

*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- <i>Klebsiella</i>	CRE- <i>Ecoli</i>	CRE- <i>Klebsiella</i>	MDR- <i>Acinetobacter</i>	<i>C. difficile</i>
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (All specimens)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event (Blood specimens only)	<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 Testing (AST)

**Active Surveillance Testing performed	<input type="checkbox"/>	<input type="checkbox"/>	
**Timing of AST † (circle one)	Adm	Adm	
	Both	Both	
**AST Eligible Patients ‡ (circle one)	All	All	
	NHx	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 .

Assurance of Confidentiality: The voluntarily provided 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-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Outcome Measures (Optional)

Prevalent Cases

	MRSA	VRE	
(Specific Organism Type)			

**AST/Clinical Positive			
**Known Positive			

Incident Cases

**AST/Clinical Positive			
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Custom Fields

Label _____

Data _____