

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 Outcome 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. |