Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting

*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: _____

**For this quarter, what is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

- ☐ Enzyme immunoassay (EIA) for toxin
- ☐ Cell cytotoxicity neutralization assay
- ☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)
- ☐ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- ☐ GDH plus NAAT (2-step algorithm)
- ☐ GDH plus EIA for toxin, followed by NAAT for discrepant results
- ☐ Toxigenic culture (*C. difficile* culture followed by detection of toxins)
- ☐ Other (specify): _____

("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of C. difficile tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory or conduct a search for further guidance on selecting the correct option to report.)

MDRO & CDI Infection Surveillance or LabID Event Reporting

Specific Organism Type	MRSA	VRE	CephR-*Klebsiella*	CRE-*E. coli*	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: _____

§ 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.

Form Approved
OMB No. 0920-0666
Exp. Date: xx/xx/20xx
www.cdc.gov/nhsn

MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting

Process Measures (Optional) (cont.)			
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			

Outcome Measures (Optional)			
Prevalent Cases			
(Specific Organism Type)	**MRSA**	**VRE**	
**AST/Clinical Positive			
**Known Positive			
Incident Cases			
**AST/Clinical Positive			

Custom Fields

Label _____ _____ _____ _____ _____

Data _____ _____ _____ _____ _____

† **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.