

*required for saving      **conditionally required based upon monitoring selection in Monthly Reporting Plan					
Facility ID #: _____ *Month: _____ *Year: _____ *Location Code: _____					
Setting: Inpatient **Days§: _____ ** Admissions§: _____					
Setting: Outpatient (or Emergency Room) **Encounters: _____					
<b>MDRO &amp; CDAD Infection Surveillance or LabID Event Reporting</b>					
(Specific Organism Type)	MRSA	VRE	MDR- <i>Klebsiella</i>	MDR- <i>Acinetobacter</i>	<i>C. difficile</i>
Infection Surveillance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LabID Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Process Measures (Optional)</b>					
<b><u>Hand Hygiene</u></b> ** Performed: _____ ** Indicated: _____			<b><u>Gown and Gloves</u></b> ** Used: _____ ** Indicated: _____		
<b><u>Active Surveillance Testing (AST)</u></b>					
**Active Surveillance Testing performed (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>			
**Timing of AST † (circle one)	<b>Adm Both</b>	<b>Adm Both</b>			
**AST Eligible Patients ‡ (circle one)	<b>All NHx</b>	<b>All NHx</b>			
<b><u>Admission AST</u></b>					
** Performed					
** Eligible					
<b><u>Discharge/Transfer AST</u></b>					
** Performed					
** Eligible					

§ If Location Code = ALL and Organism= *C. difficile*, exclude NICU Patient Days and Admissions

† **Adm** – Admission testing    **Both** – Admission and Discharge/Transfer testing

‡ **All** – All patients tested    **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

**Assurance of Confidentiality:** The 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 10 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 D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).

Outcome Measures (Optional)					
<b><u>Prevalent Cases</u></b>					
(Specific Organism Type)	MRSA	VRE	MDR- <i>Klebsiella</i>	MDR - <i>Acinetobacter</i>	<i>C.difficile</i>
** AST/Clinical Positive					
** Known Positive					
<b><u>Incident Cases:</u></b>					
** AST/Clinical Positive					
<b>Custom Fields</b>					
Label _____					
Data _____					