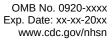




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*required for saving			Tracking #:		
Facility ID:			*Survey Year:		
Facility Characteristics					
*Ownership (check one):					
☐ For profit ☐ No	ot for profit, including church	☐ Government	☐ Veterans Affairs		
*Affiliation (check one):	☐ Independent	☐ Multi-facility organ	nization (specialty network)		
	☐ Hospital system	☐ Managed care org	, , , ,		
*How would you describe	your licensed inpatient rehabilita	ation facility? (check o	ne)		
·	☐ Free-standing	☐ Healthcare facility	,		
In the previous calendar y	/ear, indicate:	☐ No IRF or not ope	rational in this survey year		
*Total Number of Beds:					
Average daily census:					
*Number of patient days:					
Average Length of Stay:					
*Indicate the number of admissions with the primary diagnosis for each of the following rehabilitation categories (must sum to the total admissions listed above) a. Traumatic spinal cord dysfunction: b. Non-traumatic spinal cord dysfunction: c. Stroke: d. Brain dysfunction (non-traumatic or traumatic): e. Other neurologic conditions (e.g. multiple sclerosis, Parkinson's disease, etc): f. Orthopedic conditions (incl. fracture, joint replacement, other): g. All other admissions: *Total number of admissions on a ventilator: *Number of pediatric (≤ 18 years old) admissions:					
	tified infection preventionists (IPs	s) in facility:			
•	ek performing surveillance: ek for infection control activities (other than surveillance	2:		
of the following multi-d Methicillin-resistan Vancomycin-resistan Carbapenem-resis Other multidrug-res We do not screen in Assurance of Confidentiality: The volution a guarantee that it will be held in strict of	rug resistant organisms (MDROs t Staphylococcus aureus (MRSA ant Enterococcus (VRE) tant Enterobacteriaceae (CRE) sistant gram-negative rods new admissions for MDROs ntarily provided information obtained in this surveil confidence, will be used only for the purposes stat	s)? (check all that appl) lance system that would permit ided, and will not otherwise be discl	entification of any individual or institution is collected with osed or released without the consent of the individual, or		
	ons 304, 306 and 308(d) of the Public Health Serv n of information is estimated to average 25 minute		242m(d)). e for reviewing instructions, searching existing data		

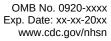
sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666). CDC 57.151 (Front) v6.6





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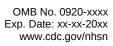
Facility Microbiology Laboratory Practices						
*1. Does your facility have its own laboratory that performs antimicrobial susceptibility testing?						
☐ Yes ☐ No	☐ Yes ☐ No					
If No, where is your facility's	antimic	crobial susceptibility testing perfo	rmed? (check one)			
☐ On-site, host hospita	al [\square Off-site, within same hospital s	svstem Off-site.	contracted hospital		
☐ Commercial referral		_	.,			
*2. Does the laboratory use CLS	SI (form	nerly NCCLS) antimicrobial susce	eptibility standards?			
☐ Yes ☐ No						
If Yes, specify the version of	the M1	LOO document that the laboratory	uses: (check one)			
☐ M100-S21 ☐ M10	0-S20	☐ M100-S19 ☐ M100-S1	L8 ☐ M100-S17	\square Earlier Version		
*2. For the following ergenisms	ماممم	indicate which methods are use	d for:			
		indicate which methods are use	u 101.			
(1) primary susceptibility		ng and or confirmatory testing (if perform	and)			
		form susceptibility testing, please	•	ds used at the referral		
laboratory.	iot pei	iorni susceptionity testing, pieuse	, maicate the method	as asea at the relenar		
Please use the testing co	des lis	sted below the table.				
Pathogen		(1) Primary (2) Se	econdary	Comments		
Coagulase-negative staphyloco	cci					
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	al 12 = Vancomycin agar screen (BHI + vancon			
2.1 = Vitek 2 5.3 =		MicroScan auto or touchscan 13 = Other (describe in Comments sect		in Comments section)		
		ner micro-broth dilution method				
4 = Sensititre	7 = A	gar 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)						
Liby-bauer disk diliusion	IVIIC	103can waikaway tapiu		(DIII)		
☐ Vitek (Legacy)	☐ Mic	roScan walkaway conventional		ar screen (BHI +		
☐ Vitek 2	☐ MicroScan auto or touchscan		_			
☐ BD Phoenix	☐ Other micro-broth dilution method					
		ar dilution method				
」 Sensitite						
		he revised cephalosporin and mo recommended by CLSI as of 20:		☐ Yes ☐ No		





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Facility Microbiology Laboratory Practices					
*6. Does the laboratory perform a sp	ecial test for ESBL pro	duction?	□ No		
If Yes, please indicate what is do	one if ESBL production	is detected: (check or	ne)		
\Box Change susceptible and intermediate interpretations for third generation cephalosporins and aztreonam to resistant					
\square Suppress the results for thi	rd generation cephalospo	rins and aztreonam for t	he report		
☐ No changes are made in the infection control purposes	ne interpretation of cepha	losporins and aztreonam	n, the test is used for epidemiological or		
*7. Has your laboratory implemented recommended by CLSI as of 201		em breakpoints for En	nterobacteriaceae \Box Yes \Box No		
*8. Does your laboratory perform a s	special test for carbape	nemase production?	☐ Yes ☐ No		
If Yes, please indicate what is do	one if carbapenemase	production is detected	l: (check one)		
\square Change susceptible carba	penem results to resistant	i .			
\Box Report carbapenem MIC re	esults without an interpret	ation			
☐ No changes are made in the purposes	ne interpretation of carbap	penems, the test is used	for epidemiological or infection control		
*9. Does your laboratory perform co gram negative bacilli?	listin or polymyxin B su	sceptibility testing for	drug-resistant \square Yes \square No		
If Yes, please indicate methods: (check all that apply)					
\square Kirby-Bauer disk diffusion	\square MicroScan walk	away rapid	☐ E test		
☐ Vitek (Legacy)	☐ MicroScan walk	away conventional	☐ Vancomycin agar screen (BHI + vancomycin)		
☐ Vitek 2	☐ MicroScan auto	can auto or touchscan			
☐ BD Phoenix	☐ Other micro-bro	Other micro-broth dilution method			
☐ Sensititre	\square Agar dilution me	\square Agar dilution method			
*10. Does your facility have its own large Yes No If No, where is your facility's anti Affiliated medical center		sting performed? (che			
11. If antifungal susceptibility testing (check all that apply)	is performed at your fa	acility or an outside lal	poratory, what methods are used?		
\square Broth macrodilution \square	Broth microdilution	\square YeastOne colorin	netric microdilution 🔲 E test		
☐ Vitek 2 card ☐	Disk diffusion	☐ Other:			





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Fac	Facility Microbiology Laboratory Practices							
*12.	2. Is antifungal susceptibility testing performed automatically/reflexively for <i>Candida</i> 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)							
	\square Fluconazole	☐ Itraconazole	\square Voriconazole	☐ Caspofungin				
	\square Micafungin	\square Anidulafungin	☐ Flucytosine	☐ Other				
*13.	*13. Which <i>C. difficile</i> 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)							
	\square EIA for toxin	\square Cytotoxin assay	\square Stool antigen	☐ Culture				
	\square Nucleic acid amplification (e.g., PCR)		\square Other (specify):					