

## Patient Safety Monthly Reporting Plan

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\*required for saving

Facility ID: \_\_\_\_\_

\*Month/Year: \_\_\_\_\_ / \_\_\_\_\_

No NHSN Patient Safety Modules Followed this Month

### Device-Associated Module

| Locations | CLABSI                   | VAE                      | CAUTI                    | PedVAP                   | PedVAE                   |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| _____     | <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"/> | <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"/> | <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"/> | <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"/> | <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"/> |
| _____     | <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"/> | <input type="checkbox"/> |
| _____     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Procedure-Associated Module

| Procedures | SSI                      |                          |
|------------|--------------------------|--------------------------|
|            | IN                       | OUT                      |
| _____      | <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"/> | <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"/> |
| _____      | <input type="checkbox"/> | <input type="checkbox"/> |

### Antimicrobial Use and Resistance Module

| Locations | Antimicrobial Use        | Antimicrobial Resistance |
|-----------|--------------------------|--------------------------|
| _____     | <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"/> | <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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| <b>MDRO and CDI Module</b>  |                        |                          |                         |   |                          |  |                          |                          |                          |
|---|------------------------|--------------------------|-------------------------|---|--------------------------|--|--------------------------|--------------------------|--------------------------|
| +Locations<br>(Circle one)  |                        | Specific Organism Type   |                         | <sup>‡</sup> LabID Event<br>All Specimens |                          | <sup>‡</sup> LabID Event<br>Blood specimens only |                          |                          |                          |
| FacWideIN   | FacWideOUT             | _____                    |                         | <input type="checkbox"/>                  |                          | <input type="checkbox"/>                         |                          |                          |                          |
| FacWideIN   | FacWideOUT             | _____                    |                         | <input type="checkbox"/>                  |                          | <input type="checkbox"/>                         |                          |                          |                          |
| FacWideIN   | FacWideOUT             | _____                    |                         | <input type="checkbox"/>                  |                          | <input type="checkbox"/>                         |                          |                          |                          |
| FacWideIN   | FacWideOUT             | _____                    |                         | <input type="checkbox"/>                  |                          | <input type="checkbox"/>                         |                          |                          |                          |
| <b>Process and Outcome Measures</b>   |                        |                          |                         |   |                          |  |                          |                          |                          |
| Locations   | Specific Organism Type | Infection Surveillance   | <sup>§</sup> AST Timing | <sup>§</sup> AST Eligible                 | Incidence                | Prevalence                                       | LabID Event              | HH                       | GG                       |
| _____   | _____                  | <input type="checkbox"/> | Adm<br>Both             | All<br>NHx                                | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   | _____                  | <input type="checkbox"/> | Adm<br>Both             | All<br>NHx                                | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   | _____                  | <input type="checkbox"/> | Adm<br>Both             | All<br>NHx                                | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   | _____                  | <input type="checkbox"/> | Adm<br>Both             | All<br>NHx                                | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| _____   | _____                  | <input type="checkbox"/> | Adm<br>Both             | All<br>NHx                                | <input type="checkbox"/> | <input type="checkbox"/>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>+ FacWideIN = Facility-wide Inpatient<br/>           FacWideOUT = Facility-wide Outpatient<br/>           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.<br/> <sup>‡</sup> LabID Event = Laboratory-identified Event<br/> <sup>§</sup> For AST, circle one choice to indicate time of testing and one choice to indicate type of patients eligible for testing.<br/>           Timing: Adm = Admission<br/>           Both = Both Admission and Discharge/Transfer<br/>           Patients Eligible: All patients tested</p> |                        |                          |                         |   |                          |  |                          |                          |                          |