**Table XX . Instructions for Completion of the MDRO and CDI Prevention Process and Outcome Measures Monthly Monitoring form (CDC 57.139)** (**Tables of Instructions List**)

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| **Data Field** | **Instructions for Form Completion** |
| Facility ID # | The NHSN-assigned facility ID number will be auto-entered by the computer |
| Month | *Required*. Enter the 2-digit month during which surveillance was performed. |
| Year | *Required*. Enter the 4-digit year during which surveillance was performed. |
| Location Code | *Required*. Enter the code of the resident care location where the outcome measures monitoring was done. |
| **Process Measures: Hand Hygiene** | |
| Performed | *Conditionally required*, if enrolled in hand hygiene adherence process measures.  Enter the total number of observed contacts during which a healthcare worker touched either the resident or inanimate objects in the immediate vicinity of the resident and appropriate hand hygiene was performed (i.e., Hand Hygiene Performed). |
| Indicated | *Conditionally required*, if enrolled in hand hygiene adherence process measures.  Enter the total number of observed contacts during which a healthcare worker touched either the resident or inanimate objects in the immediate vicinity of the resident and therefore, appropriate hand hygiene was indicated (i.e., Hand Hygiene Indicated). |
| **Process Measures: Gown and Gloves** | |
| Used | *Conditionally required*, if enrolled in gown and gloves use adherence process measures.  Among patients on Contact Precautions, enter the total number of observed contacts between a healthcare worker and a resident or inanimate objects in the immediate vicinity of the resident for which gloves and gowns had been donned prior to the contact (i.e., Gown and Gloves Used). |
| Indicated | *Conditionally required*, if enrolled in gown and gloves use adherence process measures.  Among patients on Contact Precautions, enter the total number of observed contacts between a healthcare worker and a resident or inanimate objects in the immediate vicinity of the resident and therefore, gloves and gowns were indicated (i.e., Gown and Gloves Indicated). |
| **Custom Fields** | |
| Labels  Comments | *Optional*. Up to two date fields, 2 numeric and 10 alphanumeric fields that may be customized for local use. **NOTE:** Each Custom Field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.  *Optional.* |