

Infection Control Indicator: Aggregation - Analysis Tool

Month/ Year					Report by							
Location (i.e. branch / team):												
A =					F =							
B =					G =							
C =					H =							
D =					I =							
E =					J =							
Causation Factors - Key:												
1 Primary Caregiver					6 Other (specify)							
2 Technique					7 Other (specify)							
3 Unknown					8 Other (specify)							
4 Other (specify)					9 Other (specify)							
5 Other (specify)					10 Other (specify)							
//////////	Causation	1	2	3	4	5	6	7	8	9	10	Total
Location	//////////											
A												
B												
C												
D												
E												
F												
G												
H												
I												
J												
Total												
Trends:												
Action Plan:												

Infection Control Indicators Trending Tool
Location and Causation

Year _____

Reported by _____

Numbers are reported in percentages:

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Location													
Respiratory													
Urinary													
Systemic													
GI													
F.U.O.													
Skin Rash													
Communicable													
Total													

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Type													
NCR													
CR													
Total													
Home Health													
Other Facility:													
Acute													
Skilled													
Assisted Living													
Other													

Key: NCR-Non Care Related
CR- Care Related

Infection Control Indicators Trending - Tool

Home Health-CR - due to primary caregiver

Location	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
Total													

Home Health -CR - due to technique

Location	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
Total													

Home Health- CR- due to _____

Location	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
A													
B													
C													
D													
E													
F													
G													
H													
I													
J													
Total													