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| **FACILITY:**  | **MONTH/YEAR:**  |
| **[ ] Monthly Report** | **[ ] Quarterly Report** |

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| **Number of residents transferred to hospitals due to infections:**  |
| **Number of Healthcare Associated Infections (HAI):**  | **Number of Community Associated infections (CAI):**  |
| **Rate of HAI per 1000 resident days for month:**  | **Rate of CAI per 1000 resident day for month:**  |
| **Number of infections cultured:**  |  |
| **Number of resident days:**  |  |
| **Resident Infection Prevention & Control** | **Employee Health** |
| * **# of TB Converters:**
 | * **# of TB Converters:**
 |
| * **# of Influenza Vaccine Administered:**
 | * **# of Employee Infection Reported:**
 |
| * **# of Pneumococcal Vaccine Administered:**
 | * **# of Influenza Vaccine Administered:**
 |
| **MDRO Health Associated Infection (HAI)** | **MDRO Community Associated Infection (CAI)** |
| **# of MRSA HAI:** | **# of MRSA CAI:** |
| **# of VRE HAI:** | **# of VRE CAI:** |
| **# of C Difficile HAI:** | **# of C Difficile CAI:** |
| **# Other MDRO’s HAI:** | **# Other MDRO’s CAI:** |
| **# HAI: UTI w/o Catheter: UTI with Catheter:** |  |
| **# HAI: URI: Pneumonia: LRI: Influenza or ILI:** |  |
| **# HAI: Skin: GI: Stool: Eye/Ear: Blood:** |  |
|  **CDPH Directives (AFL):****Policy and Procedure Implementation/Revision/Review:****Care Plan Reviewed:** | ***Total # of Infections for Quarter:*** | ***UTI w/o******Cath*** | ***UTI with Cath*** | ***Resp*** | ***Skin*** | ***GI*** | ***Stool*** | ***Eye/Ear*** | ***Blood*** |
| **Month** |  |  |  |  |  |  |  |  |
| **Month**  |  |  |  |  |  |  |  |  |
| **Month** |  |  |  |  |  |  |  |  |
| **Issue (s) Identified:** |
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| **Plan of action based on the issues identified:** |

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| **Action Plan:**  | **Responsible Staff:**  | **Goal Date:** |
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| **Follow-up of prior concern:**  | **Resolved: (yes/no)**  | **Comments (reason not resolved and action plan):** |
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| The meeting adjourned at: (am/pm) | Infection Preventionist: |
| Report to: CQI Committee | Medical Director Name: |
| DNS Name: | Administrator Name: |