

Monthly Reporting Plan for LTCF

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*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

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