Form Approved
OMB No. 0920-0666
Exp. Date: 12/31/2026
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Patient Safety Monthly Reporting Plan

*required for saving

Facility ID: ______________________________ *Month/Year: ___________ /______

☐ No NHSN Patient Safety Modules Followed this Month

Device-Associated Module

Locations	CLABSI	VAE	CAUTI	PedVAP	PedVAE
________________	☐	☐	☐	☐	☐
________________	☐	☐	☐	☐	☐
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________________	☐	☐	☐	☐	☐
________________	☐	☐	☐	☐	☐

Procedure-Associated Module

Procedures	SSI	
	IN	OUT
________________	☐	☐
________________	☐	☐
________________	☐	☐
________________	☐	☐
________________	☐	☐
________________	☐	☐
________________	☐	☐
________________	☐	☐
________________	☐	☐

Antimicrobial Use and Resistance Module

Locations	Antimicrobial Use	Antimicrobial Resistance
________________	☐	☐
________________	☐	☐
________________	☐	☐
________________	☐	☐
________________	☐	☐

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MDRO and CDI Module

+Locations (Circle one)		Specific Organism Type	±LabID Event All Specimens	±LabID Event Blood specimens only
FacWideIN	FacWideOUT	_____	☐	☐
FacWideIN	FacWideOUT	_____	☐	☐
FacWideIN	FacWideOUT	_____	☐	☐
FacWideIN	FacWideOUT	_____	☐	☐

Process and Outcome Measures

Locations	Specific Organism Type	Infection Surveillance	§AST Timing	§AST Eligible	Incidence	Prevalence	LabID Event	HH	GG
_____	_____	☐	Adm Both	All NHx	☐	☐	☐	☐	☐
_____	_____	☐	Adm Both	All NHx	☐	☐	☐	☐	☐
_____	_____	☐	Adm Both	All NHx	☐	☐	☐	☐	☐
_____	_____	☐	Adm Both	All NHx	☐	☐	☐	☐	☐
_____	_____	☐	Adm Both	All NHx	☐	☐	☐	☐	☐

+ FacWideIN = Facility-wide Inpatient
FacWideOUT = Facility-wide Outpatient
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.
± LabID Event = Laboratory-identified Event
§ For AST, circle one choice to indicate time of testing and one choice to indicate type of patients eligible for testing.
Timing: Adm = Admission
Both = Both Admission and Discharge/Transfer
Patients Eligible: All patients tested