Table 3. Instructions for Completion of the **MDRO and CDAD Prevention Process and Outcome Measures Monthly Monitoring** form (CDC 57.127)

Data Field	Instructions for Form Completion
Facility ID #	The NHSN-assigned facility ID number will be autoentered by the computer
Month	Required. Enter the 2-digit month during which surveillance was performed.
Year	Required. Enter the 4-digit year during which surveillance was performed.
Location Code	Required. Enter the code of the patient care location where the outcome measures monitoring was done.
Setting: Inpatient Days	Conditionally Required. If this is an inpatient location, enter the total number of patient days for this location for the month.
Admissions	Conditionally required. Enter the total number of admissions for this location if Active Surveillance Testing (AST) or LabID event monitoring was performed.
Setting: Outpatient (or Emergency Room) Encounters	Conditionally required. If LabID Event monitoring is performed in outpatient and/or emergency room locations, enter the total number of encounters occurring during the surveillance month. If performing Overall facility-wide surveillance and Settings = *Both* on the Monthly Reporting Plan, enter Inpatient Days, Admissions and Outpatient Encounters.
MDRO and CDAD Infection Surveillance or LabID Event Reporting	
Infection Surveillance	Conditionally required. Check any MDRO or *C. difficile* organism selected for monitoring in the location during the time period specified.
LabID Event	Conditionally required. Check any MDRO or *C. difficile* organism selected for LabID event reporting in the location during the time period specified.
Process Measures (Optional)	
Hand Hygiene Performed	Required for hand hygiene adherence process measures. Enter the total number of observed contacts during which an HCW touched either the patient or inanimate objects in the immediate vicinity of the patient and appropriate hand hygiene was performed (i.e., Hand Hygiene Performed).
Indicated	Required for hand hygiene adherence process measures. Enter the total number of observed contacts during which an HCW touched either the patient or inanimate objects in the immediate vicinity of the patient and therefore, appropriate hand hygiene was indicated (i.e., Hand Hygiene Indicated).

Data Field	Instructions for Form Completion
Gown and Gloves Used	Required for gown and gloves use adherence process measures. Among patients on Contact Precautions, enter the total number of observed contacts between an HCW and a patient or inanimate objects in the immediate vicinity of the patient for which gloves and gowns had been donned prior to the contact (i.e., Gown and Gloves Used).
Indicated	Required for gown and gloves use adherence process measures. Among patients on Contact Precautions, enter the total number of observed contacts between an HCW and a patient or inanimate objects in the immediate vicinity of the patient and therefore, gloves and gowns were indicated (i.e., Gown and Gloves Indicated).
Active Surveillance Testing (For MRSA & VRE only)	
Active Surveillance Testing performed	Required for active surveillance testing adherence process measures. For MRSA and VRE only. Check those for which active surveillance testing is being done.
Timing of AST • Adm • Both	Required for active surveillance testing adherence process measures. Choose the time period when surveillance testing will be performed. Specimens for AST can be obtained at the time of admission (Adm), or at the time of admission and for patients' stays of > 3 days, at the time of discharge/transfer (Both).
AST Eligible Patients • All • NHx	Required for admission surveillance testing adherence process measures. If all admitted patients were tested choose All. Circle NHx if performing AST only on those patients admitted to the patient care location with no documentation at the time of admission of MRSA and/or VRE colonization or infection in ≤ 12 months (NHx). That is, no specimen positive for MRSA and/or VRE for this patient during previous stays at this facility or from information provided by referring facilities in ≤ 12 months.
Admission AST • Performed • Eligible	Required for admission surveillance testing adherence process measures. Enter the number of patients eligible for admission AST and who had a specimen obtained for testing ≤ 3 days of admission (i.e., Admission AST Performed). Enter the number of patients eligible for admission surveillance testing. (i.e., Admission AST Eligible)
Discharge/Transfer AST • Performed • Eligible	Required for discharge/transfer active surveillance testing adherence process measures. For patients' stays > 3 days, enter the number of discharged or transferred patients eligible for AST and who had a specimen obtained for testing prior to discharge or transfer, not including the admission AST (i.e., Discharge/Transfer AST Performed).

Data Field	Instructions for Form Completion
	For patients' with stays of > 3 days, enter the number of patients eligible for discharge/transfer surveillance testing; were negative if tested on admission. (i.e., Discharge/Transfer AST Eligible).
Outcome Measures (Optional) - MRSA & VRE ONLY	
Prevalent Cases	
AST/Clinical Positive	Required for prevalent case - AST/clinical positive outcome measures. Enter the number of patients with MRSA and/or VRE isolated from a specimen collected for AST or for clinical reasons on admission (≤ 3 days) (i.e., the MRSA or VRE cannot be attributed to this patient care location).
Known Positive	Enter the number of patients with documentation on admission of MRSA or VRE colonization or infection, from the admitting or referring facility, in ≤ 12 months (i.e., patient is known to be colonized or infected with MRSA and/or VRE within the last year). All MRSA or VRE colonized patients already in the ICU during the first month of surveillance should be considered "Known Positive".
Incident Cases	
AST/Clinical Positive	Required for incident case - AST/clinical positive outcome measures. Enter the number of patients with a stay > 3 days: • With no documentation on admission of MRSA and/or VRE colonization or infection, from the admitting or referring facility, in ≤ 12 months (i.e., patient is not known to be colonized or infected with MRSA and/or VRE within the last year and is negative if tested on admission), AND • MRSA and/or VRE isolated from a specimen collected for AST or clinical reasons > 3 days after admission and up to discharge/transfer from the patient care location.
Custom Fields and Labels	Optional. Up to 5 numeric fields may be customized for local use. NOTE: Each custom field must be set up in the Facility/Custom Options section of the application before the field can be selected for use.
Comments	Optional. Enter comments for local use and the values entered. These fields may not be analyzed.