

Form Approved OMB No. 0920-0666 Exp. Date: 12/31/2026 www.cdc.gov/nhsn

Outpatient Procedure Component Monthly Reporting Plan

Instructions for this form are available at: https://www.cdc.gov/nhsn/forms/instr/57.401-toi.pdf.

Page 1 of 1 *required for saving		
Facility ID:	*Month/Year:/_	
No NHSN Outpatient Procedure reporting this month: □		
Same Day Quality Measures		
□ Same Day Outcome Measures+		
⁺ The Same Day Outcome Measures include the following <i>ASC Quality Measures</i> : 1) Patient Burn; 2) Patient Fall; 3) Wrong - Site, Side, Patient, Procedure, or Implant; 4) Hospital Transfer/Admission. If selected, all (four) Same Day Outcome Measures must be reported.		
Surgical Site Infection (SSI) Surveillance		
□ Targeted SSI surveillance for specific NHSN Operative Procedure Categories		
Specify which procedure category(ies) is (are) being monitored (list all that apply):		
e.g. BRST – Breast Procedure		
Assurance of Confidentiality: The voluntarily provided information obtained in this institution is collected with a guarantee that it will be held in strict confidence, will b released without the consent of the individual, or the institution in accordance with S 242b, 242k, and 242m(d)). Public reporting burden of this collection of information is estimated to average 15 n searching existing data sources, gathering, and maintaining the data needed, and com-	be used only for the purposes stated, and will not otherwise be disclosections 304, 306 and 308(d) of the Public Health Service Act (42 User) minutes per response, including the time for reviewing instructions,	osed or SC
conduct or sponsor, and a person is not required to respond to a collection of information comments regarding this burden estimate or any other aspect of this collection of information Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (CDC 57.401	ation unless it displays a currently valid OMB control number. Send formation, including suggestions for reducing this burden to CDC, Ro	í