



**Table 1. Instructions for Completion of the Patient Safety Monthly Reporting Plan Form (CDC 57.106) ([Tables of Instructions List](#))**

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID will be auto-entered by the computer.
Month/Year	Required. Enter the month and year for the surveillance plan being recorded; use MM/YYYY format.
No NHSN Patient Safety Modules Followed this Month	Conditionally required. Check this box if you do <u>not</u> plan to follow any of the NHSN Patient Safety Modules during the month and year selected.
<b>Device-Associated Module</b>	
Locations	Conditionally required. If you plan to follow device-associated events, enter the location codes for those facility locations where patients are housed overnight and from which you will collect denominator data (i.e., inpatient locations). If you plan to follow CLIP (see below), any type of patient care location where central lines are inserted may be entered.
CLABSI	Conditionally required. If you plan to follow device-associated events, check this box if you will collect central line-associated bloodstream infection (CLABSI) data and corresponding summary (denominator) data for the location in the left column.
DE	Conditionally required. If you plan to follow device-associated events, check this box if you will collect dialysis event (DE) data and corresponding summary (denominator) data for the outpatient dialysis location in the left column.
VAP	Conditionally required. If you plan to follow device-associated events, check this box if you will collect ventilator-associated pneumonia (VAP) data and corresponding summary (denominator) data for the location in the left column.
CAUTI	Conditionally required. If you plan to follow device-associated events, check this box if you will collect catheter-associated urinary tract infection (CAUTI) data and corresponding summary (denominator) data for the location in the left column.
CLIP	Conditionally required. Check this box if you will collect central line insertion practice (CLIP) data for the location indicated in the left column. These locations may be any type of patient care area where central lines are inserted (e.g., ward, OR, ED, ICU, outpatient clinic, etc.).
<b>Procedure-Associated Module</b>	
Procedures	Conditionally required. If you plan to follow procedure-associated events, list the procedure codes for those NHSN operative procedures for which you will collect data about selected procedure-associated events and procedure-level denominator data.



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SSI (Circle one setting)	Conditionally required. For each selected NHSN operative procedure in the left column, if you plan to follow SSIs, choose the patient population for which you will monitor this procedure. Circle “In” to follow only inpatients, circle “Out” to follow only outpatients, or circle “Both” to follow inpatients <u>and</u> outpatients. If SSIs will not be monitored for a listed procedure for this month, do not circle any of the choices.
Post-procedure PNEU	Conditionally required. For each selected NHSN operative procedure in the left column, if you plan to follow post-procedure pneumonia (PPP), circle “In”. If you do not monitor PPP, leave this unmarked. <b>NOTE:</b> Inpatient (“In”) is the only setting option for monitoring post-procedure pneumonia.
<b>Medication-Associated Module: Antimicrobial Use and Resistance</b>	
Locations	Conditionally required. If you plan to follow the antimicrobial use and/or resistance (AUR) options, enter the location codes for those facility locations from which you will collect data about antimicrobial use and/or resistance.
Antimicrobial Use	Conditionally required. Check if you will submit antimicrobial use data for the selected location.
Antimicrobial Resistance	Conditionally required. Check if you will submit antimicrobial resistance data for the selected location.
<b>MDRO and CDI Module</b>	
<b>For reporting overall facility-wide data:</b>	
Locations (FacWideIN/OUT)	Conditionally required. Choose either FacWideIN, to perform overall facility-wide surveillance for all inpatient locations, or FacWideOUT, to perform overall facility-wide surveillance for all outpatient locations, if you plan to perform LabID Event reporting for an organism at the facility-wide level, instead of by location (i.e., using Methods C or D). To report LabID Events from both overall facility-wide inpatient and outpatient locations, you must choose both FacWideIN and FacWideOUT. (These will be added on two separate rows.)
Specific Organism Type	Conditionally required. Enter each organism you will be following for LabID Event reporting at the facility-wide level: MRSA, MRSA/MSSA, VRE, CephR- <i>Klebsiella</i> spp., CRE- <i>E. coli</i> , CRE- <i>Klebsiella</i> spp., MDR- <i>Acinetobacter</i> spp. and/or <i>C. difficile</i> .
LabID Event (All specimens or Blood specimens only)	Conditionally required. Choose whether you plan to report the specific MDRO as LabID Events at the facility-wide level for All specimens or for Blood specimens only. <i>C. difficile</i> must be reported for All specimens for LabID Event reporting at the facility-wide level.
Locations	Conditionally required. If you plan to perform Infection Surveillance and/or LabID Event reporting by specific location (i.e., Methods A or



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	B), or if you plan to monitor process and/or outcome measures, then indicate the location(s) where specific monitoring will occur. You must add/complete a row for a second and each subsequent location.
Specific Organism Type	Conditionally required. Enter the organism you will be monitoring for a specific location: MRSA, MRSA/MSSA, VRE, CephR- <i>Klebsiella</i> spp., CRE- <i>E. coli</i> , CRE- <i>Klebsiella</i> spp., MDR- <i>Acinetobacter</i> spp. and/or <i>C. difficile</i> . If you plan to monitor more than one organism in a location, then a separate row must be completed for each organism for that location.
Infection Surveillance	Conditionally required. For the given location and organism, indicate if you plan to participate in Infection Surveillance. Infection Surveillance or LabID Event reporting in at least one patient care area is required for each organism your facility chooses to monitor (MRSA, MRSA/MSSA, VRE, CephR- <i>Klebsiella</i> spp., CRE- <i>E. coli</i> , CRE- <i>Klebsiella</i> spp., MDR- <i>Acinetobacter</i> spp. and/or <i>C. difficile</i> ).
AST Timing	Conditionally required. For the given location and MRSA or VRE, if you plan to perform active surveillance testing (AST) for MRSA or VRE, indicate whether testing will be done on admission (Adm) only or at admission and at discharge/transfer (Both).
AST Eligible	Conditionally required. For the given location and MRSA or VRE, circle “All” if <b>all</b> patients will be eligible for AST, or, circle “NHx” to indicate that the only patients eligible for testing will be those with <u>no</u> history of MRSA or VRE colonization or infection in the past 12 months as documented by the admitting facility.
Incidence	Conditionally required. Select if you plan to report incidence of the organism (MRSA or VRE) at the location listed in the left column using AST and clinical positives.
Prevalence	Conditionally required. Select if you plan to report prevalence of the organism (MRSA or VRE) at the location listed in the left column using AST, clinical positive, and known positives.
LabID Event (All Specimens)	Conditionally required. For the given location and organism, indicate if you plan to monitor for Laboratory-identified (LabID) Events. Infection Surveillance or LabID Event reporting in at least one patient care area is required for each organism your facility chooses to monitor (MRSA, MRSA/MSSA, VRE, CephR- <i>Klebsiella</i> spp., CRE- <i>E. coli</i> , CRE- <i>Klebsiella</i> spp., MDR- <i>Acinetobacter</i> spp. and/or <i>C. difficile</i> ).
HH	Conditionally required. Select this if you plan to monitor Hand Hygiene adherence in the location specified. Ideally, this should be the patient care location(s) also selected for MDRO or <i>C. difficile</i> surveillance.
GG	Conditionally required. Select this if you plan to monitor gown and gloves use adherence in the location specified. Ideally, this should be



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	the patient care location(s) also selected for MDRO or <i>C. difficile</i> surveillance.
Vaccination Module	
Summary-Method or Patient-level Method:	Conditionally required. If you plan to follow this module, select either Summary-Method or Patient-level Method.