible			

§ If Location Code = FACWIDEIN and Organism= *C. difficile,* exclude NICU & Well Baby Nurseries from Total Patient Days and Total Admissions.   If Location Code = FACWIDEOUT and Organism = *C. difficile,* exclude Well Baby Clinics from Total Encounters.

† Adm – Admission testing   **Both** – Admission and Discharge/Transfer testing

‡ All – All patients tested   **NHx** – Only patients tested are those who have no documentation at the admitting facility in the previous 12 months of MDRO-colonization or infection at the time of admission .

MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring

Outcome Measures (Optional)

Prevalent Cases

(Specific Organism Type)	MRSA	VRE	
**AST/Clinical Positive			
**Known Positive			

Incident Cases

	MRSA	VRE	
**AST/Clinical Positive			

Custom Fields

Label _____ _____ _____ _____ _____

Data _____ _____ _____ _____ _____