

Form Approved OMB No. 0920-0666 Exp. Date: 12/31/2027 www.cdc.gov/nhsn

## Outpatient Procedure Component Same Day Outcome Measures Event

This form is used for reporting data on each patient who experienced one or more of the Same Day Outcome Measures events.

Instructions for this form are available at: https://www.cdc.gov/nhsn/forms/instr/57.402-toi.pdf.

Page 1 of 1				*required for saving
Facility ID:		Event #:		
*Patient ID:		Social Security #:		
Secondary ID #:		Medicare #:		
Patient Name, Last:		First: Middle:		
*Sex: F M		*Date of Birth:		
Ethnicity (Specify):		Race (Specify): (Select all that apply):		
Hispanic or Latino		American Indian or Alaska Native		
Not Hispanic or Latino		Asian		
Unknown		Black or African American		
Declined to respond		Middle Eastern or North African		
		Native Hawaiian or Pacific Islander		
		White		
		Unknown		
		Declined to respond		
Preferred Language (Specify) ,		Interpreter Needed: Yes No Declined to respond Unknown		
*Date of Encounter (Admission) at the Outpatient Procedure Center (MM/DD/YYYY):				
Same Day Outcome Measures				
*Specify event: (check all that apply)				
☐ Patient burn ☐ Patient fall ☐ Hospital transfer/admission				al transfer/admission
			<u> </u>	
Wrong Event (check any that	☐ Wrong	$\square$ Wrong patient		☐ Wrong procedure
	side			
apply)	$\square$ Wrong	$\square$ Wrong implant		
	site	— vviolig illipiant		
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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)).				
				cluding 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,				
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