

Healthcare Facility Encounter Information Collection Form

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| Demographics/Facility Information | |
| Name of Patient: | |
| Date of Birth: | |
| Date of Admission: | |
| Reason for Admission: | |
| Medical Record Number: | |
| Facility name: | |
| Facility type: | Acute care hospital Hemodialysis clinic Inpatient rehabilitation facility Long-term acute care hospital Outpatient clinic Skilled nursing facility Ventilator skilled nursing facility Wound clinic Other: |
| Facility Address Line 1: | |
| Facility City: | |
| Facility State: | |
| Facility Country: | |
| Number of licensed beds: | |
| Date of discharge: | |
| If transferred, Specify Facility: | |

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| Infection Control | | | |
| Does this facility have a staff member who is dedicated solely to infection control (i.e. an infection preventionist)? | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> | Yes | No |
| Yes | No | | |
| Does this facility have a water management program? | <table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table> | Yes | No |
| Yes | No | | |
| What cleaning/disinfection products are used for isolation rooms? | Bleach-solution Bleach-wipes Hydrogen peroxide Quaternary ammonium Other: | | |

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| Room 1 Information | |
| Room Number: | |
| Room Type: | Single Double Triple Quadruple Other: |
| Admission Date for Room 1: | |
| Discharge Date for Room 1: | |
| Was patient on transmission-based precautions during this time frame? | Yes, during the entire stay Yes, during part of the stay No Unknown |
| Was the room disinfected with a sporicidal agent (i.e. what you use for C. diff)? | Yes, during the entire stay Yes, during part of the stay Yes, only at discharge No |
| Approx. Number of Patients on this Floor: | |

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| Room 2 Information | During Same Stay if Applicable |
| Room Number: | |
| Room Type: | Single Double Triple Quadruple Other: |
| Admission Date for Room 2: | |
| Discharge Date for Room 2: | |
| Was patient on transmission-based precautions during this time frame? | Yes, during the entire stay Yes, during part of the stay No Unknown |

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| Was the room disinfected with a sporicidal agent (i.e. what you use for C. diff)? | Yes, during the entire stay Yes, during part of the stay Yes, only at discharge No |
| Approx. Number of Patients on this Floor: | |

| Room 3 Information | During Same Stay if Applicable |
|---|---|
| Room Number: | |
| Room Type: | Single Double Triple Quadruple Other: |
| Admission Date for Room 3: | |
| Discharge Date for Room 3: | |
| Was patient on transmission-based precautions during this time frame? | Yes, during the entire stay Yes, during part of the stay No Unknown |
| Was the room disinfected with a sporicidal agent (i.e. what you use for C. diff)? | Yes, during the entire stay Yes, during part of the stay Yes, only at discharge No |
| Approx. Number of Patients on this Floor: | |

| Infection Control Measures | |
|---|--|
| Infection Control Actions in place and/or taken | Bathed patient with chlorhexidine Cohorted staff Cohorted with roommate(s) with like MDROs Designated dedicated equipment Educated staff on MDRO control Implemented active surveillance testing Minimized use of invasive devices Notified receiving facility of MRDO status |

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|---------------------------|--|
| | Notified transferring facility of MDRO status Placed patient in single room Placed patient on contact precautions Promoted hand hygiene among staff Promoted od antimicrobial stewardship Retrospective/prospective lab surveillance Reviewed IDPH/CDC guidelines Used appropriate disinfectant Other: |
| If other, please specify: | |

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|---|---|
| Contact Screening | |
| Were screening cultures performed on contacts? | Yes No Unknown |
| Association to case | Floor mates Roommate Whole facility Other: |
| If Other association, please specify: | |
| Number Tested: | |
| Number Tested Positive: | |
| Date of Screening of Roommates/Facility: | |
| Contact Screening Comments: | |
| Date Facility Notified of Possible MDRO Exposure: | |
| Date Facility Initiated Transmission-based Precautions: | |
| Name of DON or IP at facility: | |