



Instructions for Completion of the Outpatient Procedure Component (OPC) Monthly Reporting Plan Form (CDC 57.401)

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 Outpatient Procedure Component Module Followed this Month	Conditionally required. Check this box if the facility does <u>not</u> plan to follow any of the NHSN OPC Modules during the month and year selected.
Same Day Quality Measures Module	
Same Day Outcome Measures Module	Conditionally required. Check this box if the facility plans to follow the Same Day Outcome Measures Module. Selecting this measure means following all four of the <i>Same Day Outcome Measures</i> : 1) Patient Burn; 2) Patient Fall; 3) Wrong - Site, Side, Patient, Procedure, or Implant; 4) Hospital Transfer/Admission.
Surgical Site Infection Module	
Surgical Site Infection Module	Conditionally required. Check this box if the facility plans to follow the Surgical Site Infections Module. Then select the NHSN operative procedure(s) that will be monitored, (<i>e.g. BRST – Breast Procedure</i>). All patients receiving the selected procedure(s) must be monitored.