NHSN
NATIONAL HEALTHCARE SAFETY NETWORK

Form Approved
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www.cdc.gov/nhsn

Outpatient Procedure Component
Denominators for Same Day Outcome Measures

Instructions for this form are available at: https://www.cdc.gov/nhsn/forms/instr/57.403-toi.pdf.

*required for saving

Facility ID: _____ *Month/Year: _____ /_____

Same Day Outcome Measures

*Total number of encounters for the month: _____ No Events Reported: ☐

Custom Fields

Label		Label	
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____

Comments