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NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

# Monthly Reporting Plan for LTCF


*required for saving

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

## Urinary Tract Infection Event (UTI)

| +Locations | UTI |
|---|---|
| FacWideIN | ☐ |

## LabID Event

| +Locations | Specific Organism Type | ±LabID Event All Specimens |
|---|---|---|
| FacWideIN | _____ | ☐ |
| FacWideIN | _____ | ☐ |
| FacWideIN | _____ | ☐ |
| FacWideIN | _____ | ☐ |
| FacWideIN | _____ | ☐ |
| FacWideIN | _____ | ☐ |
| FacWideIN | _____ | ☐ |

## Respiratory Pathogens Event

| +Locations | Specific Test Type | ▲RP Event All Specimens |
|---|---|---|
| FacWideIN | _____ | ☐ |
| FacWideIN | _____ | ☐ |
| FacWideIN | _____ | ☐ |

## Prevention Process Measures

| +Location | Hand Hygiene | Gown and Gloves Use |
|---|---|---|
| FacWideIN | ☐ | ☐ |

+ FacWideIN = Facility-wide Inpatient
± LabID Event = Laboratory-identified Event
▲ RP = Respiratory Pathogens Event