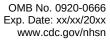




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*required for saving	Tracking #:				
*Facility ID:	*Survey Year:				
Facility Characteristics					
*Ownership (check one):					
☐ For profit ☐ Not for profit, including church	☐ Government ☐ Veterans Affairs				
*Affiliation (check one): ☐ Independent ☐ Hospital system	☐ Multi-facility organization (specialty network)				
*How would you describe your licensed inpatient rehabilita	ation facility? (check one)				
\Box Free-standing	☐ Healthcare facility based				
In the previous calendar year, indicate:					
*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 number of admissions listed below) 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:					
*Number of admissions on a ventilator:					
*Number of pediatric (≤ 18 years old) admissions:					
*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:					
	DROs)? (check all that apply)				
the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Serv Public reporting burden of this collection of information is estimated to average 25 minute					

Public reporting burden of this collection of information is estimated to average 25 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).

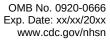
0666). CDC 57.151 (Front) Rev. 1, v7.1





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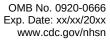
Facility Microbiology Laborat	ory Pra	ctices				
*1. Does your facility have its ov	vn labor	atory that performs a	antimicrobia	al susceptibility test	ing?	
☐ Yes ☐ No						
If No, where is your facility's	antimicr	obial susceptibility te	sting perfo	rmed? (check one)		
\square On-site, host hospit	al 🗆	Off-site, within sam	e hospital :	system Off-sit	e, contracted hospital	
☐ Commercial referra	laborat	ory 🗆 Other ((specify):			
*2. Does the laboratory use CLS	SI (form					
-	יווווטו) וכ	erry NCCLS) artiffici	Tobiai Susce	eptibility startuards	:	
☐ Yes ☐ No	tha 1/1/	00 doormant that the	loborotoni	.uoo: M100 C		
If Yes, specify the version of	ше мт	o document that the	laboratory	uses. M100- 5		
*3. For the following organisms	•		ods are use	d for:		
(1) primary susceptibility	_					
(2) secondary, supplem				•		
If your laboratory does i laboratory.	not perro	orm susceptibility tes	ting, piease	e indicate the meth	ods used at the referral	
Please use the testing co	odes list	ed 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				T		
1 = Kirby-Bauer disk diffusion		MicroScan walkaway ra	-	10 = E test	7 -1.11	
2 = Vitek (Legacy)		MicroScan walkaway co		-	igar screen (BHI + vancomycin)	
2.1 = Vitek 2	5.3 = MicroScan auto or touchscan 13 = Other (describe in Comments section)			be in Comments section)		
3.1 = BD Phoenix 4 = Sensititre	6 = Other micro-broth dilution method 7 = Agar dilution method					
4 – Serisiuue	I - Ay	jai ullullon metriou				
*4. Does the laboratory confirm vancomycin-resistant staphylococci using a second method? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$						
If Yes, please indicate methods: (check all that apply)						
\square Kirby-Bauer disk diffusion \square MicroScan walkaway rapid			☐ E test			
☐ Vitek (Legacy)	☐ MicroScan walkaway conventional		☐ Vancomycin a vancomycin)	gar screen (BHI +		
☐ 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? \Box Yes \Box No						





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Facility Microbiology Laboratory Pra	ctices				
*6. Does the laboratory perform a spec	ial test for ESBL produc	ction?	□ No		
If Yes, please indicate what is done	e if ESBL production is o	detected: (check on	e)		
\square Change susceptible and intern	nediate interpretations for	third generation ceph	alosporins and aztreonam to resistant		
\square Suppress the results for third $\mathfrak g$	generation cephalosporins	and aztreonam for th	e 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 recommended by CLSI as of 2010?	ne revised carbapenem	breakpoints for Ente	erobacteriaceae 🗌 Yes 🔲 No		
*8. Does your laboratory perform a spe If Yes, please indicate what is done	·	•	☐ Yes ☐ No		
	·	addion is actedica.	(check one)		
☐ Change susceptible carbapen		_			
☐ Report carbapenem MIC resu	•				
☐ 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?					
If Yes, please indicate methods: (cl	neck all that apply)				
\square Kirby-Bauer disk diffusion	☐ MicroScan walkawa	ay rapid	☐ E test		
☐ Vitek (Legacy)	☐ MicroScan walkawa	ay conventional	☐ Vancomycin agar screen (BHI + vancomycin)		
☐ Vitek 2	☐ MicroScan auto or	touchscan	Other (specify):		
☐ BD Phoenix	☐ Other micro-broth o	dilution method			
☐ Sensititre	\square Agar dilution metho	od			
*10. Does your facility have its own laboratory that performs antifungal susceptibility testing for <i>Candida</i> species? ☐ Yes ☐ No If No, where is your facility's antifungal susceptibility testing performed? (check one)					
\square Affiliated medical center \square	Commercial referral lal	boratory \Box No	ot 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)					
\square Broth macrodilution \square Br	oth microdilution \Box	YeastOne colorime	etric microdilution		
☐ Vitek 2 card ☐ Di	sk diffusion \Box	Other:			





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Facility Microbiology Laboratory Practices						
*12. 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	\square Itraconazole	\square Voriconazole	\square Caspofungin			
\square Micafungin	☐ Anidulafungin	☐ Flucytosine	☐ Other			
*13. What is the primary testing method for <i>C. difficile</i> used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)						
☐ Enzyme immune	passay (EIA) for toxin					
☐ Cell cytotoxicity	neutralization assay					
\square Nucleic acid am	plification test (NAAT) (e.g., PCR, LAMP)				
\Box Glutamate dehy	drogenase (GDH) antig	en plus EIA for toxin (2	-step algorithm)			
☐ GDH plus NAAT (2-step algorithm)						
☐ GDH plus EIA f	or toxin, followed by NA	AT for discrepant result	ts .			
☐ Toxigenic culture (<i>C. difficile</i> 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.)						
	Is antifungal susce sterile body sites (sclinician? Yes No If Yes, what antifur Fluconazole Micafungin What is the primary laboratory where y Enzyme immune Cell cytotoxicity Nucleic acid am Glutamate dehy GDH plus NAA GDH plus EIA fe Toxigenic cultur Other (specify): ("Other" should difficile tests; myour laboratory,	Is antifungal susceptibility testing performe sterile body sites (such as blood), without clinician? Yes No If Yes, what antifungal drugs are tested au Fluconazole Itraconazole Micafungin Anidulafungin What is the primary testing method for <i>C. a</i> laboratory where your facility's testing is possible. Enzyme immunoassay (EIA) for toxin Cell cytotoxicity neutralization assay Nucleic acid amplification test (NAAT) (Glutamate dehydrogenase (GDH) antige. GDH plus NAAT (2-step algorithm) GDH plus EIA for toxin, followed by NA. Toxigenic culture (<i>C. difficile</i> culture foll.) Other (specify): ("Other" should not be used to name specificile tests; most methods can be cateryour laboratory, refer to the Tables of Irr	Is antifungal susceptibility testing performed automatically/reflexiv sterile body sites (such as blood), without needing a specific order clinician? Yes No If Yes, what antifungal drugs are tested automatically/reflexively? Fluconazole Itraconazole Voriconazole Micafungin Anidulafungin Flucytosine What is the primary testing method for <i>C. difficile</i> used most often 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 GDH plus NAAT (2-step algorithm) GDH plus EIA for toxin, followed by NAAT for discrepant result Toxigenic culture (<i>C. difficile</i> culture followed by detection of to Other (specify): ("Other" should not be used to name specific laboratories, refer difficile tests; most methods can be categorized accurately by your laboratory, refer to the Tables of Instructions for this form			