

HOW TO ADD A MONTHLY REPORTING PLAN

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Add Monthly Reporting Plan

Add
Find marked with *

*Facility ID: PRB Dialysis Test Facility 3 (ID 22077)

*Month:

*Year:

Select location and check DE box

Events

Locations	Dialysis Event (DE)	Central Line Insertion Practices (CLIP)
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check the boxes for four measures

Prevention Process Measures

Locations	Hand Hygiene (HH)	HD Catheter Connection / Disconnection (CATHCON)	HD Catheter Exit Site Care (CATHCARE)	AV Fistula / Graft Cannulation / Decannulation (FGCANN)	Dialysis Station Routine Disinfection (DISINFECT)	Injection Safety (INSAFE)
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(if checked, required number of observations)

(≥ 30) (≥ 10) (≥ 5) (≥ 10) (≥ 10) (≥ 30)

Patient Vaccination

Influenza Vaccination Dialysis Patients (FLUVAXDP)

Not Participating in NHSN this Month