OMB No. xxxx-xxxx
Exp. Date: xx-xx-xxxx
www.cdc.gov/nhsn

Patient Safety Component—Annual Facility Survey for LTAC

*required for saving | Tracking #:

Facility ID: | *Survey Year:

Facility Characteristics

*Ownership (check one):

☐ For profit ☐ Not for profit, including church ☐ Government ☐ Veterans Affairs

*Affiliation (check one): ☐ Independent ☐ Multi-facility organization (specialty hospital network)
☐ Hospital system ☐ Managed care organization

*Setting/classification: ____ Free-standing ____ Within a hospital

If classified as "Free-standing," does you LTAC hospital share physical housing with one or more of the following on-site facilities or units (check all that apply)?

☐ No
☐ Skilled nursing facility (SNF)/nursing home
☐ Residential facility (assisted living)
☐ Inpatient rehabilitiation facility
☐ Neuro-behavioral unit or facility
☐ Other (please specify: _____)

If classified as "Within a hospital," is your LTAC hospital located in a building that does not provide acute care services (e.g., psychiatric hospital)? ☐ Yes ☐ No

If classified as "Within a hospital," is your LTAC hospital located near (but not within) an acute care hospital? ☐ Yes ☐ No

In the previous calendar year, indicate: ☐ No LTAC or not operational in this survey year

*Number of patient days: _____

*Number of admissions: _____

Average daily census: _____

*Numbers of LTAC beds in the following categories (categories should equal total):

a. Licensed intensive care unit (ICU) or critical care beds: _____
b. High observation/special care/high acuity beds (not licensed as ICU): _____
c. Other LTAC beds: _____

*Total number of LTAC beds (licensed capacity): _____

*Number of single occupancy rooms: _____

*Number of trained or certified infection preventionists (IPs) in facility: _____

a. Total hours per week performing surveillance: _____
b. Total hours per week for infection control activities other than surveillance: _____

*Does you facility perform active surveillance testing (culturing) of new patients on admission for colonization with any of the following multi-drug resistant organisms (MDROs)? (check all that apply)

☐ Methicillin-resistant *Staphylococcus aureus* (MRSA)
☐ Vancomycin-resistant *Enterococcus* (VRE)
☐ Carbapenem-resistant Enterobacteriaceae (CRE)
☐ Other multidrug-resistant gram-negative rods
☐ We do not screen new admissions for MDROs

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Facility Microbiology Laboratory Practices

*1. Does your facility have its own laboratory that performs antimicrobial susceptibility testing?

☐ Yes ☐ No

If No, where is your facility's antimicrobial susceptibility testing performed? (check one)

☐ On-site, host hospital ☐ Off-site, within same hospital system ☐ Off-site, contracted hospital

☐ Commercial referral laboratory ☐ Other (specify): _____

*2. Does the laboratory use CLSI (formerly NCCLS) antimicrobial susceptibility standards?

☐ Yes ☐ No

If Yes, specify the version of the M100 document that the laboratory uses: (check one)

☐ M100-S21 ☐ M100-S20 ☐ M100-S19 ☐ M100-S18 ☐ M100-S17 ☐ Earlier Version

*3. For the following organisms please indicate which methods are used for:

(1) primary susceptibility testing and

(2) secondary, supplemental, or confirmatory testing (if performed).

If your laboratory does not perform susceptibility testing, please indicate the methods used at the referral laboratory.

Please use the testing codes listed below the table.

Pathogen	(1) Primary	(2) Secondary	Comments
Coagulase-negative staphylococci	_____	_____	_____
Staphylococcus aureus	_____	_____	_____
Enterococcus spp.	_____	_____	_____
Enterobacteriaceae	_____	_____	_____
Pseudomonas aeruginosa	_____	_____	_____
Acinetobacter spp.	_____	_____	_____
Stenotrophomonas maltophilia	_____	_____	_____

1 = Kirby-Bauer disk diffusion	5.1 = MicroScan walkaway rapid	10 = E test
2 = Vitek (Legacy)	5.2 = MicroScan walkaway conventional	12 = Vancomycin agar screen (BHI + vancomycin)
2.1 = Vitek 2	5.3 = MicroScan auto or touchscan	13 = Other (describe in Comments section)
3.1 = BD Phoenix	6 = Other micro-broth dilution method	
4 = Sensititre	7 = Agar dilution method	

*4. Does the laboratory confirm vancomycin-resistant staphylococci using a second method? ☐ Yes ☐ No

If Yes, please indicate methods: (check all that apply)

☐ Kirby-Bauer disk diffusion	☐ MicroScan walkaway rapid	☐ E test
☐ Vitek (Legacy)	☐ MicroScan walkaway conventional	☐ Vancomycin agar screen (BHI + vancomycin)
☐ Vitek 2	☐ MicroScan auto or touchscan	☐ Other (specify): _____
☐ BD Phoenix	☐ Other micro-broth dilution method	
☐ Sensititre	☐ Agar dilution method	

*5. Has your laboratory implemented the revised cephalosporin and monobactam breakpoints for Enterobacteriaceae recommended by CLSI as of 2010? ☐ Yes ☐ No

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Facility Microbiology Laboratory Practices

*6. Does the laboratory perform a special test for ESBL production? ☐ Yes ☐ No

If Yes, please indicate what is done if ESBL production is detected: (check one)

- ☐ Change susceptible and intermediate interpretations for third generation cephalosporins and aztreonam to resistant
- ☐ Suppress the results for third generation cephalosporins and aztreonam for the report
- ☐ No changes are made in the interpretation of cephalosporins and aztreonam, the test is used for epidemiological or infection control purposes

*7. Has your laboratory implemented the revised carbapenem breakpoints for Enterobacteriaceae recommended by CLSI as of 2010? ☐ Yes ☐ No

*8. Does your laboratory perform a special test for carbapenemase production? ☐ Yes ☐ No

If Yes, please indicate what is done if carbapenemase production is detected: (check one)

- ☐ Change susceptible carbapenem results to resistant
- ☐ Report carbapenem MIC results without an interpretation
- ☐ No changes are made in the interpretation of carbapenems, the test is used for epidemiological or infection control purposes

*9. Does your laboratory perform colistin or polymyxin B susceptibility testing for drug-resistant gram negative bacilli? ☐ Yes ☐ No

If Yes, please indicate methods: (check all that apply)

- ☐ Kirby-Bauer disk diffusion
- ☐ Vitek (Legacy)
- ☐ Vitek 2
- ☐ BD Phoenix
- ☐ Sensititre
- ☐ MicroScan walkaway rapid
- ☐ MicroScan walkaway conventional
- ☐ MicroScan auto or touchscan
- ☐ Other micro-broth dilution method
- ☐ Agar dilution method
- ☐ E test
- ☐ Vancomycin agar screen (BHI + vancomycin)
- ☐ Other (specify): _____

*10. Does your facility have its own laboratory that performs antifungal susceptibility testing for *Candida* species?

☐ Yes ☐ No

If No, where is your facility's antifungal susceptibility testing performed? (check one)

☐ Affiliated medical center ☐ Commercial referral laboratory ☐ Not offered by my facility

11. If antifungal susceptibility testing is performed at your facility or an outside laboratory, what methods are used? (check all that apply)

☐ Broth macrodilution ☐ Broth microdilution ☐ YeastOne colorimetric microdilution ☐ E test

☐ Vitek 2 card ☐ Disk diffusion ☐ Other: _____

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Facility Microbiology Laboratory Practices

*12. Is antifungal susceptibility testing performed automatically/reflexively for *Candida* spp. cultured from normally sterile body sites (such as blood), without needing a specific order or request for susceptibility testing from the clinician?

☐ Yes ☐ No

If Yes, what antifungal drugs are tested automatically/reflexively? (check all that apply)

☐ Fluconazole ☐ Itraconazole ☐ Voriconazole ☐ Caspofungin

☐ Micafungin ☐ Anidulafungin ☐ Flucytosine ☐ Other

*13. Which *C. difficile* testing method is used at your facility's laboratory or the outside laboratory where your facility's testing is performed? (check all that apply and confirm with the laboratory that conducts the testing)

☐ EIA for toxin ☐ Cytotoxin assay ☐ Stool antigen ☐ Culture

☐ Nucleic acid amplification (e.g., PCR) ☐ Other (specify): _____