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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: |