Form Approved
OMB No. 0920-0666
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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 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)

- ☐ 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-*Enterobacter*	CRE-*Klebsiella*	MDR-*Acinetobacter*	*C. difficile*
Infection Surveillance	☐	☐	☐	☐	☐	☐	☐	☐
LabID Event (All specimens)	☐	☐	☐	☐	☐	☐	☐	☐
LabID Event (Blood specimens only)	☐	☐	☐	☐	☐	☐	☐	☐

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Process Measures (Optional)

Hand Hygiene

**Performed: _____ **Indicated: _____

Gown and Gloves

**Used: _____ **Indicated: _____

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.