

## Patient Safety Component—Annual Facility Survey for IRF

Instructions for this form are available at: <a href="http://www.cdc.gov/nhsn/forms/instr/TOI-57.151-IRF.pdf">http://www.cdc.gov/nhsn/forms/instr/TOI-57.151-IRF.pdf</a>	
*required for saving	Tracking #:
Facility ID:	*Survey Year:
<b>Facility Characteristics (completed by Infection Preventionist)</b>	
*Ownership (check one):	
<input type="checkbox"/> For profit <input type="checkbox"/> Not for profit, including church <input type="checkbox"/> Government <input type="checkbox"/> Veterans Affairs	
*Affiliation (check one):	
<input type="checkbox"/> Independent <input type="checkbox"/> Multi-facility organization (specialty network) <input type="checkbox"/> Hospital system	
*How would you describe your licensed inpatient rehabilitation facility? (check one)	
<input type="checkbox"/> Free-standing <input type="checkbox"/> Healthcare facility based	
In the previous calendar year, indicate the following counts for the Rehabilitation Facility:	
*Total number of rehab beds:	_____
*Average daily census:	_____
*Number of patient days:	_____
*Average length of stay:	_____
*Indicate the number of admissions with the primary diagnosis for each of the following rehabilitation categories <i>(must sum to the total number of admissions listed below)</i>	
a. Traumatic spinal cord dysfunction:	_____
b. Non-traumatic spinal cord dysfunction:	_____
c. Stroke:	_____
d. Brain dysfunction (non-traumatic or traumatic):	_____
e. Other neurologic conditions (for example, multiple sclerosis, Parkinson’s disease, etc.):	_____
f. Orthopedic conditions (incl. fracture, joint replacement, other):	_____
g. All other admissions:	_____
*Total number of admissions:	_____
*Number of admissions on a ventilator:	_____
*Number of pediatric (≤ 18 years old) admissions:	_____

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

- \*1. Does your facility have its own on-site laboratory that performs antimicrobial bacterial susceptibility testing?  Yes  No
- 1a. If No, where is your facility's antimicrobial susceptibility testing performed? (check one)
- Affiliated medical center  Commercial referral laboratory  Other local/regional, non-affiliated reference laboratory

- \*2. For the following organisms indicate which methods are used for:
- (1) Primary susceptibility testing and  
(2) Secondary, supplemental, or confirmatory testing (if performed).
- If your laboratory does not perform susceptibility testing, indicate the methods used at the outside laboratory.

**Use the testing codes listed below the table.**

Pathogen	(1) Primary	(2) Secondary	Comments
<i>Staphylococcus aureus</i>	_____	_____	_____
<i>Enterobacterales</i>	_____	_____	_____

- |                                |                                      |  |
|--------------------------------|--------------------------------------|--|
| 1 = Kirby-Bauer disk diffusion | 5.1 = MicroScan WalkAway             | 10 = E test                                    |
| 2 = Vitek (Legacy)             | 5.2 = MicroScan autoSCAN             | 12 = Vancomycin agar screen (BHI + vancomycin) |
| 2.1 = Vitek 2                  | 6 = Other broth microdilution method | 13 = Other (describe in Comments section)      |
| 3.1 = BD Phoenix               | 7 = Agar dilution method             |  |
| 4 = Sensititre                 |                                      |  |

- \*3. Has the laboratory implemented revised breakpoints recommended by CLSI for the following:
- a. Cephalosporin and monobactam breakpoints for *Enterobacterales* in 2010  Yes  No
- b. Carbapenem breakpoints for *Enterobacterales* in 2010  Yes  No
- c. Ertapenem breakpoints for *Enterobacterales* in 2012  Yes  No
- d. Carbapenem breakpoints for *Pseudomonas aeruginosa* in 2012  Yes  No
- e. Fluroquinolone breakpoints for *Pseudomonas aeruginosa* in 2019  Yes  No
- f. Fluroquinolone breakpoints for *Enterobacterales* in 2019  Yes  No

- \*4. Does the laboratory test isolates for presence of carbapenemase? (this does not include automated testing instrument expert rules)  Yes  No

4a. If Yes, indicate what is done if carbapenemase production is detected: (check one)

- Change susceptible carbapenem results to resistant
- Report carbapenem MIC results without an interpretation
- No changes are made in the interpretation of carbapenems, the test is used for epidemiological or infection control practices

4b. If Yes, which test is routinely performed to detect carbapenemase: (check all that apply)

- PCR  Cepheid, BioFire array
- Modified Hodge Test  MBL Screen  Other (specify): \_\_\_\_\_
- mCIM/CIM  Carba NP
- E test  Rapid CARB Blue



**Facility Microbiology Laboratory Practices (continued)**

10a. If yes, which culture-independent diagnostic tests (CIDTs) are used to identify *Candida* from blood specimens? (check all that apply)

- T2Candida Panel
- BioFire
- Other, specify: \_\_\_\_\_
- Unknown

\*11. Are any culture-independent diagnostic tests (CIDTs) used to specifically identify *Candida auris* from clinical specimens?

- Yes
- No
- Unknown

11a. If yes, which culture-independent diagnostic tests (CIDTs) are used to identify *Candida auris* from clinical specimens? (check all that apply)

- T2Cauris Panel
- PCR
- Other, specify: \_\_\_\_\_
- Unknown

\*12. Where is antifungal susceptibility testing (AFST) performed for specimens collected at your facility? (check one)

- On-site laboratory
- Other local/regional, non-affiliated reference laboratory
- Affiliated medical center
- AFST not available (specifically, AFST is not performed onsite or at any affiliate/commercial/other laboratory) [if selected, skip questions 14-16]
- Commercial referral laboratory

**Answer questions 13–17 for the laboratory that *performs AFST for your facility*:**

\*13. What method is used for antifungal susceptibility testing (AFST), **excluding Amphotericin B**? (check all that apply)

- Broth microdilution
- YeastOne colorimetric microdilution
- E test
- Vitek 2 card
- Disk diffusion
- Other (specify): \_\_\_\_\_
- Unknown

\*14. What method is used for antifungal susceptibility testing (AFST) of **Amphotericin B**? (check all that apply)

- Broth microdilution
- YeastOne colorimetric microdilution
- E test
- Vitek 2 card
- Disk diffusion
- Other (specify): \_\_\_\_\_
- Unknown

15. If Vitek is used for AFST, which *Candida* species do you test with it? (check all that apply)

- C. albicans*
- C. parapsilosis*
- C. glabrata*
- Other *Candida* spp.

**Facility Microbiology Laboratory Practices (continued)**

\*16. AFST is performed for which of the following antifungal drugs? (check all that apply)

- Fluconazole
- Voriconazole
- Itraconazole
- Posaconazole
- Micafungin
- Anidulafungin
- Caspofungin
- Amphotericin B
- Flucytosine
- Other, specify: \_\_\_\_\_
- Unknown

\*17. AFST is performed on fungal isolates in which of the following situations? (check only one box per row)

	Performed automatically	Performed with a clinician's order	Not performed	Unknown
Blood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other normally sterile body site (for example, CSF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*18. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)

- Enzyme immunoassay (EIA) for toxin
- Cell cytotoxicity neutralization assay
- Nucleic acid amplification test (NAAT) (for example, 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): \_\_\_\_\_

**Facility Microbiology Laboratory Practices (continued)**

\*19. Indicate the primary and definitive method used to identify microbes from blood cultures collected in your facility. (check one)

- MALDI-TOF MS System (Vitek MS)
- MALDI-TOF MS System (Bruker Biotyper)
- Automated Instrument (for example, Vitek, MicroScan, Phoenix, OmniLog, Sherlock, etc.)
- Non-automated Manual Kit (for example, API, Crystal, RapID, etc.)
- Rapid Identification (for example, Verigene, BioFire FilmArray, PNA-FISH, Gene Xpert, etc.)
- 16S rRNA Sequencing
- Other (specify): \_\_\_\_\_
- None

\*20. Indicate any additional secondary methods used for microbe identification from blood cultures collected in your facility (for example, a rapid method that is confirmed with the primary method, a secondary method if the primary method fails to give an identification, or a method that is used in conjunction with the primary method). (check all that apply)

- MALDI-TOF MS System (Vitek MS)
- MALDI-TOF MS System (Bruker Biotyper)
- Automated Instrument (for example, Vitek, MicroScan, Phoenix, OmniLog, Sherlock, etc.)
- Non-automated Manual Kit (for example, API, Crystal, RapID, etc.)
- Rapid Identification (for example, Verigene, BioFire FilmArray, PNA-FISH, Gene Xpert, etc.)
- 16S rRNA Sequencing
- Other (specify): \_\_\_\_\_
- None

**Infection Control Practices**

**(Completed with input from Hospital Epidemiologist and/or Quality Improvement Coordinator)**

\*21. Number or fraction of infection preventionists (IPs) in facility:

- a. Total hours per week performing surveillance: \_\_\_\_\_
- b. Total hours per week for infection control activities other than surveillance: \_\_\_\_\_

\*22. Number or fraction of full-time employees (FTEs) for a designated hospital epidemiologist (or equivalent role) affiliated with your facility: \_\_\_\_\_

\*23. Is it a policy in your facility that patients infected or colonized with MRSA are routinely placed in contact precautions while these patients are in your facility? (check one)

- Yes
- No

Not applicable: my facility never admits these patients

**Infection Control Practices (continued)**

23a. If Yes, check the type of patients that are routinely placed in contact precautions while in your facility (check one):

- All infected and all colonized patients
- Only all infected patients
- Only infected or colonized patients with certain characteristics (check all that apply)
  - Patients admitted to high risk settings
  - Patients at high risk for transmission

\*24. Is it a policy in your facility that patients infected or colonized with VRE are routinely placed in contact precautions while these patients are in your facility? (check one)

- Yes
- No
- Not applicable: my facility never admits these patients

24a. If Yes, check the type of patients that are routinely placed in contact precautions while in your facility (check one):

- All infected and all colonized patients
- Only all infected patients
- Only infected or colonized patients with certain characteristics (check all that apply)
  - Patients admitted to high risk settings
  - Patients at high risk for transmission

\*25. Is it a policy in your facility that patients infected or colonized with CRE (regardless of confirmatory testing for carbapenemase production) are routinely placed in contact precautions while these patients are in your facility? (check one)

- Yes
- No
- Not applicable: my facility never admits these patients

25a. If Yes, check the type of patients that are routinely placed in contact precautions while in your facility (check one):

- All infected and all colonized patients
- Only all infected patients
- Only infected or colonized patients with certain characteristics (check all that apply)
  - Patients admitted to high risk settings
  - Patients at high risk for transmission

\*26. Is it a policy in your facility that patients infected or colonized with suspected or confirmed ESBL-producing or extended spectrum cephalosporin resistant *Enterobacterales* are routinely placed in contact precautions while these patients are in your facility? (check one)

- Yes

- No
- Not applicable: my facility never admits these patients

**Infection Control Practices (continued)**

26a. If Yes, check the type of patients that are routinely placed in contact precautions while in your facility (check one):

- All infected and all colonized patients
- Only all infected patients
- Only infected or colonized patients with certain characteristics (check all that apply)
  - Patients admitted to high risk settings
  - Patients at high risk for transmission

\*27. Does the facility routinely perform screening testing (culture or non-culture) for CRE? *This includes screening for patients at your facility performed by public health laboratories and commercial laboratories*

- Yes  No

27a. If Yes, in which situations does the facility routinely perform screening testing for CRE? (check all that apply)

- Surveillance testing at admission for all patients
- Surveillance testing of epidemiologically-linked patients of newly identified CRE patients (for example, roommates)
- Surveillance testing at admission of high-risk patients (for example, admitted from LTAC or LTCF)
- Surveillance testing at admission of patients admitted to high-risk settings (for example, ICU)
- Other (specify): \_\_\_\_\_

\*28. Does the facility routinely perform screening testing (culture or non-culture) for *Candida auris*? *This includes screening for patients at your facility performed by public health laboratories and commercial laboratories.*

- Yes  No

28a. If Yes, in which situations does the facility routinely perform screening testing for *Candida auris*? (check all that apply)

- Surveillance testing at admission for all patients
- Surveillance testing of epidemiologically-linked patients of newly identified *Candida auris* patients (for example, roommates)
- Surveillance testing at admission of high-risk patients (check all that apply)
  - Patients admitted from long-term acute care (LTAC) or long-term care facility (LTCF)
  - Patients with recent (for example, within 6 months) overnight hospital stay outside the United States
  - Patients admitted to high-risk settings (for example, ICU)
  - Other high-risk patients (specify): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

28b. If Yes, what method is routinely used by the lab conducting *Candida auris* testing of screening swabs from your facility?

- Culture-based methods
- PCR
- Other (specify): \_\_\_\_\_



\*29. Does the facility routinely perform screening testing (culture or non-culture) for MRSA for any patients admitted?

Yes  No

### Infection Control Practices (continued)

29a. If yes, in which situations does the facility routinely perform screening testing for MRSA? (check all that apply)

- Surveillance testing at admission for all patients
- Surveillance testing at admission of high-risk patients (for example, admitted from long-term acute care [LTAC] or long-term care facility [LTCF])
- Surveillance testing at admission of patients admitted to high-risk settings (for example, ICU)
- Surveillance testing of pre-operative patients to prevent surgical site infections
- Other (specify): \_\_\_\_\_

\*30. Does your facility have a policy to routinely use chlorhexidine bathing for any adult patients to prevent infection or transmission of MDROs at your facility?

Yes  No

\*31. Does the facility have a policy to routinely use a combination of topical chlorhexidine AND an intranasal anti-staphylococcal agent (mupirocin, iodophor, or an alcohol based intranasal agent) for any adult patients to prevent healthcare-associated infections or reduce transmission of resistant pathogens?

Yes  No

### Antibiotic Stewardship Practices

(completed with input from Physician and Pharmacist Stewardship Leaders)

\*32. Did the antibiotic stewardship leader(s) participate in responding to these questions? (Check one.)

- Yes, pharmacist lead
- Yes, physician lead
- Yes, both pharmacist and physician leads
- Yes, other lead
- No

\*33. Facility leadership has demonstrated commitment to antibiotic stewardship efforts by: (Check all that apply.)

- Providing stewardship program leader(s) dedicated time to manage the program and conduct daily stewardship interventions.
- Allocating resources (for example, IT support, training for stewardship team) to support antibiotic stewardship efforts.
- Having a senior executive that serves as a point of contact or "champion" to help ensure the program has resources and support to accomplish its mission.
- Presenting information on stewardship activities and outcomes to facility leadership and/or board at least annually.
- Ensuring the stewardship program has an opportunity to discuss resource needs with facility leadership and/or board at least annually.
- Communicating to staff about stewardship activities, via email, newsletters, events, or other avenues.
- Providing opportunities for hospital staff training and development on antibiotic stewardship.
- Providing a formal statement of support for antibiotic stewardship (for example, a written policy or statement approved by the board).
- Ensuring that staff from key support departments and groups (for example, IT and hospital medicine) are

contributing to stewardship activities.

None of the above

**Antibiotic Stewardship Practices (continued)**

\*34. Our facility has a leader or co-leaders responsible for antibiotic stewardship program management and outcomes.

Yes

No

34a. If Yes, what is the position of this leader? (Check one.)

Physician

Pharmacist

Co-led by both Pharmacist and Physician

Other (for example, RN, PA, NP, etc.; specify): \_\_\_\_\_

34b. If Physician or Co-led is selected, which of the following describes your antibiotic stewardship **physician** leader? (Check all that apply.)

Has antibiotic stewardship responsibilities in their contract, job description or performance review

Is physically on-site in your facility (either part-time or full-time)

Completed an ID fellowship

Completed a certificate program on antibiotic stewardship

Completed other training(s) (for example, conferences or online modules) on antibiotic stewardship

None of the above

34c. If 'Has antibiotic stewardship responsibilities in their contract or job description' is selected (for physician (co) leader): What percent time for antibiotic stewardship activities is specified in the **physician** (co) leader's **contract or job description**? (Check one.)

1-10%

76-100%

11-25%

26-50%

Not specified

51-75%

34d. If Physician or Co-led is selected: **In an average week**, what percentage of time does the **physician** (co) leader **spend** on antibiotic stewardship activities in your facility? (Check one.)

1-10%

76-100%

11-25%

26-50%

Not specified

34e. If Pharmacist or Co-led is selected, which of the following describes your antibiotic stewardship **pharmacist** leader? (Check all that apply.)

Has antibiotic stewardship responsibilities in their contract, job description or performance review

Is physically on-site in your facility (either part-time or full-time)

Completed a PGY2 ID residency and/or ID fellowship

Completed a certificate program on antibiotic stewardship

Completed other training(s) (for example, conferences or online modules) on antibiotic stewardship

None of the above

**Antibiotic Stewardship Practices (continued)**

34f. If 'Has antibiotic stewardship responsibilities in their contract or job description' is selected (for pharmacist (co) leader): What percent time for antibiotic stewardship activities is specified in the **pharmacist (co) leader's contract or job description**? (Check one)

- 1-10%  76-100%  
 11-25%  
 26-50%  
 51-75%

34g. If 'Pharmacist' or 'Co-led' is selected: **In an average week**, what percentage of time does the **pharmacist (co) leader spend** on antibiotic stewardship activities in your facility? (Check one)

- 1-10%  76-100%  
 11-25%  
 26-50%  
 51-75%

34h. If Pharmacist or Other is selected: Does your facility have a designated physician who can serve as a point of contact and support for the non-physician leader?

- Yes  No

34i. If a pharmacist is **not** the leader or co-leader for the program, is there at least one pharmacist responsible for improving antibiotic use at your facility?

- Yes  No

\*35. Our facility has the following priority antibiotic stewardship interventions: (Check all that apply)

- Prospective audit and feedback for specific antibiotic agents

35a. If Prospective audit and feedback is selected: For which categories of antimicrobials? Answer for the following categories of antimicrobials, *whether or not* they are on formulary. (Check all that apply)

- Cefepime, ceftazidime, or piperacillin/tazobactam  
 Vancomycin (intravenous)  
 Ceftazidime/avibactam, ceftolozane/tazobactam, meropenem/vaborbactam, imipenem-cilastatin/relebactam, or cefiderocol  
 Fluoroquinolones  
 Daptomycin, linezolid, or other newer anti-MRSA agents  
 Ertapenem, imipenem/cilastatin, or meropenem

- Eravacycline or omadacycline  
 Lefamulin  
 Aminoglycosides  
 Colistin or polymyxin B  
 Anidulafungin, caspofungin, or micafungin  
 Isavuconazole, posaconazole, or voriconazole

- Amphotericin B and/or lipid-based amphotericin B
- None of the above

**Antibiotic Stewardship Practices (continued)**

35b. If Prospective audit and feedback is selected: Our antibiotic stewardship program monitors prospective audit and feedback interventions (for example, by tracking antibiotic use, types of interventions, acceptance of recommendations).

Yes  No

- Preauthorization for specific antibiotic agents.

35c. If Preauthorization is selected: For which categories of antimicrobials? Only answer for categories of antimicrobials that are *on formulary*. (Check all that apply)

- Cefepime, ceftazidime, or piperacillin/tazobactam
- Vancomycin (intravenous)
- Ertapenem, imipenem/cilastatin, or meropenem
- Ceftazidime/avibactam, ceftolozane/tazobactam, meropenem/vaborbactam, imipenem-cilastatin/relebactam, or cefiderocol
- Fluoroquinolones
- Daptomycin, linezolid, or other newer anti-MRSA agents
- Eravacycline or omadacycline
- Lefamulin
- Aminoglycosides
- Colistin or polymyxin B
- Anidulafungin, caspofungin, or micafungin
- Isavuconazole, posaconazole, or voriconazole
- Amphotericin B and/or lipid-based amphotericin B
- None of the above

35d. If Preauthorization is selected: Our antibiotic stewardship program monitors preauthorization interventions (for example, by tracking which agents are requested for which conditions).

Yes  No

- Facility-specific treatment recommendations, based on national guidelines and local pathogen susceptibilities, to assist with antibiotic selection for common clinical conditions (for example, community-acquired pneumonia, urinary tract infection, skin and soft tissue infection).

35e. If Facility-specific treatment recommendations is selected: For which common clinical conditions?

- Community-acquired pneumonia
- Urinary Tract infection
- Skin and soft tissue infection
- None of the above

35f. If Facility-specific treatment recommendations is selected: Our stewardship program monitors adherence to our facility's treatment recommendations for antibiotic selection for common clinical conditions (for example, community-acquired pneumonia, urinary tract infection, skin and soft tissue infection).

Yes  No

35g. If Yes: For which common clinical conditions?

- Community-acquired pneumonia
- Urinary tract infection
- Skin and soft tissue infection

None of the above

None of the above

**Antibiotic Stewardship Practices (continued)**

\*36. Our facility has a policy or formal procedure for other interventions to ensure optimal use of antibiotics: (Check all that apply.)

- Early administration of effective antibiotics to optimize the treatment of sepsis
- Treatment protocols for *Staphylococcus aureus* bloodstream infection
- Stopping unnecessary antibiotic(s) in new cases of *Clostridioides difficile* infection (CDI)
- Review of culture-proven invasive (for example, bloodstream) infections
- Review of planned outpatient parenteral antibiotic therapy (OPAT)
- The treating team to review antibiotics 48-72 hours after initial order (specifically, antibiotic time-out).
- Assess and clarify documented penicillin allergy
- Using the shortest effective duration of antibiotics at discharge for common clinical conditions (for example, community-acquired pneumonia, urinary tract infections, skin and soft tissue infections)
- None of the above

36a. If 'Using the shortest effective duration of antibiotics at discharge for common clinical conditions' is selected: Our stewardship program monitors adherence in using the shortest effective duration of antibiotics at discharge for common clinical conditions (for example, community-acquired pneumonia, urinary tract infections, skin and soft tissue infections), at least annually.

Yes  No

\*37. Our facility has in place the following specific 'pharmacy-based' interventions: (Check all that apply)

- Pharmacy-driven changes from intravenous to oral antibiotics without a physician's order (for example, hospital-approved protocol)
- Alerts to providers about potentially duplicative antibiotic spectra (for example, multiple antibiotics to treat anaerobes)
- Automatic antibiotic stop orders in specific situations (for example, surgical prophylaxis)
- None of the above

\*38. Our stewardship program has engaged bedside nurses in actions to optimize antibiotic use.

Yes  No

38a. If Yes is selected: Our facility has in place the following specific 'nursing-based' interventions: (Check all that apply.)

- Nurses receive training on appropriate criteria for sending urine and/or respiratory cultures.
- Nurses initiate discussions with the treating team on switching from intravenous to oral antibiotics.
- Nurses initiate antibiotic time-out discussions with the treating team.
- Nurses track antibiotic duration of therapy
- None of the above

38b. If 'Nurses track antibiotic duration of therapy' is selected: Is that information available at the bedside (for example, on a whiteboard in the room)?

Yes  No

**Antibiotic Stewardship Practices (continued)**

\*39. Our stewardship program monitors: (Check all that apply.)

- Antibiotic resistance patterns (either facility- or region-specific), at least annually
- Clostridioides difficile* infections (or *C. difficile* LabID events), at least annually
- Antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly
- Antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly
- Antibiotic expenditures (specifically, purchasing costs), at least quarterly
- Antibiotic use in some other way, at least annually (specify): \_\_\_\_\_
- None of the above

\*40. Our stewardship team provides the following antibiotic use reports to prescribers, at least annually: (Check all that apply.)

- Individual, prescriber-level reports
- Unit- or service-specific reports
- None of the above

40a. If 'Individual, prescriber-level reports' or 'Unit- or service-specific reports' is selected: Our stewardship program uses these reports to target feedback to prescribers about how they can improve their antibiotic prescribing, at least annually.

Yes  No

\*41. Our facility distributes an antibiogram to prescribers, at least annually

Yes  No

\*42. Information on antibiotic use, antibiotic resistance, and stewardship efforts is reported to hospital staff, at least annually.

Yes  No

\*43. Which of the following groups receive education on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance (for example, Grand Rounds, in-service training, direct instruction) at least annually? (Check all that apply.)

- Prescribers
- Nursing staff
- Pharmacists
- None of the above

\*44. Are patients provided education on important side effects of prescribed antibiotics?

Yes  No

44a. If 'Yes' is selected: How is education to patients on side effects shared? (Check all that apply.)

- Discharge paperwork
- Verbally by physician
- Verbally by nurse
- None of the above

Verbally by pharmacist

**Optional Antibiotic Stewardship Practices Questions**

**Responses to the following questions are not required to complete the annual survey.**

**Provide additional information about your facility's antibiotic stewardship activities and leadership.**

45. Antibiotic stewardship activities are integrated into quality improvement and/or patient safety initiatives.

Yes  No

46. Our facility accesses targeted remote stewardship expertise (for example, tele-stewardship to obtain facility-specific support for our antibiotic stewardship efforts)

Yes  No

47. Our stewardship program works with the microbiology laboratory to implement the following interventions: (Check all that apply)

- Selective reporting of antimicrobial susceptibility testing results
- Placing comments in microbiology reports to improve prescribing
- None of the above

48. Which committees or leadership entities provide oversight of your facility's antibiotic stewardship efforts? (Check all that apply.)

- |  |   |
|--|---|
| <input type="checkbox"/> Pharmacy director       | <input type="checkbox"/> Executive leadership (for example, CEO, CMO) |
| <input type="checkbox"/> Pharmacy & therapeutics | <input type="checkbox"/> Hospital board                               |
| <input type="checkbox"/> Patient safety          | <input type="checkbox"/> Other (specify): _____                       |
| <input type="checkbox"/> Quality improvement     | <input type="checkbox"/> None   |

**Facility Water Management Program (WMP) (Completed with input from WMP team members.)**

\*49. Does your facility have a water management program (WMP) to prevent the growth and transmission of *Legionella* and other opportunistic waterborne pathogens (for example, *Pseudomonas*, *Acinetobacter*, *Burkholderia*, *Stenotrophomonas*, nontuberculous mycobacteria, and fungi)?

Yes  No

49a. If Yes, who is represented on your facility WMP team? (Check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Hospital Epidemiologist/Infection Preventionist | <input type="checkbox"/> Compliance/Safety Officer     |
| <input type="checkbox"/> Hospital Administrator/Leadership               | <input type="checkbox"/> Risk/Quality Management Staff |
| <input type="checkbox"/> Facilities Manager/Engineer                     | <input type="checkbox"/> Infectious Disease Clinician  |
| <input type="checkbox"/> Maintenance Staff                               | <input type="checkbox"/> Consultant                    |
| <input type="checkbox"/> Equipment/Chemical Acquisition/Supplier         | <input type="checkbox"/> Laboratory Staff              |
| <input type="checkbox"/> Environmental Services                          | <input type="checkbox"/> Other (specify): _____        |

\*50. Has your facility ever conducted an environmental assessment to identify where *Legionella* and other opportunistic waterborne pathogens for example could grow and spread in the facility water system (for example, piping infrastructure)? This may include a description of building water systems using text or basic diagram that maps all water supply sources, treatment systems, processing steps, control measures, and end-use points.

Yes  No

50a. If Yes, when was the most recent assessment conducted? (Check one)

- Within the most recent year (< 1 year ago)       Between 1 and 3 years ago (≥ 1 year and ≤ 3 years)       More than 3 years ago (> 3 years)

**Facility Water Management Program (WMP) (continued)**

\*51. Has your facility ever conducted a water infection control risk assessment (WICRA) to evaluate water sources, modes of transmission, patient susceptibility, patient exposure, and/or program preparedness? An example WICRA tool can be accessed at <https://www.cdc.gov/hai/pdfs/prevent/water-assessment-tool-508.pdf>

Yes  No

51a. If Yes, when was the most recent assessment conducted? (Check one)

- Within the most recent year (< 1 year ago)       Between 1 and 3 years ago (≥ 1 year and ≤ 3 years)       More than 3 years ago (> 3 years)

\*52. Does your facility regularly monitor the following parameters in the building water system(s)?

Disinfectant (such as residual chlorine):

Yes  No

52a. If Yes, does your facility have a plan for corrective actions when disinfectant(s) are not within acceptable limits as determined by the water management program?

Yes  No

Water temperature:

Yes  No

52b. If Yes, does your facility have a plan for corrective actions when water temperatures are not within acceptable limits as determined by the water management program?

Yes  No

Water pH:

Yes  No

52c. If Yes, does your facility have a plan for corrective actions when water pH is not within acceptable limits as determined by the water management program?

Yes  No

Heterotrophic plate count (HPC) testing:

Yes  No

52d. If Yes, does your facility have a plan for corrective actions when heterotrophic plate counts are not within acceptable limits as determined by the water management program?

Yes  No

Specific environmental *Legionella* testing:

Yes  No

52e. If Yes, does your facility have a plan for corrective actions when environmental testing for *Legionella* are not within acceptable limits as determined by the water management program?

Yes  No

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

Public reporting burden of this collection of information is estimated to average 70 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or



any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).