

MDRO and CDI Monthly Denominator Form

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*required for saving **conditionally required based upon monitoring selection in Monthly Reporting Plan

Facility ID #: _____ *Month: _____ *Year: _____ *Location Code: _____

Line 1: Setting: Inpatient
 **Total Facility Patient Days: _____ **Total Facility Admissions: _____

Line 2: If your facility has a CMS-certified rehab unit (IRF) or CMS-certified psych unit (IPF), please subtract these counts from "Total Facility Patient Days" and "Total Admissions" (Line 1). If you do not have these units, enter the same values you entered on Line 1.

Counts= [Total Facility – (IRF + IPF)]
 Patient Days: _____ Admissions: _____

Line 3: If your facility has a CMS-certified IRF, CMS-certified IPF, NICU, or Well Baby Unit, please subtract those counts from "Total Facility Patient Days" and "Total Admissions" (Line 1). If you do not have these units, enter the same values you entered on Line 1.

Counts= [Total Facility – (IRF + IPF + NICU + Well Baby Unit)]
 Patient Days: _____ Admissions: _____

**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"/> NAAT plus EIA, if NAAT-positive (2-step algorithm) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm) | |

Note: "Other" should not be used to name specific laboratories, reference laboratories, generic testing methods (such as "PCR") 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 contact the NHSN helpdesk for further guidance.

Organism Selection/Confirmation of No Events

Specific Organism Type	MRSA	<i>C. difficile</i>	MSSA	CephR- <i>Klebsiella</i>	CRE- <i>E. coli</i>	CRE- <i>Enterobacter</i>	CRE- <i>Klebsiella</i>	MDR- <i>Acinetobacter</i>	VRE
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"/>	<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"/>	<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"/>	<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 H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).

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Process Measures: Hand Hygiene, Gown and Glove Use, and AST			
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 Both	Adm Both	
**AST Eligible Patients ‡ (circle one)	All NHx	All NHx	
Admission AST			
**Performed			
**Eligible			
Discharge/Transfer AST			
**Performed			
**Eligible			
Outcome Measures: AST			
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>			