Instructions for Completion of the Outpatient Procedure Component Denominators for Same Day Outcome Measures Form (CDC 57.403)

Data Field	Instructions for Data Collection
Facility ID	The NHSN-assigned facility ID will be auto-entered by the computer.
Month/Year	Required. Record the two-digit month and four-digit year (format MM/YYYY) during which the data were collected.
Total number of encounters (admissions) for the month	Conditionally required, if the Same Day Outcome Measures Module is included in the facility's Monthly Reporting Plan. Enter the total number of encounters for the specified month. ***Note:*** *The total number of encounters is the total number of patients who completed the registration process after entering the facility.*
No Events Reported	Conditionally required. If no events occur during the reporting month, select this option.