



MDRO and CDI Prevention Process and Outcome Measures Monthly Reporting

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*required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan
 Facility ID #: _____ *Month: _____ *Year: _____ *Location Code: _____

Setting: Inpatient **Total Facility Patient Days: _____ **Total Facility Admissions: _____

Setting: Outpatient Total Facility Encounters: _____

If monitoring MDRO FACWIDE, then subtract all counts from patient care units with separate CCNs (IRF and IPF) from Totals:

**MDRO Patient Days: _____ **MDRO Admissions: _____ **MDRO Encounters: _____

If monitoring *C. difficile* FACWIDE, then subtract all counts from patient care units with separate CCNs (IRF and IPF) as well as NICU & Well Baby counts from Totals:

**CDI Patient Days: _____ **CDI Admissions: _____ **CDI 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)

- | | |
|--|---|
| <input type="checkbox"/> Enzyme immunoassay (EIA) for toxin | <input type="checkbox"/> GDH plus NAAT (2-step algorithm) |
| <input type="checkbox"/> Cell cytotoxicity neutralization assay | <input type="checkbox"/> GDH plus EIA for toxin, followed by NAAT for discrepant results |
| <input type="checkbox"/> Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP) | <input type="checkbox"/> Toxigenic culture (<i>C. difficile</i> culture followed by detection of toxins) |
| <input type="checkbox"/> Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) | <input type="checkbox"/> 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- <i>Klebsiella</i>	CRE- <i>E. coli</i>	CRE- <i>Enterobacter</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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 15 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).
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Process Measures (Optional)			
Hand Hygiene		Gown and Gloves	
**Performed: _____	**Indicated: _____	**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			
Outcome Measures (Optional)			
Prevalent Cases			
(Specific Organism Type)	MRSA	VRE	
**AST/Clinical Positive			
**Known Positive			
Incident Cases			
**AST/Clinical Positive			
Custom Fields			
Label	_____	_____	_____
Data	_____	_____	_____
<p>† Adm – Admission testing Both – Admission and Discharge/Transfer testing</p> <p>‡ 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.</p>			