



# Patient Safety Component—Annual Hospital Survey

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*required for saving	Tracking #:
Facility ID:	*Survey Year:
<b>Facility Characteristics</b>	
*Ownership (check one):	
<input type="checkbox"/> For profit <input type="checkbox"/> Not for profit, including church <input type="checkbox"/> Government <input type="checkbox"/> Military <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> Physician owned	
<b>If facility is a Hospital:</b>	
*Number of patient days: _____	
*Number of admissions: _____	
<u>For any Hospital:</u>	
*Is your hospital affiliated with a medical school:    Yes            No	
If Yes, what type of affiliation:    ___ Major    ___ Graduate    ___ Limited	
*Number of beds set up and staffed in the following location types (as defined by NHSN):	
a. ICU (including adult, pediatric, and neonatal levels II/III and III): _____	
b. All other inpatient locations: _____	
<b>If facility is an Ambulatory Surgery Center (ASC):</b> <input type="checkbox"/> No ASC or not operational in this survey year	
Setting:    ___ Within a hospital    ___ Free-standing	
Total number of procedures: _____      Percent of procedures that are surgical: _____%	
What percentage of your ambulatory surgery patients were discharged or transferred to the following places:	
Home/Customary residence: _____%	
Recovery care center (facility other than this one): _____%	
Acute care hospital (Emergency or inpatient): _____%	
<b>Infection Control Practices</b>	
*Number of infection preventionists (IPs) in facility: _____	
a. Total hours per week performing surveillance: _____	
b. Total hours per week for infection control activities other than surveillance: _____ <i>Continued &gt;&gt;</i>	
<p>Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).</p> <p>Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time 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).</p>	
CDC 57.103 (Front) Rev. 6 release 7.1	

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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)

Affiliated medical center       Commercial referral laboratory

\*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: M100- S \_\_\_\_\_

\*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	_____	_____	_____
<i>Staphylococcus aureus</i>	_____	_____	_____
<i>Enterococcus</i> spp.	_____	_____	_____
Enterobacteriaceae	_____	_____	_____
<i>Pseudomonas aeruginosa</i>	_____	_____	_____
<i>Acinetobacter</i> spp.	_____	_____	_____
<i>Stenotrophomonas maltophilia</i>	_____	_____	_____
1 = Kirby-Bauer disk diffusion 2 = Vitek (Legacy) 2.1 = Vitek 2 3.1 = BD Phoenix 4 = Sensititre	5.1 = MicroScan walkaway rapid 5.2 = MicroScan walkaway conventional 5.3 = MicroScan auto or touchscan 6 = Other micro-broth dilution method 7 = Agar dilution method	10 = E test 12 = Vancomycin agar screen (BHI + vancomycin) 13 = Other (describe in Comments section)	

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

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Kirby-Bauer disk diffusion | <input type="checkbox"/> MicroScan walkaway rapid          | <input type="checkbox"/> E test                                    |
| <input type="checkbox"/> Vitek (Legacy)             | <input type="checkbox"/> MicroScan walkaway conventional   | <input type="checkbox"/> Vancomycin agar screen (BHI + vancomycin) |
| <input type="checkbox"/> Vitek 2                    | <input type="checkbox"/> MicroScan auto or touchscan       | <input type="checkbox"/> Other (specify): _____                    |
| <input type="checkbox"/> BD Phoenix                 | <input type="checkbox"/> Other micro-broth dilution method |  |
| <input type="checkbox"/> Sensititre                 | <input type="checkbox"/> 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)
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Kirby-Bauer disk diffusion | <input type="checkbox"/> MicroScan walkaway rapid          | <input type="checkbox"/> E test                                    |
| <input type="checkbox"/> Vitek (Legacy)             | <input type="checkbox"/> MicroScan walkaway conventional   | <input type="checkbox"/> Vancomycin agar screen (BHI + vancomycin) |
| <input type="checkbox"/> Vitek 2                    | <input type="checkbox"/> MicroScan auto or touchscan       | <input type="checkbox"/> Other (specify): _____                    |
| <input type="checkbox"/> BD Phoenix                 | <input type="checkbox"/> Other micro-broth dilution method |  |
| <input type="checkbox"/> Sensititre                 | <input type="checkbox"/> Agar dilution method              |  |
- \*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. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)
- Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
- GDH plus NAAT (2-step algorithm)
- GDH plus EIA for toxin, followed by NAAT for discrepant results
- Toxigenic culture (*C. difficile* culture followed by detection of toxins)
- Other (specify): \_\_\_\_\_  
("Other" should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory, refer to the Tables of Instructions for this form, or conduct a search for further guidance on selecting the correct option to report.)