Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

# AHRQ Safety Program for MRSA Prevention Clinical Outcomes Data for ICU/Non-ICU

(This will be an electronic form with dropdown menus for the List of Organisms and the List of Specimen Types)

# ICU & Non-ICU Data reported quarterly and results broken down by month

1. Methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia LabID (as defined by CDC/NHSN and outlined in the completion guide) – monthly

Month,	Count of MRSA	, , , , , , , , , , , , , , , , , , , ,
Year	bacteremia	onset (Day 3 or after of hospital admission) – selected from dropdown menu
	LabID events	
	by month and	
	community vs.	
	hospital onset	

2. Hospital onset Bacteremia (HOB) (Day 3 or after of hospital admission) with causative organisms – monthly This includes MRSA as well as well as other causative organisms.

Month, Year	Count of HOB cases by each causative organism	Organism - selected from dropdown menu (See List of Organisms, page 6)

Public reporting burden for this collection of information is estimated to average 30 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, AHRQ Reports Clearance Officer, Attention: PRA, Paperwork Reduction Project (0935-0143), AHRQ, 5600 Fishers Lane, MS 0741A, Rockville, MD 20857

The confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

3. CLABSI cases with causative organisms – monthly

Month,	Count of	Organism – selected from dropdown menu
Year	CLABSI	(See List of Organisms, page 6)
	cases by	
	each	
	causative	
	organism	

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

# 4. Central line days - monthly

Month, Year	Total central line days

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

# 5. Patient days - monthly

Month, Year	Total patient days

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

6. Clinical cultures growing MRSA on Day 3 or later of hospital admission - monthly

Month,	Count of	Specimen type – selected from dropdown menu
Year	clinical cultures	(See List of Specimen Types, page 7)
	growing MRSA	
	on Day 3 or	
	later of	
	hospital	
	admission by	
	specimen type	

7. Point prevalence of MRSA nasal surveillance tests semi-annually (reporting is optional; will likely only be completed by participating sites that already perform MRSA nasal surveillance testing)

Number of patients with positive result on MRSA nasal surveillance testing during a designated 3-day time window	Number of total surveillance tests performed during a designated 3-day time window

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

# **List of Organisms**

LIST OF Organisms
Staphylococcus aureus
Methicillin-resistant (MRSA)
Methicillin-susceptible (MSSA)
Coagulase-Negative Staphylococcus
Candida
Candida albicans
Candida glabrata
Candida parapsilosis
Candida tropicalis
Candida krusei
Candida lusitaniae
Candida sp.(unspeciated)
Enterococcus
Enterococcus faecalis
Enterococcus faecium
Enterococcus sp.
Klebsiella
Klebsiella pneumoniae
Klebsiella oxytoca
Escherichia coli
Enterobacter
Enterobacter cloacae
Enterobacter aerogenes
Enterobacter agglomerans
Enterobacter sp.
Pseudomonas
Pseudomonas aeruginosa
Pseudomonas sp.
Streptococcus
Streptococcus viridans grp
Streptococcus, Group B
Streptococcus pneumoniae
Streptococcus, Group A
Streptococcus, Group C
Streptococcus anginosis grp
Streptococcus, Group F
Streptococcus, Group G
Acinetobacter
Acinetobacter baumannii
Acinetobacter lwoffii
Serratia
Serratia marcescens
Serratia sp.
Bacteroides
Bacteroides fragilis
Bacteroides, other sp.
Proteus mirabilis
Stenotrophomonas maltophilia
Clostridium
Citrobacter
Citrobacter freundii

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

Citrobacter koseri	
Morganella morganii	
Achromobacter sp.	
Providencia stuartii	
Alcaligenes xylosoxidans	
Pantoea agglomerans	
Other	

# **List of Specimen Types**

ood culture
rine culture
outum culture
/ound culture
bscess fluid
eritoneal fluid
eural fluid
erebral spinal fluid
pint aspiration fluid
ardware or device (explanted)
ssue culture