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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)
- ☐ NAAT plus EIA, if NAAT-positive (2-step algorithm)
- ☐ 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.