

MONTHLY FACILITY INFECTION ANALYSIS

Facility:	Month/Year:
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IDENTIFIED INFECTIONS PER UNIT

A Healthcare-Associated Infection (HAI) is not present or incubating at time of admission. If the incubation time is unknown and the infection develops after 72 hours following admission (or per facility policy), it is considered a HAI. Infections with signs and symptoms noted upon admission are considered Community-Acquired Infections.

UNIT	HEALTHCARE-ASSOCIATED	COMMUNITY-ACQUIRED	UNIT TOTAL
TOTALS			

RESIDENT – REPEAT INFECTIONS WITHIN 30 DAYS

RESIDENT	RESP	UTI	EYE	EAR	SKIN	WOUND	GI	OTHER	TOTAL
TOTALS									

ORGANISMS IDENTIFIED

ORGANISMS	INCIDENCES	ORGANISMS	INCIDENCES	ORGANISMS	INCIDENCES
Staphylococcus Aureus		Legionella (Legionnaires)		Tuberculosis (TB)	
Clostridium Difficile		Neisseria Salmonella		Streptococcus Group A	
Staphylococcus A		Escherichia Coli (E. coli)		Streptococcus Group B	
Staphylococcus B		Enterococcus		Norovirus	
• MRSA (Methicillin-Resistant)		Klebsiella		Influenza	
• VISA (Vancomycin-Intermediate)		Candida Auris		SARS-CoV-2	
• VRSA (Vancomycin-Resistant)		Proteus			
VRE (Vancomycin-Resistant Enterococci)		Pseudomonas Aeruginosa			
Legionella (Legionnaires)		Aspergillus			

IDENTIFIED SOURCES OF INFECTION

UNIT	RESP	UTI	EYE	EAR	SKIN	WOUND	GI	OTHER	TOTAL
TOTALS									

REQUIRED ISOLATION MEASURES

TYPE	RESP	UTI	EYE	EAR	SKIN	WOUND	GI	OTHER	TOTAL
Droplet									
Airborne									
Contact									
TOTALS									

IDENTIFIED TRENDS/ACTION PLAN

_____ Medical Director	Date	_____ Director of Nursing	Date
_____ Infection Preventionist/Infection Control Nurse	Date	_____ QA/QAPI Committee Member	Date

Facility: _____

Avg Daily Census: _____

INFECTION CONTROL LOG

Mo/Yr: _____

RESIDENT'S NAME	ROOM #	UNIT CODE	ADMIT DATE	ONSET DATE	HAI (Y/N)	CULTURE DATE	SOURCE	PREDISPOSING FACTOR	ORGANISM	MEASURE	ANTIBIOTIC USED	DATE CLEARED	COMMENTS

Units (Enter names of nursing units.)	Source	Predisposing Factors	Organisms Identified	Infection Control Measure
1 = _____	1. Upper Resp.	1. Urinary Catheter	1. Staphylococcus Aureus	1. Contact
2 = _____	2. Lower Resp.	2. Feeding Tube: a. PEG b. G-Tube c. J-Tube	2. Clostridium Difficile	2. Airborne
3 = _____	3. UTI	3. Cancer/Infectious Disease: a. PICC Line b. Hickman Cath c. Port-a-Cath	3. Staphylococcus A	3. Droplet
4 = _____	4. Eye	4. Dialysis:	4. Staphylococcus B: a. MRSA (Methicillin-Resistant)	4. Transmission-Based
	5. Ear	a. CVC b. AVF c. AVG d. PD Cath	b. VISA (Vancomycin-Intermediate)	5. Standard Precautions
	6. Skin	5. Stoma	c. VRSA (Vancomycin-Resistant)	6. _____
	7. Wound	6. Tracheostomy	5. VRE (Vancomycin-Resistant Enterococci)	6. _____
	8. GI	7. Ventilator	6. Legionella (Legionnaires)	6. _____
	9. Other	8. Pressure Injury	7. Neisseria Salmonella	6. _____
		9. Recent Hospitalization	8. Escheri Coli	6. _____
		10. Autoimmune Disease	9. Enterococcus	6. _____
			10. Klebsiella	6. _____
			11. Candida Auris	6. _____
			12. Proteus	6. _____
			13. Pseudomonas Aer.	6. _____
			14. Aspergillus	6. _____
			15. Tuberculosis	6. _____
			16. Streptococcus: a. Group A b. Group B	6. _____
		11. Comorbid Conditions	17. Norovirus	6. _____
		12. Other	18. Influenza	6. _____
			19. SARS-CoV-2	6. _____
			20. _____	6. _____
			21. _____	6. _____

Additional units will require a separate spreadsheet. You will need to manually modify the facility infection rate.