Outpatient Procedure Component
Monthly Reporting Plan

*required for saving

Facility ID: _____   *Month/Year: _____ /_____

No NHSN Outpatient Procedure reporting this month: ☐

Same Day Quality Measures

☐   Four Same Day Outcome Measures⁺

+The Same Day Outcome Measures include the following ASC Quality Measures: 1) Patient Burn; 2) Patient Fall; 3) Wrong - Site, Side, Patient, Procedure, or Implant; 4) Hospital

Transfer/Admission . *If selected, all (four) Same Day Outcome Measures must be reported.*

Surgical Site Infection (SSI) Surveillance

☐   Targeted SSI surveillance for specific NHSN Operative Procedure Categories

Specify which procedure category(ies) is (are) being monitored (list all that apply):

_____

   e.g. BRST – Breast Procedure

_____

_____

_____

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_____

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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 20 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, Project Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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