Instructions for Completion of the Patient Safety Monthly Reporting Plan Form (CDC 57.106)

Data Field	Instructions for Data Collection
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 the facility does not plan to follow any of the NHSN Patient Safety Modules during the month and year selected. Checking this box will mean that no data will be shared on the facility's behalf for CMS quality reporting programs.
Device-Associated Module	
Locations	Conditionally required. If the facility plans to follow device-associated events, enter the location codes for those facility locations where patients are housed overnight and from which denominator data (specifically, inpatient locations) will be collected. If the facility plans to follow CLIP (see below), any type of patient care location where central lines are inserted may be entered.
CLABSI	Conditionally required. If the facility plans to follow device-associated events, check this box if central line-associated bloodstream infection (CLABSI) data and corresponding summary (denominator) data for the location in the left column will be collected.
VAE	Conditionally required. If the facility plans to follow device-associated events, check this box if ventilator-associated events (VAE) data for adult locations and corresponding summary (denominator) data for the location in the left column will be collected.
CAUTI	Conditionally required. If the facility plans to follow device-associated events, check this box if catheter-associated urinary tract infection (CAUTI) data and corresponding summary (denominator) data for the location in the left column will be collected.
CLIP	Conditionally required. Check this box if the facility 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 for example ward, OR, ED, ICU, outpatient clinic, etc.).
PedVAP	Conditionally required. If the facility plans to follow device-associated events, check this box if ventilator-associated pneumonia (VAP) data for non-NICU pediatric locations and corresponding summary (denominator) data for the location in the left column will be collected.

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PedVAE	Conditionally required. If the facility plans to follow device-associated events, check this box if ventilator-associated event (PedVAE) data for neonatal and pediatric locations and corresponding summary (denominator) data for the location in the left column will be collected.
Procedure-Associated Module	
Procedures	Conditionally required. If the facility plans to follow procedure-associated events, list the procedure codes for those NHSN operative procedures for which data about selected procedure-associated events and procedure-level denominator data will be collected.
SSI	Conditionally required. For each selected NHSN operative procedure in the left column, if the facility plans to follow SSIs, choose the patient population for which this procedure will be monitored. Check the "IN" box to follow only inpatients, check the "OUT" box to follow only outpatients, or check both boxes to follow inpatients and outpatients.
Antimicrobial Use and Resistance Module	
Locations	Conditionally required. If the facility plans to follow the antimicrobial use and/or antimicrobial resistance options, enter the location codes for those facility locations from which data will be collected about antimicrobial use and/or resistance.
Antimicrobial Use	Conditionally required. Check if the facility will submit antimicrobial use data for the selected location.
Antimicrobial Resistance	Conditionally required. Check if the facility will submit antimicrobial resistance data for the selected location.
MDRO and CDI Module	
For reporting overall facility-wide data:	
Locations (FacWideIN/OUT)	Conditionally required. LabID Events can be monitored at the Overall facility-wide level for inpatient areas (FacWideIN), and/or at the overall facility-wide level for outpatient areas (FacWideOUT). If FacWideIN is selected, the system will auto-populate additional rows to include location level surveillance for each outpatient emergency department (ED) and 24-hour observation (OBS) location that has been mapped in NHSN for your facility. To report LabID Events from both overall facility-wide inpatient and outpatient locations other than ED/OBS, both FacWideIN and FacWideOUT must be selected.
Specific Organism Type	Conditionally required. Enter each organism the facility will follow for LabID Event reporting at the facility-wide level: MRSA, MSSA (if tracking MRSA & MSSA), VRE, CephR-*Klebsiella*, CRE (CRE-*E. coli*, CRE-*Enterobacter*, and CRE-*Klebsiella),* MDR-*Acinetobacter,* and/or *C. difficile*. **Note:** If conducting surveillance for CRE, the facility must include in the monthly reporting plan and conduct surveillance for all three organisms (CRE-*E. coli,* CRE-*Enterobacter*, and CRE-*Klebsiella [Klebsiella oxytoca, Klebsiella aerogenes and Klebsiella pneumoniae])*

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LabID Event (All specimens or Blood specimens only)	Conditionally required. Choose whether the facility plans to report the specific MDRO as LabID Events at the facility-wide level for All Specimens or for Blood Specimens Only. *C. difficile* must be reported for All Specimens for LabID Event reporting at the facility-wide level.
For reporting location level data and/or Process and Outcome Measures:	
Locations	Conditionally required. If the facility plans to perform Infection Surveillance and/or LabID Event reporting by specific location (specifically, Methods A or B), or if the facility plans to monitor process and/or outcome measures, then indicate the location(s) where specific monitoring will occur. A new row must be added/completed for a second and each subsequent location.
Specific Organism Type	Conditionally required. Enter the organism the facility will monitor for a specific location: MRSA, MSSA (if tracking MRSA & MSSA), VRE, CephR-*Klebsiella*, CRE (CRE-*E. coli*, CRE-*Enterobacter*, and CRE-*Klebsiella),* MDR-*Acinetobacter,* and/or *C. difficile*. **Note:** if conducting surveillance for CRE, the facility must include in the monthly reporting plan and conduct surveillance for all three organisms (CRE-*E. coli,* CRE-*Enterobacter*, and CRE-*Klebsiella [Klebsiella oxytoca, Klebsiella aerogenes and Klebsiella pneumoniae]).* If the facility plans 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 the facility plans to participate in Infection Surveillance. Infection Surveillance is required in at least one patient care area for each organism that the facility chooses to monitor (MRSA, MSSA [if tracking MRSA & MSSA], VRE, CephR-*Klebsiella*, CRE (CRE-*E. coli*, CRE-*Enterobacter*, and CRE-*Klebsiella),* MDR-*Acinetobacter,* and/or *C. difficile*. Note: if conducting surveillance for CRE, the facility must include in the monthly reporting plan and conduct surveillance for all three organisms (CRE-*E. coli,* CRE-*Enterobacter*, and CRE-*Klebsiella [Klebsiella oxytoca, Klebsiella aerogenes and Klebsiella pneumoniae]).*
AST Timing	Conditionally required. For the given location and MRSA or VRE, if the facility plans 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 **all** patients will be eligible for AST, or, circle "NHx" to indicate that the only patients eligible for testing will be those with no history of MRSA or VRE colonization or infection in the past 12 months as documented by the admitting facility.
Incidence	Conditionally required. Select if the facility plans to report incidence of the organism (MRSA or VRE) at the location listed in the left column using AST and clinical positives.

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Prevalence	Conditionally required. Select if the facility plans 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 the facility plans to monitor for Laboratory-identified (LabID) Events. LabID Event reporting is required in at least one patient care area for each organism that the facility chooses to monitor (MRSA, MSSA [if tracking MRSA & MSSA], VRE, CephR-*Klebsiella*, CRE (CRE-*E. coli*, CRE-*Enterobacter*, and CRE-*Klebsiella),* MDR-*Acinetobacter,* and/or *C. difficile*. Note: if conducting surveillance for CRE, the facility must include in the monthly reporting plan and conduct surveillance for all three organisms (CRE-*E. coli,* CRE-*Enterobacter*, and CRE-*Klebsiella [Klebsiella oxytoca, Klebsiella aerogenes and Klebsiella pneumoniae])*.
HH	Conditionally required. Select this if the facility plans to monitor Hand Hygiene adherence in the location specified. Ideally, this should be the patient care location(s) also selected for MDRO or *C. difficile* surveillance.
GG	Conditionally required. Select this if the facility plans to monitor gown and gloves use adherence in the location specified. Ideally, this should be the patient care location(s) also selected for MDRO or *C. difficile* surveillance.