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Patient Safety Component—Annual Facility Survey for LTAC

Instructions for this form are available at: http://www.cdc.gov/nhsn/forms/instr/TOI-57.150-LTAC.pdf

*required for saving | Tracking #:

*Facility ID: | *Survey Year:

Facility Characteristics (completed by Infection Preventionist)

*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

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

If classified as "Free-standing," does your 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 rehabilitation 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

Near (but not within) an acute care hospital? ☐ Yes ☐ No

In the previous calendar year, indicate:

*Number of patient days: _____

*Number of admissions: _____

*Average daily census: _____

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

a. Intensive care unit (ICU) or critical care beds: _____
b. High observation/special care/high acuity beds (not ICU): _____
c. General LTAC beds: _____

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

*Number of single occupancy rooms: _____

*Indicate the number of admissions with the primary diagnosis for each of the following categories:

a. Ventilator dependence: _____
b. Hemodialysis: _____
c. Chronic wound care: _____
d. Long term IV therapy: _____

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Facility Microbiology Laboratory Practices (completed with input from Microbiology Laboratory Lead)

*1. Does your facility have its own on-site 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 ☐ Other local/regional, non-affiliated reference 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 outside laboratory.

Please use the testing codes listed below the table.

Pathogen	(1) Primary	(2) Secondary	Comments
Staphylococcus aureus	_____	_____	_____
Enterococcus spp.	_____	_____	_____
Enterobacteriaceae	_____	_____	_____
Pseudomonas aeruginosa	_____	_____	_____
Acinetobacter spp.	_____	_____	_____

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

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

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Facility Microbiology Laboratory Practices (continued)

*6. Does the laboratory perform a special test for presence of carbapenemase? ☐ 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

If Yes, which test is routinely performed to detect carbapenemase: (check all that apply)

- ☐ PCR
- ☐ MBL screen
- ☐ Modified Hodge Test
- ☐ Carba NP
- ☐ E test
- ☐ Other (specify): _____

*7. Does the 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)

- ☐ 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
- ☐ Other (specify): _____

*8. 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
- ☐ Other local/regional, non-affiliated reference laboratory
- ☐ Commercial referral laboratory
- ☐ Not offered by my facility

9. 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 (specify): _____

*10. 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

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Facility Microbiology Laboratory Practices (continued)

*11. 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 or conduct a search for further guidance on selecting the correct option to report.)

*12. Does your facility produce an antibiogram (i.e., cumulative antimicrobial susceptibility report)?

☐ Yes ☐ No

If Yes, is the antibiogram produced at least annually?

☐ Yes ☐ No

If Yes, are data stratified by hospital location?

☐ Yes ☐ No

If No, please identify any obstacle(s) to producing an antibiogram. (Check all that apply)

☐ The laboratory data are difficult to access

☐ Limited or no information technology tool for data analysis

☐ Limited personnel time for data analysis

☐ Limited personnel skills for data analysis

☐ Limited interest in an antibiogram from staff who prescribe antibiotics

☐ Our institution does not have enough isolates of any or most species (i.e., < 30 isolates per species) to produce an antibiogram

☐ Other (please specify): _____

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Patient Safety Component—Annual Facility Survey for LTAC

Infection Control Practices
(completed with input from Hospital Epidemiologist and/or Quality Improvement Coordinator)

*13. 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: _____

*14. Does your 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

*15. Does the facility routinely place patients infected or colonized with MRSA in contact precautions? (check one)

- ☐ Yes, all infected or colonized patients
- ☐ Yes, only all infected patients
- ☐ Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)
- ☐ Yes, only those admitted to high-risk settings (e.g., ICU)
- ☐ No

*16. Does the facility routinely place patients infected or colonized with VRE in contact precautions? (check one)

- ☐ Yes, all infected or colonized patients
- ☐ Yes, only all infected patients
- ☐ Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)
- ☐ Yes, only those admitted to high-risk settings (e.g., ICU)
- ☐ No

*17. Does the facility routinely place patients infected or colonized with CRE in contact precautions? (check one)

- ☐ Yes, all infected or colonized patients
- ☐ Yes, only all infected patients
- ☐ Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)
- ☐ Yes, only those admitted to high-risk settings (e.g., ICU)
- ☐ No

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Patient Safety Component—Annual Facility Survey for LTAC

Infection Control Practices (continued)

*18. Does the facility routinely place patients infected or colonized with ESBL-producing or extended spectrum cephalosporin resistant Enterobacteriaceae in contact precautions? (check one)

- ☐ Yes, all infected or colonized patients
- ☐ Yes, only all infected patients
- ☐ Yes, only those with certain characteristics that make them high-risk for transmission (e.g., wounds, diarrhea, presence of an indwelling device)
- ☐ Yes, only those admitted to high-risk settings (e.g., ICU)
- ☐ No

*19. Does the facility routinely perform screening cultures for CRE?

☐ Yes ☐ No

If Yes, in which situations does the facility routinely perform screening cultures for CRE? (check all that apply)

- ☐ Surveillance cultures of epidemiologically-linked patients of newly identified CRE patients (e.g., roommates)
- ☐ Surveillance cultures at admission of all patients
- ☐ Surveillance cultures at admission of high-risk patients (e.g., admitted from LTAC or LTCF)
- ☐ Surveillance cultures at admission of patients admitted to high-risk settings (e.g. ICU)
- ☐ Other (please specify): _____

*20. Does the facility use chlorhexidine bathing on any patient to prevent transmission of MDROs in your hospital?

☐ Yes ☐ No

*21. Are results rapidly communicated (generally within 4 hours) to infection prevention staff and/or clinical staff when MDROs are identified from clinical or screening cultures in the laboratory?

☐ Yes ☐ No

If Yes, for which MDROs? (check all that apply)

- ☐ MRSA
- ☐ VRE
- ☐ CRE
- ☐ ESBL-producing Enterobacteriaceae
- ☐ Other (please specify): _____

*22. When a patient with an MDRO is transferred to another facility, does your facility communicate the patient's MDRO status to the receiving facility at the time of transfer?

☐ Yes ☐ No

*23. Among patients with an MDRO admitted to your facility from another healthcare facility, what percentage of the time does the facility receive information from the transferring facility about the patient's MDRO status?

_____%

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Antibiotic Stewardship Practices
(completed with input from Physician and Pharmacist Stewardship Champions)

*24. Does your facility have a written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?

☐ Yes ☐ No

*25. Is there a leader responsible for outcomes of stewardship activities at your facility?

☐ Yes ☐ No

If Yes, what is the position of this leader: (check one)

☐ Physician ☐ Pharmacist ☐ Other (please specify): _____

*26. Is there at least one pharmacist responsible for improving antibiotic use at your facility?

☐ Yes ☐ No

*27. Does your facility provide any salary support for dedicated time for antibiotic stewardship activities?

☐ Yes ☐ No

*28. Does your facility have a policy that requires prescribers to document in the medical record or during order entry, a dose, duration, and indication for all antibiotics?

☐ Yes ☐ No

If Yes, has adherence to a documentation policy (dose, duration, and indication) been monitored?

☐ Yes ☐ No

*29. Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions?

☐ Yes ☐ No

If Yes, has adherence to facility-specific treatment recommendations been monitored?

☐ Yes ☐ No

*30. Is there a formal procedure for all clinicians to review the appropriateness of all antibiotics at or after 48 hours from the initial orders (e.g. antibiotic time out)?

☐ Yes ☐ No

*31. Do any specified antibiotic agents need to be approved by a physician or pharmacist prior to dispensing (i.e., pre-authorization) at your facility?

☐ Yes ☐ No

*32. Does a physician or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers (i.e., audit with feedback) at your facility?

☐ Yes ☐ No

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Antibiotic Stewardship Practices (continued)

*33. Does your facility monitor antibiotic use (consumption) at the unit, service, and/or facility wide?

☐ Yes ☐ No

If Yes, by which metrics? (Check all that apply)

☐ Days of Therapy (DOT) ☐ Purchasing Data

☐ Defined Daily Dose (DDD) ☐ Other (please specify): _____

If Yes, are facility- and/or unit- or service-specific reports on antibiotic use shared with prescribers?

☐ Yes ☐ No

*34. Do prescribers ever receive feedback by the stewardship program about how they can improve their antibiotic prescribing?

☐ Yes ☐ No

*35. Has your stewardship program provided education to clinicians and other relevant staff on improving antibiotic use?

☐ Yes ☐ No