**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**)

|  |  |
| --- | --- |
| **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.* |