**Contact**

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CDC requests approval for non-substantive changes to OMB Control No. 0920-0852: Prevalence Survey of Healthcare Associated Infections (HAIs) and Antimicrobial Use in U.S. Acute Care Hospitals. All proposed changes are consistent with previously approved goals and methods.

The types of changes are summarized as follows:

1. Minor changes to facilitate form use and administration
   1. Changes to clarify the wording of selected questions, examples, or response options
   2. Update the time frame of the survey from “2018 and 2019” to “2022 and 2023”
   3. Remove “*must be at least 6 months after the survey date”* to permit greater flexibility in scheduling follow-up data collection
2. COVID-19 reporting
   1. Modify the currently approved question about SARS-CoV-2 viral test(s) to ascertain whether the infection was likely acquired prior to, or during, the hospital admission
   2. Add a new question about COVID-19 vaccination
   3. Add COVID-19 or SARS-CoV-2 as a response option in selected questions
3. Location
   1. Supplement current data elements about patient residential addresses to permit geocoding and enhance understanding of epidemiologic and contextual factors
4. Add one form (correction of an administrative error)
   1. This change request includes the addition of one form (Attachment\_C1\_EIP HFA) which was approved and used in the 2015 cycle of survey administration ([View Information Collection Request (ICR) Package (reginfo.gov)](https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201407-0920-018)). Due to an administrative oversight the form was not included in the most recent Extension ICR and we request to incorporate it at this time. This form is used by local site EIP staff and does not pose burden on the public.

Impact of Proposed Changes on Burden

The proposed changes do not alter the estimated burden for this information collection. Minor changes are proposed for two forms that are listed in the burden table. These are the “HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT” form and the “HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM.” A description of changes to these two forms and justifications for the changes appear below. There is no change to the estimated burden per response for either form, as the minor additions are offset by clarifications that improve ease of use.

In this Change Request, CDC also proposes changes to other forms that are not listed in the ICR burden table (Supporting Statement section A.12). These forms are completed by EIP site personnel and the time associated with their completion is assessed as an Annualized Cost to the Government (Supporting Statement section A.14). Please see the supplemental section of this Change Request for detailed changes and justifications to those forms.

***Justifications for changes to forms that pose burden to the public:***

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM (Attachment\_D\_PIF)

1. We propose to add patient address including street address, city, state, ZIP code, and address type fields in *Section I (Identifiers).* Information reported in these fields WILL NOT be transmitted to CDC. Emerging Infection Program (EIP) sites will use the address and address type information to accurately geocode the patients’ addresses and link patients’ data with census tract information. Geocoding patients included in this survey will enable an evaluation of potential associations between social determinants of health and HAI or antimicrobial use.
2. We propose to separate the question about COVID-19 status in *section V* to ask about 1) SARS-CoV-2 viral test(s) performed during the 14 days before hospital admission or the first 2 days of hospital admission and 2) SARS-CoV-2 viral test(s) performed on or after hospital day 3 (day 1= admission date) through the survey date. We also propose to add a question about COVID-19 vaccination. This information will allow us to identify patients with a potential healthcare-associated SARS-CoV-2 infection and the percentage of patients who have received COVID-19 vaccines.
3. We propose to remove “*must be at least 6 months after the survey date*” from *Section VI (Follow-up information).* This will allow data collectors to conduct a follow-up data collection less than 6 months after the survey date.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT (Attachment\_C\_HFA)

1. We propose to change answer choices for question 3 from “2018 and 2019” to “2022 and 2023” to allow data collectors to check the correct year instead of writing it as a free text in “Other” field.
2. We propose to add “or health system” in question 5. Sometimes, an infection control team or program serves the whole health system, not just the participating facility. This change will make the question more applicable for those settings.
3. We propose to add “staff” behind three answer choices including “quality department”, “pharmacy department”, and “environmental services” in question 10. This addition makes the answer choices more consistent with other answer choices in this question since the other answer choices refer to people such as administrators, supervisors, etc.
4. We also propose to add “GI panel” as an example for “nucleic acid amplification test (NAAT) in question 17. This addition reflects the updated testing options for *Clostridioides difficile*.

***Burden:***

Because the changes to the forms are minimal, the estimates of annualized burden hours for this change request will **stay the same**.

The burden estimate for the forms included in OMB Control No. 0920-0852 is 1,860 hours.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Respondents** | **Form** **Name** | **No. of Respondents** | **No.** **of Responses per Respondent** | **Avg. Burden per Response**  **(Hours)** | **Total Burden (Hours)** |
| Hospital Staff (i.e., Infection Preventionist) | Healthcare Facility Assessment (HFA) | 100 | 1 | 45/60 | 75 |
| Patient Information Form (PIF) | 100 | 63 | 17/60 | 1,785 |
| **Total (Hours)** |  |  |  |  | **1,860** |

***Description of Changes to forms that pose burden to the public:***

The changes to the form are as follows:

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM (Attachment\_D\_PIF)

1. Patient address including street address, city, state, ZIP code, and address type fields were added in *Section I (Identifiers).*

|  |
| --- |
| **Patient address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **City:** \_\_\_\_\_\_\_\_\_\_**State:** \_\_\_\_\_\_\_\_\_\_**ZIP:** \_\_\_\_\_\_\_\_\_\_ |
| **Address type: (check one)**  Residential Other  Post office box Insufficient  Long-term care facility Missing  Corrections  Military  Homeless |

1. Question about COVID-19 status in *section V* was separated to ask about 1) SARS-CoV-2 viral test(s) performed during the 14 days before hospital admission or the first 2 days of hospital admission and 2) SARS-CoV-2 viral test(s) performed on or after hospital day 3 (day 1= admission date) through the survey date. Question about COVID-19 vaccination was added.

|  |
| --- |
| V. COVID-19 status |
| SARS-CoV-2 viral test(s) performed during the 14 days before hospital admission or the first 2 days of hospital admission (check all that apply):  Positive test; Enter positive test collection date closest to admission date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Unknown  Negative test; Enter negative test collection date closest to admission date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Unknown  No test performed  Unknown  SARS-CoV-2 viral test(s) performed on or after hospital day 3 (day 1= admission date) through the survey date (check all that apply):  Positive test; Enter positive test collection date closest to survey date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Unknown  Negative test; Enter negative test collection date closest to survey date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Unknown  No test performed  Unknown  Has the patient received any COVID-19 vaccine prior to survey date?  Yes  No  Unknown  If yes, enter the number of COVID-19 vaccine doses the patient has received: \_\_\_\_\_\_\_\_\_  Unknown |
|  |

1. The phrase “*must be at least 6 months after the survey date*” was removed from *Section VI (Follow-up information).*

|  |
| --- |
| **Enter date of follow-up data collection:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_ ~~must be at least 6 months after the survey date~~ |

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT (Attachment\_C\_HFA)

1. Answer choices for question 3 were changed from “2018 and 2019” to “2022 and 2023”
2. **Complete the following table for your hospital, using the most current data available to you:**

| Hospital characteristic | **Number** | **What year are data from?** |
| --- | --- | --- |
| No. of acute care licensed beds  *Do not include nursing home or skilled nursing facility beds.* | \_\_\_\_\_\_\_\_ or  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ |
| No. of acute care staffed beds  *Do not include nursing home or skilled nursing facility beds.* | \_\_\_\_\_\_\_\_\_\_\_ or  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ |
| No. of full time equivalent (FTE) infection preventionists  *Enter the number of FTEs to the nearest hundredth of an FTE. For example, if you have three staff members who each spend 35% of their time on infection prevention, you would enter 1.05 FTE. If you do not have any staff who serve part- or full-time as an infection preventionist, check “None.” If you do not know if your hospital has any part- or full-time infection preventionists, check “Unknown.”* | (enter number as a decimal)  \_\_\_\_\_\_\_\_\_ or  ☐ None  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ |
| No. of FTE physician hospital epidemiologists  *Enter the no. of FTEs to the nearest hundredth of an FTE. For example, if you have two physician who spends 45% of their time as hospital epidemiologists, you would enter 0.9 FTE. If you do not have any physicians who serve part- or full-time as a hospital epidemiologists, check “None.” If you do not know if your hospital has any part- or full-time hospital epidemiologists, check “Unknown.”* | (enter number as a decimal)  \_\_\_\_\_\_\_\_\_ or  ☐ None  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ |
| Number of FTE interns/residents  *Enter the number of FTE interns or residents that work in your hospital to the nearest hundredth of an FTE (e.g., 50.25 FTE). If your hospital does not have any interns or residents, check “None” and skip to Question #4. If you do not know if your hospital has interns or residents, check “Unknown.”* | (enter number as a decimal)    \_\_\_\_\_\_\_\_ or  ☐ None  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ |
| *If your hospital has interns or residents:*  Provide the official intern/resident to bed ratio (IRB)  *If you do not know your hospital’s official IRB, check “Unknown”.* | ☐ <0.25  ☐ ≥0.25  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ |

1. “or health system” was added in question 5.
2. **Does your facility or health system have an infection control team or program with at least one staff member responsible for developing and implementing infection control policies and practices and related activities?**

☐ Yes

☐ No ***(if “No”, skip to question #9)***

1. “staff” was added behind three answer choices including “quality department”, “pharmacy department”, and “environmental services” in question 10.
2. **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):**

☐ Facility executive leaders (e.g., CEO, COO) or board members

☐ Nursing leaders or administrators

☐ Medical/physician leaders or administrators

☐ Quality department staff

☐ Pharmacy department staff

☐ Environmental services staff

☐ Nursing unit managers or supervisors

☐ Physician staff

☐ Nursing staff

☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. “GI panel” was added as an example for “nucleic acid amplification test (NAAT) in question 17.
2. **What is the primary testing method for *Clostridioides difficile (C. difficile)* used most often by your hospital’s laboratory or the outside laboratory where your hospital’s testing is performed (Choose one)?**

*For EIP Team use only:* Hospital ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Enzyme immunoassay (EIA) for toxin

☐ Cell cytotoxicity neutralization assay

☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GI panel)

☐ NAAT plus EIA, if NAAT positive (2-step algorithm)

☐ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Form** | **Current question** | **Requested change** |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM | |  |  | | --- | --- | | **I. Identifiers** (NOT transmitted to CDC) | | | **Patient name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of birth (mm/dd/yyyy):** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ | | **Hospital name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Hospital unit name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Room number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Medical record no.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | --- | --- | | **I. Identifiers** (NOT transmitted to CDC) | | | **Patient name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of birth (mm/dd/yyyy):** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_ | | **Patient address:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **City:** | | **State: ZIP:** |  | | **Address type: (check one)**  Residential Other  Post office box Insufficient  Long-term care facility Missing  Corrections  Military  Homeless | | | **Hospital name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Hospital unit name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **Room number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Medical record no.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM | |  | | --- | | **V. COVID-19 status** | | **SARS-CoV-2 viral test(s) performed during the 14 days before hospital admission through the survey date (check all that apply):**  Positive test; Enter positive test collection date closest to survey date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Negative test; Enter negative test collection date closest to survey date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  No test performed  Unknown | | |  | | --- | | **V. COVID-19 status** | | **SARS-CoV-2 viral test(s) performed during the 14 days before hospital admission or the first 2 days of hospital admission (check all that apply):**  Positive test; Enter positive test collection date closest to admission date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Unknown  Negative test; Enter negative test collection date closest to admission date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Unknown  No test performed  Unknown  **SARS-CoV-2 viral test(s) performed on or after hospital day 3 (day 1= admission date) through the survey date (check all that apply):**  Positive test; Enter positive test collection date closest to survey date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Unknown  Negative test; Enter negative test collection date closest to survey date (mm/dd/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ Unknown  No test performed  Unknown  **Has the patient received any COVID-19 vaccine prior to survey date?**  Yes  No  Unknown  **If yes, enter the number of COVID-19 vaccine doses the patient has received:**  \_\_\_\_\_\_\_\_\_  Unknown | |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY PATIENT INFORMATION FORM | |  | | --- | | **Enter date of follow-up data collection:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_ *(must be at least 6 months after the survey date)* | | |  | | --- | | **Enter date of follow-up data collection:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_\_\_\_ | |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT | |  | **Number** | **What year are data from?** | | --- | --- | --- | | No. of acute care licensed beds  *Do not include nursing home or skilled nursing facility beds.* | \_\_\_\_\_\_\_\_ or  ☐ Unknown | ☐2018 ☐2019  ☐Other: \_\_\_\_\_\_ | | No. of acute care staffed beds  *Do not include nursing home or skilled nursing facility beds.* | \_\_\_\_\_\_\_\_\_\_\_ or  ☐ Unknown | ☐2018 ☐2019  ☐Other: \_\_\_\_\_\_ | | No. of full time equivalent (FTE) infection preventionists  *Enter the number of FTEs to the nearest hundreth of an FTE. For example, if you have three staff members who each spend 35% of their time on infection prevention, you would enter 1.05 FTE. If you do not have any staff who serve part- or full-time as an infection preventionist, check “None.” If you do not know if your hospital has any part- or full-time infection preventionists, check “Unknown.”* | (enter number as a decimal)  \_\_\_\_\_\_\_\_\_ or  ☐ None  ☐ Unknown | ☐2018 ☐2019  ☐Other: \_\_\_\_\_\_ | | No. of FTE physician hospital epidemiologists  *Enter the no. of FTEs to the nearest hundredth of an FTE. For example, if you have two physician who spends 45% of their time as hospital epidemiologists, you would enter 0.9 FTE. If you do not have any physicians who serve part- or full-time as a hospital epidemiologists, check “None.” If you do not know if your hospital has any part- or full-time hospital epidemiologists, check “Unknown.”* | (enter number as a decimal)  \_\_\_\_\_\_\_\_\_ or  ☐ None  ☐ Unknown | ☐2018 ☐2019  ☐Other: \_\_\_\_\_\_ | | Number of FTE interns/residents  *Enter the number of FTE interns or residents that work in your hospital to the nearest hundredth of an FTE (e.g., 50.25 FTE). If your hospital does not have any interns or residents, check “None” and skip to Question #4. If you do not know if your hospital has interns or residents, check “Unknown.”* | (enter number as a decimal)    \_\_\_\_\_\_\_\_ or  ☐ None  ☐ Unknown | ☐2018 ☐2019  ☐Other: \_\_\_\_\_\_ | | *If your hospital has interns or residents:*  Provide the official intern/resident to bed ratio (IRB)  *If you do not know your hospital’s official IRB, check “Unknown”.* | ☐ <0.25  ☐ ≥0.25  ☐ Unknown | ☐2018 ☐2019  ☐Other: \_\_\_\_\_\_ | | | Hospital characteristic | **Number** | **What year are data from?** | | --- | --- | --- | | No. of acute care licensed beds  *Do not include nursing home or skilled nursing facility beds.* | \_\_\_\_\_\_\_\_ or  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ | | No. of acute care staffed beds  *Do not include nursing home or skilled nursing facility beds.* | \_\_\_\_\_\_\_\_\_\_\_ or  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ | | No. of full time equivalent (FTE) infection preventionists  *Enter the number of FTEs to the nearest hundredth of an FTE. For example, if you have three staff members who each spend 35% of their time on infection prevention, you would enter 1.05 FTE. If you do not have any staff who serve part- or full-time as an infection preventionist, check “None.” If you do not know if your hospital has any part- or full-time infection preventionists, check “Unknown.”* | (enter number as a decimal)  \_\_\_\_\_\_\_\_\_ or  ☐ None  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ | | No. of FTE physician hospital epidemiologists  *Enter the no. of FTEs to the nearest hundredth of an FTE. For example, if you have two physician who spends 45% of their time as hospital epidemiologists, you would enter 0.9 FTE. If you do not have any physicians who serve part- or full-time as a hospital epidemiologists, check “None.” If you do not know if your hospital has any part- or full-time hospital epidemiologists, check “Unknown.”* | (enter number as a decimal)  \_\_\_\_\_\_\_\_\_ or  ☐ None  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ | | Number of FTE interns/residents  *Enter the number of FTE interns or residents that work in your hospital to the nearest hundredth of an FTE (e.g., 50.25 FTE). If your hospital does not have any interns or residents, check “None” and skip to Question #4. If you do not know if your hospital has interns or residents, check “Unknown.”* | (enter number as a decimal)    \_\_\_\_\_\_\_\_ or  ☐ None  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ | | *If your hospital has interns or residents:*  Provide the official intern/resident to bed ratio (IRB)  *If you do not know your hospital’s official IRB, check “Unknown”.* | ☐ <0.25  ☐ ≥0.25  ☐ Unknown | ☐2022 ☐2023  ☐Other: \_\_\_\_\_\_ | |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT | 1. **Does your facility have an infection control team or program with at least one staff member responsible for developing and implementing infection control policies and practices and related activities?**   ☐Yes  ☐No ***(if “No”, skip to question #9)*** | 1. **Does your facility or health system have an infection control team or program with at least one staff member responsible for developing and implementing infection control policies and practices and related activities?**   ☐ Yes  ☐ No ***(if “No”, skip to question #9)*** |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT | 1. **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):**   ☐ Facility executive leaders (e.g., CEO, COO) or board members  ☐ Nursing leaders or administrators  ☐ Medical/physician leaders or administrators  ☐ Quality department  ☐ Pharmacy department  ☐ Environmental services  ☐ Nursing unit managers or supervisors  ☐ Physician staff  ☐ Nursing staff  ☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. **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):**   ☐ Facility executive leaders (e.g., CEO, COO) or board members  ☐ Nursing leaders or administrators  ☐ Medical/physician leaders or administrators  ☐ Quality department staff  ☐ Pharmacy department staff  ☐ Environmental services staff  ☐ Nursing unit managers or supervisors  ☐ Physician staff  ☐ Nursing staff  ☐ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY HEALTHCARE FACILITY ASSESSMENT | 1. **What is the primary testing method for *Clostridioides difficile (C. difficile)* used most often by your hospital’s laboratory or the outside laboratory where your hospital’s testing is performed (Choose one)?**   *For EIP Team use only:* Hospital ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Enzyme immunoassay (EIA) for toxin  ☐ Cell cytotoxicity neutralization assay  ☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP  ☐ NAAT plus EIA, if NAAT positive (2-step algorithm)  ☐ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1. **What is the primary testing method for *Clostridioides difficile (C. difficile)* used most often by your hospital’s laboratory or the outside laboratory where your hospital’s testing is performed (Choose one)?**   *For EIP Team use only:* Hospital ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Enzyme immunoassay (EIA) for toxin  ☐ Cell cytotoxicity neutralization assay  ☐ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP, GI panel)  ☐ NAAT plus EIA, if NAAT positive (2-step algorithm)  ☐ 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Supplemental section**

***Justifications for changes to forms that do not pose burden to the public:***

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT (Attachment\_H\_AQUA General Patient Assessment Form)

1. We propose to add “COVID-19 specific treatment” to question 2 asking what the patient received in the 30 days prior to admission to the survey hospital. This addition will allow us to better describe patients who meet inclusion criteria for antimicrobial quality assessment.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3a: VANCOMYCIN (Attachment\_I\_a\_AQUA Vancomycin Form)

1. We propose to add “SARS-CoV-2” to the list of pathogens that were tested for in question 6 of the form. This addition will allow data collectors to check a box instead of writing SARS-CoV-2 as a free text under “Other” field.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3b: FLUOROQUINOLONE (Attachment\_I\_b\_AQUA Fluoroquinolone Form)

1. We propose to add “SARS-CoV-2” to the list of pathogens that were tested for in question 5 of the form. This addition will allow data collectors to check a box instead of writing SARS-CoV-2 as a free text under “Other” field.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3c: CAP (Attachment\_I\_c\_AQUA CAP\_Form)

1. We propose to add “Unknown” as an answer choice in question 1 of the form to allow data collectors to report in a situation when ICD-10 codes on admission are not known for the patient.
2. We also propose to add “SARS-CoV-2” to the list of pathogens that were tested for in question 13 of the form. This addition will allow data collectors to check a box instead of writing SARS-CoV-2 as a free text under “Other” field.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3d: UTI (Attachment\_I\_d\_AQUA UTI\_Form)

1. We propose to add “Unknown” as an answer choice in question 1 of the form to allow data collectors to report in a situation when ICD-10 codes on admission are not known for the patient.
2. We also propose to add “SARS-CoV-2” to the list of pathogens that were tested for in question 12 of the form. This addition will allow data collectors to check a box instead of writing SARS-CoV-2 as a free text under “Other” field.

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM (Attachment\_E\_HAI Form)

1. We propose to add “ECLS” and “Hemodialysis catheter” under BSI section.
2. We propose to separate USI from UTI and make it a standalone HAI type.
3. We also propose to delete *Candida albicans* and *Candida parapsolosis* and update the list of antimicrobial drugs tested for *Acinetobacter*, *Candida albicans*, *Escherichia coli*, *Enterobacter cloacae*, *Klebsiella pneumoniae*, *Enterococcus faecalis*, and *Enterococcus faecium* to be consistent with NHSN case report forms.

***Description of Changes to forms that do not pose burden to the public:***

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT (Attachment\_H\_AQUA General Patient Assessment Form)

1. “COVID-19 specific treatment” was added as an answer choice in question 2

|  |
| --- |
| **2. In the 30 days prior to admission to the survey hospital, did the patient receive (check all that apply)**:  IV antimicrobials Cancer chemotherapy Wound care Chronic hemodialysis Surgery  None Unknown COVID-19 specific treatment |

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3a: VANCOMYCIN (Attachment\_I\_a\_AQUA Vancomycin Form)

1. “SARS-CoV-2” was added to the list of pathogens that were tested for in question 6 of the form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before vancomycin IV first date through the vancomycin IV last date:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Collect date (mm/dd/yy)** | **Specimen** | **Test** | **What pathogen(s) were tested for?** | **Result** | | 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** |

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3b: FLUOROQUINOLONE (Attachment\_I\_b\_AQUA Fluoroquinolone Form)

1. “SARS-CoV-2” was added to the list of pathogens that were tested for in question 5 of the form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before fluoroquinolone first date through the fluoroquinolone last date:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No. | Collect date (mm/dd/yy) | Specimen | Test | What pathogen(s) were tested for? | Result | | 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** |

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3c: CAP (Attachment\_I\_c\_AQUA CAP\_Form)

1. “Unknown” was added as an answer choice in question 1 of the form.

|  |
| --- |
| 1. **Check any of the following ICD-10 codes that were present on admission for this patient:** None Unknown   J09.X1 J09.X2 J09.X3 J10.00 J10.01 J10.08 J10.1 J10.2 J10.81 J10.82 J10.83 J10.89 J11.00 J11.08  J11.1  J11.2  J11.81 J11.82 J11.83  J11.89 J12.0 J12.1 J12.2 J12.3 J12.81 J12.89 J12.9 J13 J14 J15.0 J15.1 J15.3 J15.4 J15.20 J15.211 J15.212 J15.29 J15.5 J15.6 J15.7 J15.8 J15.9 J16.0 J16.8 J18.0 J18.1 J18.9 A48.1 Other (specify):**\_\_\_\_\_** |

1. “SARS-CoV-2” was added to the list of pathogens that were tested for in question 13 of the form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **13. Complete the table for non-culture microbiology tests (positive and negative) collected during the first 5 hospital days:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No. | Collect Date (mm/dd/yy) | Specimen | Test | What pathogen(s) were tested for? | Result | | 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** |

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3d: UTI (Attachment\_I\_d\_AQUA UTI\_Form)

1. “Unknown” was added as an answer choice in question 1 of the form.

|  |
| --- |
| **1. Check any of the following ICD-10 codes that were present on admission for this patient:** None Unknown  N10 N11.0 N11.1 N11.8 N11.9 N12  N15.1 N15.9 N16 N28.84 N28.85 N28.86 N30.00 N30.01 N30.10 N30.11 N30.20 N30.21  N30.30 N30.31 N30.40 N30.41 N30.80 N30.81 N30.90 N30.91 N34.0 N34.1 N34.2  N39.0  R82.71 R82.90 N41.0 N41.1 N41.2 B37.49 O23.00 Other (specify): **\_\_\_\_\_\_\_\_\_\_** |

1. “SARS-CoV-2” was added to the list of pathogens that were tested for in question 12 of the form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **12. Complete the table for non-culture tests (positive and negative) collected in the first 5 hospital days:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Collect Date (mm/dd/yy)** | **Specimen** | **Test** | **What pathogen(s) were tested for?** | **Result** | | 1 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** |

HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM (Attachment\_E\_HAI Form)

1. “ECLS” and “Hemodialysis catheter” were added under BSI section.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **BSI** | **Check one:** LCBI MBI-LCBI **Central line-associated?** Yes No  **Check all that apply:**  ECMO/ECLS VAD EB Self-injection in central line  Hemodialysis catheter  Munchausen syndrome (factitious disorder)  Matching organism is identified in blood and from a site-specific specimen, both collected within the IWP and pus is present at ≥1 of the following vascular sites from which the specimen was collected:  Arterial catheter Arteriovenous fistula  Arteriovenous graft Atrial lines (Right and Left)  Hemodialysis reliable outflow (HERO) catheter Peripheral IV or Midline catheter  Intra-aortic balloon pump (IABP) device Non-accessed central line (not accessed nor  inserted during the admission)  None | \_\_\_\_/\_\_\_\_/\_\_\_\_  or BH Unk | *NA* | \_\_\_\_/\_\_\_\_/\_\_\_  Unk None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_  3: \_\_\_\_\_\_\_ or None | \_\_\_\_\_\_\_\_\_  Unk |

1. USI was separated from UTI and make it a standalone HAI type.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **UTI** | **Check one:** SUTI ABUTI **Catheter-associated?** Yes No  **Was fever the only sign/symptom?** Yes No Unknown Not applicable | \_\_\_\_/\_\_\_\_/\_\_\_\_  or BH Unk | Yes No  Unk | \_\_\_\_/\_\_\_\_/\_\_\_  Unk None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_  3: \_\_\_\_\_\_\_ or None | \_\_\_\_\_\_\_\_\_  Unk |
| **USI** | **Check one:** USI | \_\_\_\_/\_\_\_\_/\_\_\_\_  or BH Unk | Yes No  Unk | \_\_\_\_/\_\_\_\_/\_\_\_  Unk None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_  3: \_\_\_\_\_\_\_ or None | \_\_\_\_\_\_\_\_\_  Unk |

1. *Candida albicans* and *Candida parapsolosis* were deleted and the list of antimicrobial drugs tested for *Acinetobacter*, *Candida glabrata,* *Escherichia coli*, *Enterobacter cloacae*, *Klebsiella pneumoniae*, *Enterococcus faecalis*, and *Enterococcus faecium* were updated to be consistent with NHSN case report forms.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organism** | **HAI #1: \_\_\_\_\_\_\_, or NA** | **HAI #2: \_\_\_\_\_\_\_, or NA** | **HAI #3: \_\_\_\_\_\_\_, or NA** | **HAI #4: \_\_\_\_\_\_\_, or NA** |
| **Gram-negative** | | | | |
| ***Acinetobacter (any species)*** | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N |
| ***E. coli*** | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N **CIPRO/LEVO/MOXI**  S I R N |
| ***Enterobacter cloacae*** | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N **CIPRO/LEVO/MOXI**  S I R N |
| ***Klebsiella (Enterobacter) aerogenes***  ***Klebsiella oxytoca***  ***Klebsiella pneumoniae*** | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N **CIPRO/LEVO/MOXI**  S I R N |
| ***Pseudomonas aeruginosa*** | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N |
| ***Gram-positive*** | | | | |
| ***Staphylococcus aureus*** | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N |
| ***Enterococcus faecalis***  ***Enterococcus faecium*** | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N |
| **Fungal** | | | | |
| ***Candida glabrata*** | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N |

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| **Form** | **Current question** | **Requested change** |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM 2: GENERAL PATIENT ASSESSMENT | **2. In the 30 days prior to admission to the survey hospital, did the patient receive (check all that apply)**:  IV antimicrobials Cancer chemotherapy Wound care Chronic hemodialysis Surgery  None Unknown | **2. In the 30 days prior to admission to the survey hospital, did the patient receive (check all that apply)**:  IV antimicrobials Cancer chemotherapy Wound care Chronic hemodialysis Surgery  None Unknown COVID-19 specific treatment |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3a: VANCOMYCIN | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **6. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before vancomycin IV first date through the vancomycin IV last date:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Collect date (mm/dd/yy)** | **Specimen** | **Test** | **What pathogen(s) were tested for?** | **Result** | | 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **6. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before vancomycin IV first date through the vancomycin IV last date:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Collect date (mm/dd/yy)** | **Specimen** | **Test** | **What pathogen(s) were tested for?** | **Result** | | 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** | |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3b: FLUOROQUINOLONE | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **5. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before fluoroquinolone first date through the fluoroquinolone last date:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No. | Collect date (mm/dd/yy) | Specimen | Test | What pathogen(s) were tested for? | Result | | 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **5. Complete the table for non-culture microbiology tests (positive and negative) collected from 5 days before fluoroquinolone first date through the fluoroquinolone last date:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No. | Collect date (mm/dd/yy) | Specimen | Test | What pathogen(s) were tested for? | Result | | 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** | |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3c: CAP | |  | | --- | | 1. **Check any of the following ICD-10 codes that were present on admission for this patient:** None   J09.X1 J09.X2 J09.X3 J10.00 J10.01 J10.08 J10.1 J10.2 J10.81 J10.82 J10.83 J10.89 J11.00 J11.08  J11.1  J11.2  J11.81 J11.82 J11.83  J11.89 J12.0 J12.1 J12.2 J12.3 J12.81 J12.89 J12.9 J13 J14 J15.0 J15.1 J15.3 J15.4 J15.20 J15.211 J15.212 J15.29 J15.5 J15.6 J15.7 J15.8 J15.9 J16.0 J16.8 J18.0 J18.1 J18.9 A48.1 Other (specify):**\_\_\_\_\_** | | |  | | --- | | 1. **Check any of the following ICD-10 codes that were present on admission for this patient:** None Unknown   J09.X1 J09.X2 J09.X3 J10.00 J10.01 J10.08 J10.1 J10.2 J10.81 J10.82 J10.83 J10.89 J11.00 J11.08  J11.1  J11.2  J11.81 J11.82 J11.83  J11.89 J12.0 J12.1 J12.2 J12.3 J12.81 J12.89 J12.9 J13 J14 J15.0 J15.1 J15.3 J15.4 J15.20 J15.211 J15.212 J15.29 J15.5 J15.6 J15.7 J15.8 J15.9 J16.0 J16.8 J18.0 J18.1 J18.9 A48.1 Other (specify):**\_\_\_\_\_** | |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3c: CAP | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **13. Complete the table for non-culture microbiology tests (positive and negative) collected during the first 5 hospital days:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No. | Collect Date (mm/dd/yy) | Specimen | Test | What pathogen(s) were tested for? | Result | | 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **13. Complete the table for non-culture microbiology tests (positive and negative) collected during the first 5 hospital days:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | No. | Collect Date (mm/dd/yy) | Specimen | Test | What pathogen(s) were tested for? | Result | | 1 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** | |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3d: UTI | **1. Check any of the following ICD-10 codes that were present on admission for this patient:** None  N10 N11.0 N11.1 N11.8 N11.9 N12  N15.1 N15.9 N16 N28.84 N28.85 N28.86 N30.00 N30.01 N30.10 N30.11 N30.20 N30.21  N30.30 N30.31 N30.40 N30.41 N30.80 N30.81 N30.90 N30.91 N34.0 N34.1 N34.2  N39.0  R82.71 R82.90 N41.0 N41.1 N41.2 B37.49 O23.00 Other (specify): **\_\_\_\_\_\_\_\_\_\_** | **1. Check any of the following ICD-10 codes that were present on admission for this patient:** None Unknown  N10 N11.0 N11.1 N11.8 N11.9 N12  N15.1 N15.9 N16 N28.84 N28.85 N28.86 N30.00 N30.01 N30.10 N30.11 N30.20 N30.21  N30.30 N30.31 N30.40 N30.41 N30.80 N30.81 N30.90 N30.91 N34.0 N34.1 N34.2  N39.0  R82.71 R82.90 N41.0 N41.1 N41.2 B37.49 O23.00 Other (specify): **\_\_\_\_\_\_\_\_\_\_** |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: ANTIMICROBIAL QUALITY ASSESSMENT (AQUA) FORM; 3d: UTI | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **12. Complete the table for non-culture tests (positive and negative) collected in the first 5 hospital days:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Collect Date (mm/dd/yy)** | **Specimen** | **Test** | **What pathogen(s) were tested for?** | **Result** | | 1 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **12. Complete the table for non-culture tests (positive and negative) collected in the first 5 hospital days:**  **No non-culture tests done:**  **Non-culture test data unknown:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **No.** | **Collect Date (mm/dd/yy)** | **Specimen** | **Test** | **What pathogen(s) were tested for?** | **Result** | | 1 | \_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 2 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 3 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 4 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ | | 5 | \_\_\_\_ / \_\_\_ / \_\_\_ | Blood Lower resp  Upper resp  Urine Stool  Other \_\_\_\_\_\_ | PCR  DFA  Antigen test  Other\_\_\_\_\_ | Legionella Cdiff RSV  Pneumococcus Adeno  Influenza hMPV Paraflu  Other \_\_\_\_\_\_\_\_ SARS-CoV-2 | Negative Unknown  Positive (insert code):  Path1\_\_\_\_\_\_\_Path2\_\_\_\_\_\_\_  Path3\_\_\_\_\_\_\_ |   **More tests than fit in the table:** | |
|  |  |  |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **BSI** | **Check one:** LCBI MBI-LCBI **Central line-associated?** Yes No  **Check all that apply:**  ECMO VAD EB Self-injection in central line  Munchausen syndrome (factitious disorder)  Matching organism is identified in blood and from a site-specific specimen, both collected within the IWP and pus is present at ≥1 of the following vascular sites from which the specimen was collected:  Arterial catheter Arteriovenous fistula  Arteriovenous graft Atrial lines (Right and Left)  Hemodialysis reliable outflow (HERO) catheter Peripheral IV or Midline catheter  Intra-aortic balloon pump (IABP) device Non-accessed central line (not accessed nor  inserted during the admission)  None | \_\_\_\_/\_\_\_\_/\_\_\_\_  or BH Unk | *NA* | \_\_\_\_/\_\_\_\_/\_\_\_  Unk None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_  3: \_\_\_\_\_\_\_ or None | \_\_\_\_\_\_\_\_\_  Unk | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **BSI** | **Check one:** LCBI MBI-LCBI **Central line-associated?** Yes No  **Check all that apply:**  ECMO/ECLS VAD EB Self-injection in central line  Hemodialysis catheter  Munchausen syndrome (factitious disorder)  Matching organism is identified in blood and from a site-specific specimen, both collected within the IWP and pus is present at ≥1 of the following vascular sites from which the specimen was collected:  Arterial catheter Arteriovenous fistula  Arteriovenous graft Atrial lines (Right and Left)  Hemodialysis reliable outflow (HERO) catheter Peripheral IV or Midline catheter  Intra-aortic balloon pump (IABP) device Non-accessed central line (not accessed nor  inserted during the admission)  None | \_\_\_\_/\_\_\_\_/\_\_\_\_  or BH Unk | *NA* | \_\_\_\_/\_\_\_\_/\_\_\_  Unk None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_  3: \_\_\_\_\_\_\_ or None | \_\_\_\_\_\_\_\_\_  Unk | |
| HAI & ANTIMICROBIAL USE PREVALENCE SURVEY: HAI FORM | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **UTI** | **Check one:** SUTI ABUTI **Catheter-associated?** Yes No  **Was fever the only sign/symptom?** Yes No Unknown Not applicable | \_\_\_\_/\_\_\_\_/\_\_\_\_  or BH Unk | Yes No  Unk | \_\_\_\_/\_\_\_\_/\_\_\_  Unk None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_  3: \_\_\_\_\_\_\_ or None | \_\_\_\_\_\_\_\_\_  Unk | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **UTI** | **Check one:** SUTI ABUTI **Catheter-associated?** Yes No  **Was fever the only sign/symptom?** Yes No Unknown Not applicable | \_\_\_\_/\_\_\_\_/\_\_\_\_  or BH Unk | Yes No  Unk | \_\_\_\_/\_\_\_\_/\_\_\_  Unk None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_  3: \_\_\_\_\_\_\_ or None | \_\_\_\_\_\_\_\_\_  Unk | | **USI** | **Check one:** USI | \_\_\_\_/\_\_\_\_/\_\_\_\_  or BH Unk | Yes No  Unk | \_\_\_\_/\_\_\_\_/\_\_\_  Unk None | 1: \_\_\_\_\_\_\_ 2: \_\_\_\_\_\_\_  3: \_\_\_\_\_\_\_ or None | \_\_\_\_\_\_\_\_\_  Unk | |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Organism** | **HAI #1: \_\_\_\_\_\_\_, or NA** | | **HAI #2: \_\_\_\_\_\_\_, or NA** | | **HAI #3: \_\_\_\_\_\_\_, or NA** | | **HAI #4: \_\_\_\_\_\_\_, or NA** | | | ***Acinetobacter (any species)*** | **AMPSUL**  **CEFTAZ**  **COL/PB**  **IMI**  **MERO/DORI**  **TIG** | S I R N  S I R N  S I R N  S I R N  S I R N  S I R N | **AMPSUL**  **CEFTAZ**  **COL/PB**  **IMI**  **MERO/DORI**  **TIG** | S I R N  S I R N  S I R N  S I R N  S I R N  S I R N | **AMPSUL**  **CEFTAZ**  **COL/PB**  **IMI**  **MERO/DORI**  **TIG** | S I R N  S I R N  S I R N  S I R N  S I R N  S I R N | **AMPSUL**  **CEFTAZ**  **COL/PB**  **IMI**  **MERO/DORI**  **TIG** | S I R N  S I R N  S I R N  S I R N  S I R N  S I R N | | ***Candida albicans*** | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | | ***Candida glabrata*** | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | | ***Candida parapsilosis*** | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | **ANID**  **CASPO**  **FLUCO**  **MICA** | S I R N  S I R N  S S-DD R N  S I R N | | ***E. coli*** | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | | ***Enterobacter cloacae*** | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | | ***Enterococcus faecalis*** | **DAPTO**  **LNZ**  **VANC** | S NS N  S I R N  S I R N | **DAPTO**  **LNZ**  **VANC** | S NS N  S I R N  S I R N | **DAPTO**  **LNZ**  **VANC** | S NS N  S I R N  S I R N | **DAPTO**  **LNZ**  **VANC** | S NS N  S I R N  S I R N | | ***Enterococcus faecium*** | **DAPTO**  **LNZ**  **VANC** | S NS N  S I R N  S I R N | **DAPTO**  **LNZ**  **VANC** | S NS N  S I R N  S I R N | **DAPTO**  **LNZ**  **VANC** | S NS N  S I R N  S I R N | **DAPTO**  **LNZ**  **VANC** | S NS N  S I R N  S I R N | | ***Klebsiella (Enterobacter) aerogenes*** | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | | ***Klebsiella oxytoca*** | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | | ***Klebsiella pneumoniae*** | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | **ERTA**  **IMI**  **MERO/DORI** | S I R N  S I R N  S I R N | | ***Pseudomonas aeruginosa*** | **CEFTAZ**  **COL/PB**  **GENT**  **IMI**  **MERO/DORI**  **PIP/PIPTAZ**  **TOBRA** | S I R N  S I R N  S I R N  S I R N  S I R N  S I R N  S I R N | **CEFTAZ**  **COL/PB**  **GENT**  **IMI**  **MERO/DORI**  **PIP/PIPTAZ**  **TOBRA** | S I R N  S I R N  S I R N  S I R N  S I R N  S I R N  S I R N | **CEFTAZ**  **COL/PB**  **GENT**  **IMI**  **MERO/DORI**  **PIP/PIPTAZ**  **TOBRA** | S I R N  S I R N  S I R N  S I R N  S I R N  S I R N  S I R N | **CEFTAZ**  **COL/PB**  **GENT**  **IMI**  **MERO/DORI**  **PIP/PIPTAZ**  **TOBRA** | S I R N  S I R N  S I R N  S I R N  S I R N  S I R N  S I R N | | ***Staphylococcus aureus*** | **CEFOX/**  **METH/OX**  **DAPTO**  **LNZ**  **VANC** | S I R N  S NS N  S R N  S I R N | **CEFOX/**  **METH/OX**  **DAPTO**  **LNZ**  **VANC** | S I R N  S NS N  S R N  S I R N | **CEFOX/**  **METH/OX**  **DAPTO**  **LNZ**  **VANC** | S I R N  S NS N  S R N  S I R N | **CEFOX/**  **METH/OX**  **DAPTO**  **LNZ**  **VANC** | S I R N  S NS N  S R N  S I R N | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Organism** | **HAI #1: \_\_\_\_\_\_\_, or NA** | **HAI #2: \_\_\_\_\_\_\_, or NA** | **HAI #3: \_\_\_\_\_\_\_, or NA** | **HAI #4: \_\_\_\_\_\_\_, or NA** | | **Gram-negative** | | | | | | ***Acinetobacter (any species)*** | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | **AMPSUL MERO/DORI**  S I R N S I R N  **CEFTAZ CEFEP**  S I R N S I R N  **COL/PB PIPTAZ**  S I R N S I R N  **IMI**  S I R N | | ***E. coli*** | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N **CIPRO/LEVO/MOXI**  S I R N | | ***Enterobacter cloacae*** | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N **CIPRO/LEVO/MOXI**  S I R N | | ***Klebsiella (Enterobacter) aerogenes***  ***Klebsiella oxytoca***  ***Klebsiella pneumoniae*** | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N  **CIPRO/LEVO/MOXI**  S I R N | **ERTA PIPTAZ**  S I R N S I R N  **IMI IMIREL**  S I R N S I R N  **MERO/DORI MERVAB**  S I R N S I R N  **CEFEP**  S I R N **CIPRO/LEVO/MOXI**  S I R N | | ***Pseudomonas aeruginosa*** | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | **CEFTAZ MERO/DORI**  S I R N S I R N  **COL/PB PIP/PIPTAZ**  S I R N S I R N  **GENT TOBRA**  S I R N S I R N  **IMI**  S I R N | | ***Gram-positive*** | | | | | | ***Staphylococcus aureus*** | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | **CEFOX/METH/OX LNZ**  S I R N S R N  **DAPTO VANC**  S NS N S I R N | | ***Enterococcus faecalis***  ***Enterococcus faecium*** | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | **DAPTO VANC**  S NS S-DD R N S I R N  **LNZ**  S I R N | | **Fungal** | | | | | | ***Candida glabrata*** | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | **ANID MICA**  S I R N S I R N  **CASPO VORI**  S I R N S I R N  **FLUCO**  S S-DD R N | |