

Attachment J:

Healthcare Facility Assessment (HFA) Form Instructions

HFA Overview

- The hospital should designate one staff member (e.g., Infection Preventionist) to ensure completion of the HFA and to submit the completed form to the EIP Team Project Coordinator.
 - This staff member should consult as needed with other hospital departments or colleagues to answer the questions included in the HFA. The name(s) and department(s) of any individuals who provide information should be recorded under *Sources of information* on pg. 1 of the form.
- The HFA has four sections:
 - I. Information about person responsible for ensuring completion of assessment and submission to EIP Team (e.g., Infection Preventionist)
 - II. Hospital data (e.g., licensed beds, staffed beds, etc.)
 - III. Infection prevention and control (e.g., policies, procedures, infection control team/program, etc.)
 - IV. Antimicrobial stewardship (e.g., policies, procedures, stewardship team, etc.)
- The HFA should be completed using the most up-to-date information available. For example, if information on the *No. FTE Infection Preventionists* is available from the years 2018 and 2019, the 2019 information should be used.
- In addition, efforts should be made to answer *each* question completely. If after consulting with appropriate departments hospital staff are unable to obtain the required information for a question, they may select *Unknown* if the response option is available. For questions where *Unknown* is not an available response option, hospital staff may check *Other (specify)* and enter “Unknown.” Note: the EIP Team Project Coordinator will follow-up with hospital staff to confirm that question(s) with *Unknown* responses cannot be answered.
- The HFA should be completed and returned to the EIP Team Project Coordinator within 1-2 weeks. Hospital staff should contact the EIP Team Project Coordinator if they have any questions or need assistance in completing the form.
- Please refer to other sections of the Operational Manual for additional guidance.

HFA Questions

Data Fields or Questions	Instructions for Data Collection
Sources of information	Person(s) or department(s) to contact for information. This information is for hospital and EIP Team use only and will not be transmitted to CDC.
Section I: Info About Person Responsible for Ensuring Completion of Assessment and Submission to EIP Team	Required. Enter the name of the person and department responsible for ensuring completion and submission of this form.
Section II: Hospital Data	Required. Enter the name(s) of the person(s) and department(s) responsible for providing information on hospital data.
Section III: Infection Prevention and Control	Required. Enter the name(s) of the person(s) and department(s) responsible for providing information on infection prevention and control.
Section IV: Antimicrobial Stewardship	Required. Enter the name(s) of the person(s) and department(s) responsible for providing information on antimicrobial stewardship.
Section I.	Information about person responsible for ensuring completion of assessment and submission to EIP Team
Q1: Enter the date you <u>started to complete</u> the assessment:	Required. Record the date when you first start filling out the form using this format: MM/DD/YYYY Example: 06/08/2020
Q2: Which of the following best describes your role in the hospital?	Required. Check <u>one</u> role that best describes your role in the hospital <u>at the time you are completing this form</u> . If none of the options describe your current role in the hospital, check <i>Other (specify)</i> and describe your role.
Section II.	Hospital data
Q3: Complete the following table for your hospital <u>using the most up-to-date data available to you</u> .	Required. Answer <u>all</u> questions in the table using the most up-to-date data available to you at the time you are completing this form. For each question in the table, you will enter or check a numeric value <u>and</u> check the year from which the data was most recently available. If the most recent data are available from a year other than 2018 or 2019, check <i>Other</i> and enter the year.
No. of <u>acute care</u> licensed beds	Required. Enter the number of acute care licensed beds in your hospital (3-digit, e.g., 399). Do <u>not</u> include nursing home or skilled nursing facility beds in the count. If after consulting with appropriate departments you do not have access to this information, check <i>Unknown</i> .

<p>No. of <u>acute care</u> staffed beds</p>	<p>Required. Enter the number of acute care staffed beds in your hospital (3-digit, e.g., 389). Do <u>not</u> include nursing home or skilled nursing facility beds in the count.</p> <p>If after consulting with appropriate departments you do not have access to this information, check <i>Unknown</i>.</p>
<p>No. of full-time equivalent (FTE) infection preventionists</p>	<p>Required. Calculate the number of full-time equivalent (FTE) infection preventionists (IPs) in your hospital. Enter the number of FTEs to the nearest hundredth of an FTE (e.g., 2.253 FTEs would round to 2.25 FTEs).</p> <p>To calculate this value, you will need to know the percentage of the time each person works on infection control. (e.g., Full-time = 1 FTE; Half-time = 0.5 FTE; 30% of the time = 0.3 FTE)</p> <p>Example: There are three infection preventionists in your hospital. The first one is full time (1 FTE), the second is half-time (0.5 FTE), and the third spends 75% of his/her time on infection control (0.75 FTE). The total infection preventionists in your hospital is 2.25 (1 +0.5+0.75).</p> <p>If your hospital does not have any infection preventionists, check <i>None</i>.</p> <p>If after consulting with appropriate departments you do not know if your hospital has any infection preventionists or you do not know the number, check <i>Unknown</i>.</p>
<p>No. of FTE physician hospital epidemiologists</p>	<p>Required. Calculate the number of full-time equivalent (FTE) physician hospital epidemiologists in your hospital. Enter the number of FTEs to the nearest hundredth of an FTE (e.g., 2.252 FTEs would round to 2.25 FTEs).</p> <p>NOTE: Physician epidemiologist refers to a physician who officially functions as a hospital epidemiologist (e.g., investigating outbreaks, interpreting data, developing policies/procedures, etc.). Only include infectious diseases physicians if they function in the capacity noted above.</p> <p>Example: There are three physicians who work as hospital epidemiologists in your hospital. The first is full-time (1 FTE), the second is half-time (0.5 FTE), and the third spends 75% of his/her time as a hospital epidemiologist. The total FTE physician hospital epidemiologists in your hospital is 2.25 (1+0.5+.75).</p>

	<p>If your hospital does not have any physician hospital epidemiologists, check <i>None</i>.</p> <p>If after consulting with appropriate departments you do not know if your hospital has any physician hospital epidemiologists or you do not know the number, check <i>Unknown</i>.</p>
<p>No. of FTE interns/residents</p>	<p>Required. Calculate the number of full-time equivalent (FTE) interns/residents in your hospital. Enter the number of FTEs to the nearest hundredth of an FTE (e.g., 50.253 FTEs would round to 50.25 FTEs).</p> <p>This information may be available from one of your hospital’s administrative departments, such as the finance department or other department that is responsible for Medicare-related issues.</p> <p>Example: There are fifty interns/residents in your hospital. Twenty-five are full-time (1 FTE) and 25 are half-time (0.5 FTE). The total FTE interns/residents in your hospital is 37.50 [25(1.0)+25(0.5)].</p> <p>If your hospital does not have any interns or residents, check <i>None</i> and skip to Question #4.</p> <p>If after consulting with appropriate departments you do not know if your hospital has any interns or residents or you do not know the number, check <i>Unknown</i>.</p>
<p>If your hospital has interns or residents: Provide the official intern/resident to bed ratio (IRB)</p>	<p>Required. This information may be available from one of your hospital’s administrative departments, such as the finance department or other department that is responsible for Medicare-related issues. <u>You are not expected to calculate this ratio yourself.</u></p> <p>If after consulting with appropriate departments you do not know your hospital’s intern/resident bed ratio, check <i>Unknown</i>.</p> <p><i>Resident</i> is defined according to the Code of Federal Regulations (CFR) § 413.75(b): “<i>resident</i> means an intern, resident, or fellow who is formally accepted, enrolled, and participating in an approved medical residency program, including programs in osteopathy, dentistry, and podiatry, as required in order to become certified by the appropriate specialty board.”</p>
<p>Q4: For each type of the unit in your hospital, check the <u>one</u> ratio that most accurately reflects the average Registered</p>	<p>Required. Select the <u>one</u> ratio that best reflects the average RN to patient ratio during dayshift hours for each of the locations listed.</p>

<p>Nurse (RN) to patient ratio during dayshift hours:</p>	<p>NOTE: This should reflect the actual and most up-to-date, rather than ideal, ratio. Refer to Appendix 1 of the Operational Manual for assistance for more information on location mapping.</p> <p>Example: A ratio of 1:5 would mean <i>one</i> RN for every <i>five</i> patients.</p> <p>If you do know the ratio for a location, but it does not meet one of the options listed, check <i>Other (specify)</i> and enter the ratio in the same format as the options listed (e.g., 1:7).</p> <p>If your hospital does not have a particular location, check <i>NA</i>.</p> <p>If your hospital does have the location but you are unable to find out the RN to patient ratio after consulting with appropriate departments, check <i>Unknown</i>.</p>
<p>Section III.</p>	<p>Infection prevention and control</p>
<p>Q5: Does your facility have an infection control team or program with at least one staff member responsible for <u>developing and implementing</u> infection control policies and practices and related activities?</p>	<p>Required. Check <i>Yes</i> if your hospital has an infection control team or program with at least one staff member responsible for implementing infection control policies/practices and related activities. Otherwise, check <i>No</i> and skip to Question #9.</p>
<p>Note: Questions 6-8 are Required if you checked Yes to Question # 5. If you checked No to Question # 5, you can skip to Question # 9</p>	
<p>Q6: If your hospital has an infection control team/program, who participates in the infection control team/program (check all that apply)?</p>	<p>Check <u>all</u> job categories of individuals who participate in the infection control team/program.</p> <p>If none of the available options describe the member(s) of the team/program, check <i>Other (specify)</i> and provide the job category of the member(s).</p>
<p>Q7: If your hospital has an infection control team/program, how long has the infection control team/program been in place (check one)?</p>	<p>Check <u>one</u> answer that best reflects the number of years the infection control team/program has been in place in your hospital.</p>
<p>Q8: If your hospital has an infection control team/program, how often does the team/program meet (check one)?</p>	<p>Check <u>one</u> answer that best reflects the frequency of the infection control team/program's meetings in your hospital.</p>
<p>Q9: Is there a committee in your hospital that <u>reviews</u> infection control-related activities (such as reports, policies and procedures, etc.)?</p>	<p>Required. Check <i>Yes</i> if there is a committee (another group of hospital staff) that reviews infection control-related activities. Otherwise, check <i>No</i> and skip to Question #12.</p>

<p>Note: Questions 10-11 are <i>Required</i> if you checked <i>Yes</i> to Question # 9. If you checked <i>No</i> to Question # 9, you can skip to Question # 12</p>	
<p>Q10: If there is a committee in your hospital that reviews infection control-related activities, indicate the members represented on the committee (check all that apply):</p>	<p>Check <u>all</u> job categories represented on the infection control committee.</p> <p>If none of the available options describe the member(s) of the committee, check <i>Other (specify)</i> and provide the job category of the member(s).</p>
<p>Q11: If there is a committee in your hospital that reviews infection control-related activities, how frequently does this committee meet (check one)?</p>	<p>Check <u>one</u> answer that best reflects the frequency of the infection control committee's meetings in your hospital.</p>
<p>Q12: For each <u>HAI surveillance</u> statement below, check <i>Yes</i>, <i>No</i>, or <i>Unknown</i> to indicate what is currently being done in your hospital (at the time of this assessment, or during the 6 months prior to this assessment):</p>	<p>Required. Check <i>Yes</i>, <i>No</i>, or <i>Unknown</i> for <u>all</u> statements in the table to indicate what is currently being done in your hospital <u>at the time of this assessment, or during the 6 months prior to this assessment.</u></p>
<p>Q13: For each infection control policy statement below, check <i>Yes</i>, <i>No</i>, or <i>Unknown</i> to indicate whether a policy is in place in your hospital at the time of this assessment:</p>	<p>Required. Check <i>Yes</i>, <i>No</i>, or <i>Unknown</i> for <u>all</u> statements in the table to indicate whether the policies listed are in place in your hospital <u>at the time of this assessment.</u></p>
<p>Q14: For each statement about <u>monitoring adherence to infection control policy</u>, check <i>Yes</i>, <i>No</i>, or <i>Unknown</i> to indicate what is currently being done in your hospital (at the time of this assessment, or during the 6 months prior to this assessment):</p>	<p>Required. Check <i>Yes</i>, <i>No</i>, or <i>Unknown</i> for <u>all</u> statements in the table to indicate what is currently being done to measure adherence to infection control policies in your hospital <u>at the time of this assessment, or during the 6 months prior to this assessment.</u></p>
<p>Q15: When does your hospital require staff members to participate in training on infection control topics (check all that apply)?</p>	<p>Required. Check <u>all</u> statements that apply to policies for infection control training in your hospital.</p> <p>If staff members participate in required training on a <i>regular</i> basis, also check the <u>one</u> answer that best describes the frequency of regular training.</p> <p>If none of the statements reflect the requirement or the time when staff members are required to participate in infection control training, check <i>Other (specify)</i> and describe the infection control training requirement in your hospital.</p>
<p>Q16: For each <u>multidrug-resistant organism (MDRO) management</u> statement below, check <i>Yes</i>, <i>No</i>, or <i>Unknown</i> to indicate what is currently being done in</p>	<p>Required. Check <i>Yes</i>, <i>No</i>, or <i>Unknown</i> for <u>all</u> statements in the table(s) below to indicate what is being done to manage multidrug-resistant organisms in your hospital <u>at the time of this assessment.</u></p>

<p>your hospital at the time of this assessment.</p>	
<p>Q17: What is the primary testing method for <i>Clostridioides difficile</i> (<i>C.difficile</i>) used most often by your hospital's laboratory or the outside laboratory where your hospital's testing is performed (check one)?</p>	<p>Required. Check the <u>one</u> answer that describes the testing method most frequently used for <i>C. difficile</i> testing in your hospital's lab or in the outside lab (if your hospital performs <i>C. difficile</i> testing in an outside lab).</p> <p>If none of the testing methods listed describes the method most frequently used, check <i>Other (specify)</i> and describe the testing method used most frequently.</p>
<p>Q18: Which of the following <i>Clostridioides difficile</i> (<i>C.difficile</i>) infection control practices are performed in your hospital (check all that apply)?</p>	<p>Required. Check <u>all</u> statements that indicate the infection control practices performed in your hospital for <i>C. difficile</i>.</p> <p>If your hospital performs an infection control practice not listed in the options, check <i>Other (specify)</i> and describe the practice.</p> <p>If your hospital does not perform any of the infection control practices listed, check <i>None of the above</i>.</p>
<p>Q19: If your hospital does <u>not</u> have a sufficient number of private rooms available, what does your hospital do with patients who are identified with active <i>Clostridioides difficile</i> (<i>C.difficile</i>) infection (check all that apply)?</p>	<p>Required. Check <u>all</u> statements that indicate what your hospital does to address patients with active <i>C. difficile</i> infection if there are <u>not</u> enough private rooms available.</p> <p>If there are <u>enough</u> private rooms available or if all rooms in your hospital are private, check <i>Not Applicable</i>.</p> <p>If your hospital does not have enough private rooms, but your hospital addresses patients with active <i>C. difficile</i> infection in a different way than the options listed, check <i>Other (specify)</i> and describe how your hospital addresses these patients.</p>
<p>Q20: For patients with active <i>Clostridioides difficile</i> (<i>C.difficile</i>) infection, what is the preferred method of hand hygiene used in your hospital (check one)?</p>	<p>Required. Check <u>one</u> hand hygiene method that is preferred for patients with active <i>C. difficile</i> infections in your hospital.</p> <p>If both soap/water and alcohol hand gel are available for use in your hospital, but <u>neither</u> method is preferred, check <i>Not Specified</i>.</p> <p>If your hospital prefers a hand hygiene method other than soap/water or alcohol hand gel, check <i>Other (specify)</i> and describe the method your hospital prefers.</p>
<p>Q21: In what settings and/or patients does your hospital routinely perform Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) surveillance testing (culture or PCR) on admission for the</p>	<p>Required. Check <u>all</u> settings and/or patients where your hospital routinely (i.e., as part of standard processes) performs MRSA surveillance testing (culture or PCR) on admission to detect MRSA colonization (i.e., active surveillance).</p>

<p>purpose of detecting MRSA colonization (active surveillance)? (check all that apply)</p>	<p>If your hospital performs (active) MRSA surveillance testing on admission in settings and/or patients <u>not</u> listed in the options, check <i>Other (specify)</i> and describe the settings and/or patients where active surveillance for MRSA testing occurs on admission.</p> <p>If your hospital does <u>not routinely perform</u> (active) MRSA surveillance testing on admission in any settings and/or patients, check <i>None of the Above</i>.</p>
<p>Q22: In what settings and/or patients does your hospital routinely use chlorhexidine bathing (check all that apply)?</p>	<p>Required. Check <u>all</u> settings and/or patients where your hospital routinely (i.e., as part of standard processes) performs chlorhexidine bathing.</p> <p>If your hospital routinely performs chlorhexidine bathing in settings and/or patients <u>not</u> listed in the options, check <i>Other (specify)</i> and describe the settings and/or patients where routine chlorhexidine bathing occurs.</p> <p>If your hospital does <u>not routinely perform</u> chlorhexidine bathing in any settings and/or patients, check <i>None of the Above</i>.</p>
<p>Q23: In what settings and/or patients does your hospital routinely use mupirocin (check all that apply)?</p>	<p>Required. Check <u>all</u> settings and/or patients where mupirocin is routinely (i.e., as part of standard processes) used in your hospital.</p> <p>If your hospital routinely uses mupirocin in settings and/or patients <u>not</u> listed in the options, check <i>Other (specify)</i> and describe the settings and/or patients where routine mupirocin use occurs.</p> <p>If your hospital does <u>not routinely use</u> mupirocin in any settings and/or patients, check <i>None of the Above</i>.</p>
<p>Section IV.</p>	<p>Antimicrobial stewardship</p>
<p>Q24: Does your hospital have a multidisciplinary team focused on promoting appropriate antimicrobial use (antimicrobial stewardship)?</p>	<p>Required. Check <i>Yes</i> if your hospital has a multidisciplinary team that focuses on promoting appropriate antimicrobial use (i.e., antimicrobial stewardship team). Otherwise, check <i>No</i> and skip to Question #29.</p>
<p>Note: Questions 25-28 are <i>Required</i> if you checked <i>Yes</i> to Question # 24. If you checked <i>No</i> to Question # 24, you can skip to Question # 29</p>	
<p>Q25: If your hospital has an antimicrobial stewardship team, who participates in the stewardship team (check all that apply)?</p>	<p>Check <u>all</u> job categories describing members of the antimicrobial stewardship team in your hospital.</p>

	If none of the available options describes the member(s) of the stewardship team, check <i>Other (specify)</i> and provide the job category that describe the member(s).
Q26: If your hospital has an antimicrobial stewardship team, how long has the team has been in place (check one)?	Check <u>one</u> answer that best reflects the number of years the antimicrobial stewardship team has been in place in your hospital.
Q27: If your hospital has an antimicrobial stewardship team, how often does the team meet (check one)?	Check <u>one</u> answer that best reflects the frequency of the antimicrobial stewardship team’s meetings in your hospital.
Q28: If your hospital has an antimicrobial stewardship team, what type of support does the team receive from hospital administration (check all that apply)?	<p>Check <u>all</u> types of <u>formal</u> (i.e., salary, recognition as committee, etc.) support that hospital administration provides to the antimicrobial stewardship team.</p> <p>If your hospital’s stewardship team receives a type of formal support <u>not</u> listed in the options, check <i>Other (specify)</i> and describe the type of formal support.</p> <p>If your hospital’s stewardship team does not receive <u>formal</u> support from administration, check <i>No formal support from administration</i>.</p>
Q29: For each statement listed below, regardless of whether your hospital has an antimicrobial stewardship team, check <i>Yes, No, or Unknown</i> to indicate policies or practices in place in your hospital at the time of this assessment.	Required. Check <i>Yes, No, or Unknown</i> for <u>all</u> statements reflecting antimicrobial use policies and practices in place in your hospital <u>at the time of this assessment</u> .
Q30: Is antimicrobial consumption monitored in your hospital?	Required. Check <i>Yes</i> if antimicrobial consumption (i.e., use of antimicrobials, such as antibiotics) is monitored in your hospital. Otherwise, check <i>No</i> and STOP as the Healthcare Facility Assessment is complete.
Note: Questions 31-34 are <i>Required</i> if you checked <i>Yes</i> to Question # 30. If you checked <i>No</i> to Question # 30, you are finished with this assessment.	
Q31: If antimicrobial consumption is monitored in your hospital, in what settings are antimicrobial consumption patterns monitored (check all that apply)?	<p>Check <u>all</u> settings where antimicrobial consumption patterns (e.g., use by type of antimicrobial, such as class or drug name) are monitored in your hospital.</p> <p>If antimicrobial consumption patterns are monitored but <u>not</u> in settings listed in the options, check <i>Other (specify)</i> and describe the setting(s) where they are monitored in your hospital.</p>
Q32: If antimicrobial consumption is monitored in your hospital, what are the data sources for monitoring	Check <u>all</u> sources of data used for monitoring antimicrobial consumption (i.e., use) in your hospital.

antimicrobial consumption (check all that apply)?	If your hospital uses a data source <u>not</u> listed in the options, check <i>Other (specify)</i> and describe the data source.
Q33: If antimicrobial consumption is monitored in your hospital, what are the measures used to monitor antimicrobial consumption (check all that apply)?	Check <u>all</u> measures used for monitoring antimicrobial consumption (i.e., use) in your hospital. If your hospital uses measures <u>not</u> listed in the options, check <i>Other (specify)</i> and describe the measures used.
Q34: If antimicrobial consumption is monitored in your hospital, to who in the hospital are antimicrobial consumption data reported (check all that apply)?	Check <u>all</u> individuals or teams to whom antimicrobial consumption data (i.e., use) are reported in your hospital. If antimicrobial consumption data are reported to individuals or teams <u>not</u> listed in the options, check <i>Other (specify)</i> and describe to whom these data are reported.
The Healthcare Facility Assessment is complete.	

Attachment J:

Patient Information Form (PIF) Instructions

PIF Overview

- The PIF will be completed for eligible patients identified using a random sample of inpatients present in the facility on the day of the survey. These forms may be completed by hospital staff and/or the EIP Team, depending on the hospital's resources.
- The PIF has six sections:
 - I. Identifiers [Not transmitted to CDC] (e.g., Patient name, hospital name, etc.)
 - II. Demographic information (e.g., Age, admission date, race, etc.)
 - III. Weight and height (i.e., Weight, height, or BMI)
 - IV. Devices and pressure injuries/ulcers present on the survey date (i.e., Urinary catheter, ventilator, central lines, pressure injuries/ulcers)
 - V. Antimicrobials (i.e., if administered on survey date or day before)
 - VI. Follow-up information (i.e., Discharge date and outcome)
- It is highly recommended that Sections I – V be completed on the survey date. Section VI must be completed retrospectively because it contains discharge and outcome information.
- All PIFs must be completed and returned to the EIP Team Project Coordinator within 30 days of the survey date. Hospital staff should contact the EIP Team Project Coordinator if they have any questions regarding the PIF.
- Please refer to other sections of the *Operational Manual* for additional guidance.

PIF Fields/Questions

Data Fields or Questions	Instructions for Data Collection
CDC ID	<p>Required. Enter the unique, 7-digit, alphanumeric CDC ID for the patient being reviewed.</p> <p>2-digit (character) state abbreviation (e.g., TX)</p> <p>2-digit (character) hospital code (e.g., AA)</p> <p>3-digit (numeric) patient code (e.g., 010)</p> <p>Example: TX-AA010</p>
Survey Date	<p>Required. Enter the numeric survey date for your hospital in the format MM/DD/YYYY.</p> <p>Example: 05/01/2020</p>
Data collector initials	<p>Required. Enter data collector's (i.e., your) initials.</p> <p>Example: MJ</p>
If data collected on survey date, enter data collection time	<p>Required. If data was collected on the survey date, enter the time of data collection and check <i>AM</i> or <i>PM</i>.</p> <p>Example: 08:10 <input checked="" type="checkbox"/> am</p> <p>Example: 02:30 <input checked="" type="checkbox"/> pm</p>
Data collection done retrospectively	<p>Required. If data was collected <u>after</u> the survey date, check this box.</p> <p>Note: If data are collected retrospectively, only collect information present, specimens collected, and tests performed up until 1700 hours (5:00 pm) <u>on the survey date</u>.</p>
Section I.	Identifiers (This information is <u>not</u> transmitted to CDC)
Patient name	<p>Required. Enter the patient's name in the following format: Last Name, First Name, Middle Initial</p> <p>Example: Doe, Jane R.</p>
Date of birth (mm/dd/yyyy)	<p>Required. Enter the patient's date of birth in the following format: MM/DD/YYYY</p> <p>Example: 06/08/1970</p>
Hospital name	<p>Required. Enter the name of the hospital.</p> <p>Example: Central Park Hospital</p>
Hospital unit name	<p>Required. Enter the name of the hospital unit in which the patient is location <u>at the time of the survey</u>.</p> <p>Example: Surgery</p>
Room no.	<p>Required. Enter the number of the room occupied by the patient <u>at the time of the survey</u>.</p> <p>Example: 410</p>
Medical record no	<p>Required. Enter the patient's medical record number.</p> <p>Example: 6645312</p>
Section II.	Demographic information
Age	<p>Required. Enter the patient's age <u>on the day of the survey</u>. Age may be noted on the medical record "face sheet."</p> <p>If patient's age is less than 30 days, indicate age in days and check the <i>dys</i> box. If patient's age is 30 days to 11 months, indicate age in months and check the <i>mos</i> box. If patient's age is equal to or greater than 12</p>

	<p>months, indicate age in years and check the <i>yrs</i> box.</p> <p>If after review of the patient’s medical record, you are unable to find the patient’s age, check <i>Unknown</i>.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Patient is 29 days old, enter <i>29</i> and check the <i>dys</i> box. • Patient is 31 days old, enter <i>1</i> and check the <i>mos</i> box. • Patient is 11 months old, enter <i>11</i> and check the <i>mos</i> box. • Patient is 13 months old, enter <i>1</i> and check the <i>yrs</i> box.
<p>Admission date (mm/dd/yyyy)</p>	<p>Required. Enter the patient’s admission date as recorded in the medical record using the following format: MM/DD/YYYY Example: 04/28/2020</p> <p>Admission date may be noted on the medical record “face sheet.” You should enter the actual hospital admission date, even in circumstances where the patient has stayed overnight in the Emergency Department waiting for admission. Note that in other data fields on the survey forms, special instructions are provided for how to handle data collected in the Emergency Department on the day prior to inpatient admission.</p> <p>On occasion, you may encounter a patient who is on “observation” status and not officially a hospital inpatient. These patients qualify for inclusion in the survey if they are in an acute care unit inpatient bed and they have been in the hospital for ≥ 24 hours <u>at the time of the survey</u>. Because they are not considered hospital inpatients, there may not be a hospital admission date. In these cases, enter the date that the patient was brought to the acute care inpatient bed as the admission date for the purposes of the prevalence survey.</p>
<p>Sex at birth</p>	<p>Required. Enter the <u>biological sex</u> of the patient at birth. This information may be found on the medical record “face sheet.”</p> <p>If this information is not available in the medical record, check <i>Unknown</i>.</p>
<p>CDC location code</p>	<p>Required. Enter the CDC location code for the patient. Example: <i>W-S</i> (i.e., “Inpatient Surgical Ward”)</p> <p>The CDC location code identifies the type of inpatient unit in which the patient is located <u>on the day of the survey</u>. CDC location codes appear in Appendix 1 of the Operations Manual. Hospital units should be mapped to the appropriate CDC location codes in advance of the survey date. The CDC location code for the unit of each bed number selected for inclusion in the survey should appear on the randomly-sorted bed number list that the EIP Team provides to Hospital Staff Primary Team to use on the survey date. <u>Record this code on the PIF.</u></p>

	<p>Only one CDC location should be recorded on the PIF. If bed numbers from heterogeneous units (those units with multiple patient types, and with no single patient type comprising 80% or more of the unit's population) are included on the randomly sorted bed number list, and there are multiple possible CDC location codes that could potentially be assigned, depending upon the type of patient occupying the bed on the day of the survey, you should select the single most appropriate code based on the type of patient or the clinical service to which the patient was admitted.</p> <p>Example: Bed 100 on Unit 6 East is included in the survey. 6 East is a unit with the following patient types: 30% general medicine, 40% orthopedic surgery, 30% hematology/oncology. On the randomly-sorted bed number list, the CDC location column has the following entry: <i>W-M</i> or <i>W-ORT</i> or <i>W-ONCHONC</i>. You should evaluate the medical record for the patient in Bed 100 on the day of the survey and record <u>one</u> CDC location code based on the patient type or clinical service. If the patient is admitted to the medical service for treatment of pneumonia, for example, you would record only <i>W-M</i> on the PIF.</p>
Race	<p>Required. Check <u>all</u> race selections that apply to the patient as noted in the medical record. Race may be found on the medical record "face sheet." Do not make assumptions based on name or native language.</p> <p>If race is not specified in the medical record and/or if you are unsure of the patient's race, check <i>Unknown</i>.</p> <p><u>The minimum categories for the Federal statistics of race data are defined as follows:</u></p> <p><i>American Indian or Alaskan Native:</i> A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.</p> <p><i>Asian:</i> A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including the following: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p><i>Black or African American:</i> A person having origins in any of the black racial groups of Africa.</p> <p><i>Native Hawaiian or other Pacific Islander:</i> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p>

	<p><i>White</i>: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p><u>Additional category specified in the Health Cost and Utilization Project (HCUP) and National Inpatient Sample (NIS):</u></p> <p><i>Other Race</i>: Some hospitals may specify <i>Other Race</i> in the medical record. Check this category if specified in the medical record.</p> <p>NOTE: Some hospitals may combine race/ethnicity coding. For example, they might define a person’s race as <i>Hispanic or Latino</i>. In this case, race should be reported as <i>Unknown</i>, and ethnicity should be <i>Hispanic or Latino</i>.</p> <p>If a patient’s race as noted in the medical record is not listed as an option on the PIF, reference the U.S. Census Bureau standards on race and ethnicity to determine how to classify it as one of the races listed on the PIF: https://www.census.gov/topics/population/race/about.html</p>
Ethnicity:	<p>Required. Check <u>one</u> ethnicity for the patient as noted in the medical record. Ethnicity may be found on the medical record “face sheet.” Complete ethnicity <u>even if</u> race is already indicated. Do not make assumptions based on name or native language.</p> <p>If ethnicity is not specified in the medical record and/or if you are unsure of the patient’s ethnicity, check <i>Unknown</i>.</p> <p>NOTE: <i>Hispanic or Latino</i> ethnicity indicates a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. For example, many <i>Whites</i> are also <i>Hispanic or Latino</i>.</p> <p>Some hospitals may combine race/ethnicity coding. For example, they might define a person’s race as <i>Hispanic or Latino</i> without any additional information. In this case, race should be reported as <i>Unknown</i>, and ethnicity should be <i>Hispanic or Latino</i>. If <i>White</i> is indicated in the medical record without any additional information, race should be reported as <i>White</i> and ethnicity should be reported as <i>Unknown</i>. If <i>Mixed Race</i> is indicated in the medical record without any additional information on categories of race and/or ethnicity, race should be reported as <i>Other</i>, and ethnicity should be reported as <i>Unknown</i>.</p> <p>If a patient’s ethnicity as noted in the medical record is not listed as an option on the PIF, reference the U.S. Census Bureau standards on race and ethnicity to determine how to classify it as one of the ethnicities listed on the PIF: https://www.census.gov/topics/population/race/about.html</p>

Primary Payer

Required. Check one primary type of health insurance as noted in patient’s medical record. If a patient’s insurance status changes during hospitalization, indicate insurance status at time of admission. Do not report secondary insurance.

If the primary health insurance type is not noted in the patient’s medical record, check *Unknown*.

Descriptions of Primary Payer Types:

Medicare: the national health insurance program for people 65 years and older (also covers some people under the age of 65 with disabilities and people with end-stage renal disease).

Medicaid: the program that pays for medical assistance for certain people with low incomes and resources. State assistance programs are those state programs that provide medical coverage to individuals who are otherwise uninsured, uninsurable, or those with special health care needs.

Some Medicaid programs are called “Medical Assistance Program”, “Title 19”, or “{State} Medicaid, such as “California Medicaid”. CHIP or S-CHIP programs can also be under “Title XXI Program” or “{State} Chip, such Maryland Children’s Health Program. Medicaid and public assistance programs are listed below by state (this is from the 2019 ABCs CRF Instructions):

State	Medicaid	CHIP	State/Other program
CA	Medi-Cal; Health Insurance Premium Payment Program (HIPP)	Healthy Families Program (HFP)	Access for Infants & Mothers (AIM); County Medical Services Program (CMSP); California Children’s Services (CCS); Major Risk Medical Insurance Program (MRMIP); CARE Health Insurance Premium Payment Program; California Major Risk Medical Insurance Program; Healthy Kids Program
CO	Primary Care	Child Health	Health Care Program for

		Physician Program (PCPP); Baby Care/Kids Care; Health Colorado	Plan Plus (CHP +); Children's Basic Health Plan	Children with Special Needs (HCP); CUHIP – Colorado Uninsurable Health Insurance Plan; CoverColorado; Colorado Indigent Care Program (CICP)
	CT	Medical Assistance Program; Husky Part A	The HUSKY Plan; HUKSY Plus; HUSKY Part B	Refugee Medical Assistance; Children with Special Health Care Needs; Connecticut Health Reinsurance Association (HRA); Connecticut Insurance Assistance Program for AIDS Patients (CIAPAP); State-Administered General Assistance Medical Aid (SAGA); Family Health Services Division (BCH)
	GA	Right from the Start (RSM); Health Insurance Premium Payment Program (HIPP); Katie Beckett/TEFRE; Georgia Healthy Families	Peach Care for Kids; Georgia Healthy Families	Children's Medical Services (CMS); Indigent Care Trust Fund (ICTF)
	MD	Medical Assistance Program; HealthChoice; REM Program	Maryland Children's Health Program (MCHP); HealthChoice	AIDS Insurance Assistance Program (MAIAP); Children's Medical Services (CMS); Primary Adult Care (PAC)
	MN	Medical Assistance (MA)	Children's Health Insurance Program	Minnesota Care; Minnesota General Assistance Medical Care Program (GAMC); HIV/AIDS Insurance Continuation Program; Minnesota Children with Special Health Care Needs (MCSHN); Minnesota

				Comprehensive Health Association (MCHA)
	NM	SALUD!	New MexiKids; New MexiTeens	Insurance Assistance Program; Children's Medical Services (CMS); New Mexico Medical Insurance Pool (NMMIP); New Mexico Health Insurance Alliance (NMHIA); New Mexico State Coverage Insurance (NMSCI); State Coverage Insurance (SCI); Premium Assistance for Kids (PAK); UNM Care Program
	NY	The Partnership Plan; Medicaid	Child Health Plus	Family Health Plus; FHPlus; Health New York; Physically Handicapped Children's Program; Children with Special Health Care Needs Program (CSHCN); ADAP Plus Insurance Continuation Program (APIC); CDPHP (a combination commercial and state-based program); Fidelis Care
	OR	Oregon Health Plan (OHP)	Oregon SCHIP	CareAssist; Oregon Services for Children with Special Health Needs; Oregon Medical Insurance Pool (OMIP); Family Health Insurance Assistance Program (FHIAP); Insurance Purchasing Cooperative; Children Development and Rehabilitation Center
	TN	TennCare	Cover Kids	Children's Special Services (CSS); CoverTN; Access TN
<i>Private insurance:</i> patient receives and pays for medical care as part of				

a private or managed care system.

Includes commercial carriers (e.g., Blue Cross), fee-for-service and managed care (HMOs, PPOs,) flexible spending accounts (FSAs), Health/Medical Savings Accounts (HSAs), and Health Reimbursement Accounts (HRAs). Excludes plans that pay for only one type of service; for example, auto insurance policy medical coverage that pays medical expenses incurred as a result of an auto accident; such plans should be classified as *Other*.

The following are a list of private commercial carriers: (NOTE: list is from the 2019 ABCs CRF Instructions and is not exhaustive of all carriers).

AARP, Aetna, Aflac, American Postal Workers Union (APWU) Health Plan, AmeriChoice (subsidiary of UnitedHealth Group), Anthem, Blue Cross Blue Shield, CDPHP (also counts as state program in NY state), Cariten Senior Healthcare, Cigna, Federal Employees Health Benefits (FEHB), First Choice Health, Government Employees Hospital Association (GEHA), Health Partners, HealthSprings, HighMark, Humana & Humana Gold, John Deere Health Care (subsidiary of UnitedHealth Group), LaborCare (PPO option of Medica), MMSI, MP Health Plans, Medica (subsidiary of Aetna and UnitedHealth Group), Mega Life and Health Insurance Company, National Association of Letter Carriers (NALC) Health Benefit Plan, Patient Choice Healthcare Inc., Physicians Mutual, PreferredOne, Reliant Standard Life, BasicMed Plan, SelectCare (PPO option of Medica), Total Longterm Care for Seniors (Supplemental Healthcare for Seniors), Tower Life, UMR (subsidiary of UnitedHealth Care), UniCare, United American Insurance Company, UnitedHealth Group, United American Healthcare Corporation (UAHC), VHP Community Care

Self-pay: patient pays out of pocket at the time of service. Also, include patients without insurance coverage in this category. Persons are considered uninsured if they do not have private health insurance, Medicare, Medicaid, State Children's Health Insurance Program coverage, state-sponsored or other government-sponsored health plan, or military health-care plan. Social services assessments in the medical record may have information pertaining to uninsured status.

No charge: patient (and/or insurance company) was not billed for medical services. This is uncommon.

Other: health insurance or health care coverage that does not meet one of the above categories (e.g., Tricare for active duty military, other military/retired military healthcare, Indian Health Service, Prisoner Healthcare Services Correctional Healthcare or other prisoner healthcare coverage, Ryan White, plans paying specifically for one type of service).

	<i>Unknown</i> : patient's health insurance is unable to be determined from information present in the medical record.
Section III.	Weight and height
Sources of weight and height documentation include medication administration or other pharmacy records, vital signs flow sheets, and admission and progress notes	
Weight	<p>Required. Enter the weight of the patient as noted in the medical record in pounds and ounces or in kilograms. Example: 158 lbs 0 oz. or 71.6 kilograms</p> <p><u>Infants in neonatal locations:</u> For infants (less than 12 months of age) in neonatal locations <u>only</u> (defined as locations coded as CC-NURS, CCS-NURS, S-NURS, W-NURS, W-LDRP), record the <u>birthweight</u> in pounds and ounces or in kilograms. Example: 10 lbs 3 oz</p> <p>If the birthweight cannot be located in the medical record, check <i>Unknown</i>.</p> <p><u>All other patients:</u> Use weight data recorded on the survey date whenever possible. If no weight information is available on the survey date, use weight recorded closest in time in the days <u>before</u> the survey date (going as far back as the admission date if necessary). For example, if the patient is surveyed on August 10, and the patient's weight was 160 lbs on August 1, 158 lbs on August 7, and 155 lbs on August 11, you will report 158 lbs as the patient's weight since August 7 is the closest date to the survey date that is before the survey date.</p> <p>If there is no weight information available on the survey date or on days prior to the survey date, check <i>Unknown</i>.</p>
Height	<p>Required. Enter the height of the patient as noted in the medical record in feet and inches or in centimeters. Example: 5 ft 2 in or 157 cm</p> <p>Use height data recorded on the survey date whenever possible. If no height information is available on the survey date, use height recorded closest in time in the days <u>before</u> the survey date (going as far back as the admission date if necessary). Follow the same rule as for weight.</p> <p>If there is no height information available on the survey date or on days prior to the survey date, check <i>Unknown</i>.</p>
BMI (record only if height or weight unavailable)	<p>Required. For patients who are 12 months of age and older, regardless of hospital location, enter the Body Mass Index (BMI) recorded on the day of the survey <u>if Weight or Height are Unknown</u>.</p> <p>If both <u>Weight and Height</u> are available, check <i>NA</i>. For patients who are less than 12 months of age, also check <i>NA</i>.</p>

	<p>If there was no BMI recorded on the survey date, enter the BMI recorded closest in time in the days <u>before</u> the survey date (going as far back as the admission date if necessary). Follow the same rule as for weight and height.</p> <p>If there is no BMI recorded on the survey date or on days prior to the survey date, check <i>Unknown</i>.</p>
Section IV.	Devices and pressure injuries/ulcers present on the survey date
<p>Information on devices (urinary catheters, ventilators and central lines) and pressure injuries/ulcers may be found in nursing notes and patients’ daily flow sheets (e.g., sheets that include information on vital signs, fluid balance, nursing assessments, operating room flow sheets, etc.). Progress notes and procedure notes may also contain the information. Ventilator information may be found in respiratory therapy notes and in intensive care unit flow sheets in sections documenting the patient’s respiratory status. Some record systems (particularly electronic record systems) may have a specific location where information on the presence and status of medical devices is recorded. There is no minimum duration the device must have been in place; however, it must be in place on the survey date.</p>	
Urinary catheter	<p>Required. Check <i>Yes</i> if the patient has an indwelling urinary catheter (also called a Foley catheter) in place <u>on the survey date</u>. If a urinary catheter is not in place on the survey date, check <i>No</i>. Also, check <i>No</i> for patients who receive intermittent catheterization or “straight” catheterization and <i>No</i> for patients with nephrostomy tubes or suprapubic catheters.</p> <p>Check <i>Unknown</i> <u>only</u> if portions of the medical record are missing and this information cannot be ascertained (this should be uncommon).</p> <p>A urinary catheter is defined as: “A drainage tube that is inserted into the urinary bladder through the urethra, is left in place, and is connected to a closed collection system; also called a Foley catheter.”</p> <p>NOTE: This does <u>not</u> include straight in-and-out catheters, suprapubic catheters, or nephrostomy tubes.</p>
Ventilator	<p>Required. Check <i>Yes</i> if the patient has a device to assist or control respiration through a tracheostomy or by endotracheal intubation that is in place <u>on the survey date</u>. If a ventilator is not in place on the survey date, check <i>No</i>.</p> <p>Check <i>Unknown</i> <u>only</u> if portions of the medical record are missing and this information cannot be ascertained (this should be uncommon).</p> <p>A ventilator is defined as “A device to assist or control respiration, inclusive of the weaning period, through a tracheostomy or by endotracheal intubation.”</p> <p>NOTE: Lung expansion devices such as intermittent positive pressure</p>

	<p>breathing (IPPB); nasal positive end- expiratory pressure (PEEP); continuous nasal positive airway pressure (CPAP, hypoCPAP) are <u>not</u> considered ventilators <u>unless</u> delivered via tracheostomy or endotracheal intubation (e.g., ET-CPAP).</p>
<p>Central line</p>	<p>Required. Check <i>Yes</i> if the patient has a central line in place <u>on the survey date</u> and answer the sub-question.</p> <p>If a central line is not in place on the survey date, check <i>No</i> and proceed to pressure injuries/ulcers.</p> <p>Check <i>Unknown</i> <u>only</u> if portions of the medical record are missing and this information cannot be ascertained (this should be uncommon).</p> <p>A central line is defined as: “An intravascular catheter that terminates at or close to the heart or in one of the great vessels which is used for infusion, withdrawal of blood, or hemodynamic monitoring. The following are considered great vessels for the purpose of reporting central-line infections: aorta, pulmonary artery, superior vena cava, inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins, common iliac veins, and femoral veins.”</p> <p>NOTE:</p> <ul style="list-style-type: none"> • Neither the insertion site nor the type of device may be used to determine if a line qualifies as a central line. The device must terminate in one of these vessels or in or near the heart, and be used for one of the purposes outlined above, to qualify as a central line. • At times, an intravascular line may migrate from its original great vessel location. Subsequent to the original confirmation, ongoing confirmation that a line resides in a great vessel is <u>not</u> required. Therefore, once a line is identified to be a central line, it is considered a central line <u>until discontinuation</u>, regardless of migration. • An introducer is considered an intravascular catheter, and depending on the location of its tip and use, may be a central line. • Pacemaker wires and other nonlumened devices inserted into central blood vessels or the heart are <u>not</u> considered central lines, because fluids are not infused, pushed, nor withdrawn through such devices. • In neonates, the umbilical artery/vein is considered a great vessel. • The following devices are <u>not</u> considered central lines: extracorporeal membrane oxygenation (ECMO), femoral arterial catheters, intraaortic balloon pump (IABP) devices, and hemodialysis reliable outflow (HeRO) dialysis catheters.

<p>If “Yes,” (i.e., central line in place on survey date) indicate how many lines</p>	<p>If you checked <i>Yes</i> to the previous question (i.e., central line in place on the survey date), you are Required to check the number of lines in place.</p> <p>If you are unable to determine the number of lines in place, check <i>Unknown</i>.</p> <p>NOTE: Indicate the number of <u>individual</u> central lines, NOT the number of lumens. For example, if the patient has one double-lumen central line in place, you should check the box to indicate that the patient has 1 central line.</p>
<p>Pressure injuries or ulcers</p>	<p>Required. Check <i>Yes</i> if the patient has documentation of pressure injuries or ulcers present <u>on the survey date</u> and answer the sub-questions. If a pressure injury or ulcer is not present on the survey date, check <i>No</i> and proceed to Section V.</p> <p>Check <i>Unknown</i> <u>only</u> if portions of the medical record are missing and this information cannot be ascertained (this should be uncommon).</p>
<p>If “Yes,” (i.e., pressure injuries or ulcers present on survey date), were all pressure injuries or ulcers that were present on the survey date present on admission?</p>	<p>If you checked <i>Yes</i> to the previous question (i.e., pressure injuries or ulcers present on the survey date), you are Required to check if all pressure injuries or ulcers were present on admission.</p> <p>This information may be found in the admission notes for the patient. Check <i>Yes</i> if there is documentation of any of the pressure injuries or ulcers being present on admission. If all injuries or ulcers developed in the hospital, check <i>No</i> and proceed to the next sub-question.</p> <p>Check <i>Unknown</i> <u>only</u> if portions of the medical record (such as the admission notes) are missing and this information cannot be ascertained (this should be uncommon).</p>
<p>Indicate the highest stage of the pressure injuries or ulcers on the survey date</p>	<p>If pressure injuries or ulcers are present on the survey date, you are Required to check the highest stage of the injuries or ulcers <u>according to documentation available in the medical record only</u>.</p> <p>NOTE: Pressure injury or ulcer definitions are available at: http://www.npuap.org/resources/educational-and-clinical-resources/npuap-pressure-injury-stages/</p> <p>However, you are <u>only</u> required to use information available in the patient’s medical record to answer this question. <u>Do not apply</u> standard definitions such as those of the National Ulcer Pressure Advisory Panel or the Center for Medicare and Medicaid Services.</p> <p>If the patient has more than one pressure ulcer or injury present on the survey date, report the highest stage. For example, the patient has a Stage 3 pressure ulcer on his sacrum and a Stage 2 pressure ulcer on his right heel, check <i>Stage 3</i> on the form.</p>

	<p>Check <i>Unstageable</i> if “deep tissue pressure injury” is <u>the only stage</u> documented in the patient’s medical record.</p> <p>If there is no documentation available in the medical record for the stage of the pressure injury or ulcer, check <i>Unknown</i>.</p>
Section V.	Antimicrobials
<p>Use the paper or electronic Medication Administration Record (MAR) (including the Emergency Department MAR and the inpatient MAR) and operating room flow sheets (on which surgical prophylaxis antibiotics may be recorded) to determine whether patients are being administered or are scheduled to be administered antimicrobials.</p>	
<p>Antimicrobials administered <i>or</i> scheduled to be administered: (Answer both questions)</p>	
<p>On the survey date</p>	<p>Required. Check <i>Yes</i> if the patient was administered at least one dose of an antimicrobial drug <u>on the survey date</u>. Otherwise, check <i>No</i>.</p> <p>Acceptable antimicrobials are those that appear in Appendix 3 of the <i>Operational Manual</i> that are administered by any of the following routes: IV, IM, orally, enterally, or via inhalation.</p> <p>Check <i>Unknown</i> <u>only</u> if portions of the medical record are missing and this information cannot be ascertained (this should be uncommon).</p> <p>NOTE: check <i>Yes</i> if you see that the patient was getting an antimicrobial drug or was scheduled to receive an antimicrobial drug at some time on the calendar day (midnight-11:59 p.m.) before the survey date or on the calendar day of the survey date—even if the patient is not scheduled to get the drug until later on the survey date.</p> <p>For example, if you are reviewing a patient record at 11 a.m. on the survey date and you see the patient is scheduled to receive an antimicrobial drug at 10 p.m. on the survey date, you will check <i>Yes</i>. This could be more of a challenge if you are reviewing a record retrospectively. In that case, you are reviewing the record and entering data according to information present in the record up to 5 pm on the survey date. If there is information present in the record at 4 p.m. on the survey date indicating that the patient was scheduled to receive an antimicrobial drug starting at 9 p.m. that evening (on the survey date), you will check <i>Yes</i>.</p>
<p>On the day before the survey date</p>	<p>Required. Check <i>Yes</i> if the patient was scheduled to be administered at least one dose of an antimicrobial drug <u>on the day before the survey date</u>. Otherwise, check <i>No</i>.</p> <p>Acceptable antimicrobials are those that appear in Appendix 3 of the <i>Operational Manual</i> that are administered by any of the following routes: IV, IM, orally, enterally, or via inhalation.</p> <p>Check <i>Unknown</i> <u>only</u> if portions of the medical record are missing and this information cannot be ascertained (this should be uncommon).</p>

	NOTE: Refer to the guidance for antimicrobials administered or scheduled to be administered on the survey date.
Section VI.	Follow-up information
<p>In many instances, EIP Teams will collect this information. Check with your EIP Team Project Coordinator to determine if/when the Hospital Staff will complete this section of the form.</p> <p>Data collectors should attempt to ascertain hospital discharge date and patient outcome at the time of discharge for all patients included in the survey, unless 6 months has elapsed since the survey date and the patient is still in the hospital (same hospitalization that includes the survey date). Once 6 months have passed since the survey date, attempts to collect discharge and outcome information may stop.</p>	
Enter date of follow-up data collection	<p>Required. Enter the numeric follow-up date for the patient in the following format: MM/DD/YYYY. Example: Example: 06/01/2020</p>
Hospital discharge date	<p>Required. Enter the numeric discharge date for the patient in the MM/DD/YYYY format if available. Example 05/28/2020</p> <p>If the patient is still in the hospital at the time of follow-up, and 6 months <u>have</u> passed since the survey date, check <i>Still in hospital</i>.</p> <p>If 6 months have <u>not</u> passed since the survey date, wait until 6 months have passed before completing the follow-up information section for the patient.</p> <p>If the patient was discharged, but the specific discharge date is unavailable, check <i>Unknown</i>.</p>
Patient outcome at time of hospital discharge	<p>Required. Check patient outcome at the time of discharge to indicate if the patient <i>Survived</i> or <i>Died</i>.</p> <p>If the patient is still in the hospital at the time of follow-up, and 6 months <u>have</u> passed since the survey date, check <i>Still in hospital</i>.</p> <p>If 6 months have <u>not</u> passed since the survey date, wait until 6 months have passed before completing the follow-up information section for the patient.</p> <p>If the patient was discharged, but the outcome at time of discharge is unavailable, check <i>Unknown</i>.</p>
The Patient Information Form is complete.	