HARP PM1: Clinical Laboratories

Jurisdiction _____

HARP PM1: Clinical laboratories engaged to improve testing. Please answer the following questions for the reporting period: August 1, 2022 through July 31, 2023.

This measure is due once annually: only at end of performance period (Due: August 31st, 2023)

Q1. How many clinical laboratories are in your health department's jurisdiction?

Clinical laboratories includes any clinical, reference, or commercial laboratories in or serving the jurisdiction.

_____
(Please provide an approximate number if exact number is not known.)

Q2. How many clinical laboratories did your HAI/AR program engage to submit clinical isolates for testing at the public health lab during this budget period?

Engagement of clinical laboratories include the provision of technical support and/ or consultation that facilitates the connection of the clinical laboratories to your AR Lab Network public health lab or regional lab for additional support.

_____
(Please provide an approximate number if exact number is not known.)

HARP PM2: nMDRO Responses

HARP PM2: Novel or Targeted Multi-drug Resistant Organisms (nMDRO) Responses

Instructions: HAI/AR Response and Prevention (HARP) PM2 has been restructured to align reporting across G1, American Rescue Plan (SHARP Project I, NH Strike Teams), and COVID-19 Supplements for Healthcare IPC activities.

Please report nMDRO investigations or consultations* conducted by either

Staff from HAI/AR Program or their designee** (regardless of funding source), or Staff partially or fully funded through one of the following mechanisms who contributed to the response: G1 SHARP (SHARP includes project 1 through 5) Nursing Home/Other LTC Strike Team This measure is due twice annually: Mid-period (Due: January 31st , 2023) and end of the reporting period (Due: August 31st , 2023)

Data entry instructions

Please enter one REDCap form for each nMDRO investigation or consultation that took place during the reporting period: August 1, 2022, through December 31, 2022. To add a new response in REDCap, click "Save and Add New Instance." For continuing responses please ensure all the data entered are cumulative irrespective of the reporting period. The reporting form is programmed to display a subset of questions based on the answer to Question #3. An excel-based upload tool for tracking and uploading nMDRO consultations* is available under the Bulk Upload section of this project. Health Departments can either use this REDCap form OR the excel-based upload tool for reporting nMDRO consultations. At this time, for reporting nMDRO investigations* the REDCap form must be used. Please do not include SARS-CoV-2 response activities in this performance measure UNLESS the response involves mixed infection or colonization with a target nMDRO. Mixed outbreaks involving SARS-CoV-2 and nMDROs should be reported in PM2. Additional Resources

For information on where to enter response activities please refer to the Where to submit HAI/AR Response-Related Activities section (Page 8) of the "ELC HAIAR Performance Measure Reporting Guide 2022-2023" For guidance on completing nMDRO response performance measure please refer to the Additional Guidance to Complete the HARP PM2 Reporting Form section (Page 11) of the "ELC HAIAR Performance Measure Reporting Guide 2022-2023" *Please refer to the Where to submit HAI/AR Response-Related Activities section (Page 8) of the "ELC HAIAR Performance Measure Reporting Guide 2022-2023" for details on key criteria for the categorization of nMDRO response activity as nMDRO investigation vs. nMDRO consultations

**Designee includes other state health department staff, local health department staff, contractor, or other partner supported by your program) for which your program can assure the quality of services provided.

*** Please refer to the Additional Guidance to Complete the HARP PM2 Reporting Form section (Page 11) of the "ELC HAIAR Performance Measure Reporting Guide 2022-2023" for details on continuing response.

Note: If you have an acute outbreak, where transmission has been controlled and you are directing the facility to conduct regular (i.e., pre-specified, prevention-focused, scheduled) PPS, those PPS entries should be entered as prevention-based activities and data be submitted under PM4. Please add a the REDCap ID of the corresponding PM4 record to the comments section of this reporting template (PM2).

[Attachment: "ELC HAIAR Performance Measure Reporting Guide 2022-2023.pdf"]

Reported through excel-based tracking tool/Imported into REDCap	☐ Yes

Q1. Local outbreak/Response ID

ID for cross-referencing with your local tracking tool as needed. May use any unique identifier. _____

Q2. Response Start Date Date when the health department first made the decision to start the investigation (to a single case or a cluster of cases).	_____ (If exact date not known, please approximate.)
Q3. Did you perform any of the following activities for this response?	☐ Remote Infection Prevention and Control Assessment ☐ Onsite Infection Prevention and Control Assessment ☐ Colonization screening ☐ None of the above
Q3a. Did the HAI/AR program offer public health assistance for any of the following, for any facility involved in the consultation (check all that apply):	☐ Remote Infection Control Assessment ☐ Onsite Infection Control Assessment ☐ Colonization Screening ☐ Unknown ☐ None of the above
Status of the investigation	◯ Active ◯ Monitoring ◯ Closed
Q4. Is this a new containment response or is it a continuing response reported during previous reporting period (prior to Aug 1, 2021). [Please refer to the "nMDRO additional guidance to complete the HARP PM2 reporting form" on how to determine whether a group of actions should be reported as a new or continuing response].	◯ New response ◯ Continuing response

Please note any regional efforts that span reporting periods should be counted as a new response.

Select "new response" in Q4 of a new record. All data entered should reflect efforts during the current reporting period. For all other continuing responses, please do not complete a new form.

Navigate to the existing record in the record status dashboard, Select "continuing response" in Q4 of the existing record, and Update the existing record. All data entered should be cumulative to date (regardless of reporting period).

Q5. During which reporting period did the health department engage in activities related to this response? [check all that apply]	☐ January 1, 2022 - July 31, 2022 ☐ August 1, 2022 - December 31, 2022 ☐ January 1, 2023 - July 31, 2023
Q5a. Did the Chicago Department of Public Health assist in this response?	◯ Yes ◯ No
Q5a. Did the Illinois Department of Public Health assist in this response?	◯ Yes ◯ No
Q5a. Did the New York City Department of Health & Mental Hygiene assist in this response?	◯ Yes ◯ No
Q5a. Did the New York State Department of Health assist in this response?	◯ Yes ◯ No
Q5a. Did the Pennsylvania Department of Health assist in this response?	◯ Yes ◯ No

Q5b. Did the Philadelphia Department of Pubic Health assist in this response?	◯ Yes ◯ No
Q5a. Did the California Department of Pubic Health assist in this response?	◯ Yes ◯ No
Q5a. Did the Los Angeles County Department of Pubic Health assist in this response?	◯ Yes ◯ No
Q5a. Did the Texas Department of State Health Services assist in this response?	◯ Yes ◯ No
Q5a. Did the Houston Health Department assist in this response?	◯ Yes ◯ No
Q6. What was the trigger for the response? Select the option that best describes the trigger for initiating this response. If needed, more than one option can be selected. Definitions/Examples Screening case: notification of a patient, transferred from Hospital A and colonized with CPOs/ auris identified by admission screening at SNF A. Regional effort: responses in multiple facilities in a city/region to prevent the spread of an emerging resistance, in which facilities are selected based on their characteristics (e.g., high acuity, long length of stay) rather than a direct epi link to a case or outbreak Prevention-based Point Prevalence Survey Prevention PPS, where multiple cases of a novel CPO are identified from a facility and additional rounds of PPS are performed in accordance with the Containment guidance	☐ Single clinical case ☐ Multiple clinical cases ☐ Screening case ☐ Regional effort* ☐ Prevention-based Point Prevalence Survey (PPS) ☐ Other ☐ Unknown (*Please note regional response activities should be aggregated in one entry unless efforts cross reporting periods; see attached "nMDRO additional guidance to complete the PM2 reporting form" document above)
Q6a. REDCap ID of Point Prevalence Survey For the purposes of linking responses, please provide the Facility ID for the Point Prevalence Survey designated in Performance Measure 4	_____
Q6b. Other trigger, specify:	_____
Q7. Did more than one targeted MDRO trigger this response? Note: Targeted MDRO(s) [Organism/mechanism] are those that triggered the AR containment response	◯ Yes ◯ No ◯ Unknown

Q8. Organism/mechanism that triggered the response

Please list the organism and mechanism (if applicable) that triggered the response. These organisms will be considered "targeted MDROs" for the remainder of the questions.

Do not include other non-targeted organisms subsequently identified during the response (e.g., through screening) in this section.

Refer to the document, "nMDRO Additional Guidance to Complete the HARP PM2 Reporting Form" for guidance on the reporting of single and multiple response.

Organisms

[Select all the organisms and associated mechanisms that triggered the response; If no organism prompted the response, select “No organism identified”]

- ☐ Acinetobacter baumannii
- ☐ Citrobacter spp.
- ☐ Enterobacter aerogenes (Klebsiella aerogenes)
- ☐ Enterobacter cloacae complex
- ☐ Enterobacter spp. (other E. cloacae complex)
- ☐ Escherichia coli
- ☐ Klebsiella oxytoca
- ☐ Klebsiella pneumoniae
- ☐ Klebsiella spp. (other than K. oxytoca, K. pneumoniae, and K. aerogenes)
- ☐ Morganella morganii
- ☐ Proteus mirabilis
- ☐ Providencia spp.
- ☐ Pseudomonas aeruginosa
- ☐ Pseudomonas spp. (non- aeruginosa species)
- ☐ Raoultella spp.
- ☐ Serratia marcescens
- ☐ Candida auris
- ☐ Other(s)
- ☐ Unknown
- ☐ No organism identified

Other Organism, specify:

_____

Acinetobacter baumannii mechanism [check all that apply]

- ☐ KPC
- ☐ NDM
- ☐ IMP
- ☐ VIM
- ☐ OXA 48
- ☐ OXA 23
- ☐ OXA 24_40
- ☐ OXA 58
- ☐ OXA 235
- ☐ mcr
- ☐ mCIM+/PCR-
- ☐ Other
- ☐ Unknown

Acinetobacter baumannii other mechanism, specify:

_____

Citrobacter spp. mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Citrobacter spp. other mechanism, specify:	_____
Enterobacter aerogenes (Klebsiella aerogenes) mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Enterobacter aerogenes (Klebsiella aerogenes) other mechanism, specify:	_____
Enterobacter cloacae complex mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Enterobacter cloacae complex other mechanism, specify:	_____

Escherichia coli mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Escherichia coli other mechanism, specify:	_____
Klebsiella oxytoca mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Klebsiella oxytoca other mechanism, specify:	_____
Klebsiella pneumoniae mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Klebsiella pneumoniae other mechanism, specify:	_____

Morganella morganii mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Morganella morganii other mechanism, specify:	_____
Proteus mirabilis mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Proteus mirabilis other mechanism, specify:	_____
Providencia spp. mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Providencia spp. other mechanism, specify:	_____

Pseudomonas aeruginosa mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Pseudomonas aeruginosa other mechanism, specify:	_____
Psuedomonas spp. (non- aerugionsa species) mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Psuedomonas spp. (non- aerugionsa species) other mechanism, specify:	_____
Raoultella spp. mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Raoultella spp. other mechanism, specify:	_____

Serratia marcescens mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Serratia marcescens other mechanism, specify:	_____
Other organism mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Other organism other mechanism, specify:	_____
Unknown organism mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
Other unknown other mechanism, specify:	_____

No organism identified- mechanism [check all that apply]	☐ KPC ☐ NDM ☐ IMP ☐ VIM ☐ OXA 48 ☐ OXA 23 ☐ OXA 24_40 ☐ OXA 58 ☐ OXA 235 ☐ mcr ☐ mCIM+/PCR- ☐ Other ☐ Unknown
No organism identified- other mechanism, specify:	_____
Was this a mixed outbreak involving SARS-CoV-2 and an nMDRO?	◯ Yes ◯ No

Facility/Setting Information

Answer the following questions for all organism/mechanism combinations involved in this response.

Q9. Setting Type(s): Select setting types involved (where infections identified, screenings conducted, onsite assessments were performed, etc.). Additionally, select the setting type that best describes how the overall facility is licensed (e.g., in a SNF that cares for ventilated residents, select vSNF.) If the facility has more than one level of care, select the level(s) of care relevant to the investigation and the responses to follow up activities should be submitted for those level(s) where investigation was conducted.	☐ Acute care hospitals ☐ Critical access hospitals ☐ Inpatient rehabilitation facilities ☐ Long-term acute care hospitals ☐ Ventilator-capable nursing home/skilled nursing facilities (vSNF) ☐ Nursing home/ skilled nursing facilities (SNF) ☐ Assisted Living Facility ☐ Other Congregate settings (e.g., group homes, homeless shelter) ☐ Dialysis (outpatient) ☐ Dental Office ☐ Ambulatory Surgical Center ☐ Other Outpatient settings ☐ Other healthcare settings ☐ Unknown
Q9(i)a. Please select the location within the ACH, if applicable	☐ Intensive care unit ☐ Burn unit ☐ Oncology unit ☐ Dialysis unit ☐ Operating room ☐ Emergency department ☐ Transplant unit ☐ Labor and delivery ☐ Medical unit ☐ Surgical unit ☐ Rehab unit ☐ Other ☐ Unknown

Q9(i)b. Location within the facility, if other, specify:	_____
Q9(i)a. Please select the location within the LTACH, if applicable	☐ Intensive care unit ☐ Non-Intensive care unit ☐ Other ☐ Unknown
Q9(i)a. Please select the location within the vSNF, if applicable	☐ Ventilator unit (or ventilated residents, if no separate ventilator unit) ☐ Non-ventilator unit ☐ Other ☐ Unknown
Q9(i)a. Please select the location within the SNF, if applicable	☐ Tracheostomy unit (e.g., provides tracheostomy care but not license for ventilator services) ☐ Short-stay unit in long-term care facility ☐ Memory care unit ☐ Other ☐ Unknown
Q9(ii). Please select the types of congregate settings [check all that apply]	☐ Group home ☐ Homeless shelter ☐ Prison ☐ School ☐ Migrant shelter ☐ Independent Living Facility ☐ Emergency shelters (other than homeless shelters) ☐ Other ☐ Unknown
Q9(iii). Other congregate setting type, specify:	_____
Q9(iv). Please select the other outpatient setting type and services provided. [check all that apply]	☐ Urology ☐ Endoscopy ☐ Ambulatory surgery ☐ Wound clinic ☐ Pain clinic ☐ Home health ☐ Oncology ☐ Federally Qualified Health Centers (FQHC) ☐ Dermatology ☐ Other ☐ Unknown
Q9(v). Other outpatient setting type, specify:	_____
Q9(vi). Other setting type, specify:	_____
Q9a. ZIP code of the primary outbreak facility (i.e., If this response activity includes facilities in more than 1 zip code, please include the zip code of the facility where the majority of the health department response activity occurred)	_____

Q9b. Were any of the involved facilities a tribally owned facility or a part of the Indian Health Service:

- ◯ Yes
- ◯ No
- ◯ Unknown

Colonization screening and onsite assessments

Answer the following questions for each setting type.

10a. Acute-care hospitals

How many acute care hospitals (ACHs) were involved?

This includes the number of ACHs where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one ACH was involved in the response, how many ACH conducted screening?

Example: If 3 ACH were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs across all ACHs during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).

_____

Please select the reason(s) for not screening patients in ACHs [check all that apply]

- ☐ Facility refused
- ☐ Patient in contact precautions for entire duration of stay
- ☐ Other
- ☐ Don't know

Please specify other reason for not conducting any screening.

[Optional]

_____

If more than one ACH conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?

For example, if 2 ACHs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.

_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all ACHs during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).

_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all ACHs during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all ACHs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

☐ Telephone
☐ Video (i.e, Skype, Zoom)

10b. Critical Access Hospitals

How many critical access hospitals (CAHs) were involved?

This includes the number of CAHs where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one CAH was involved in the response, how many CAH conducted screening?

Example: If 3 CAHs were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs across all CAHs during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).

_____

Please select the reason(s) for not screening patients in CAHs [check all that apply]

☐ Facility refused
☐ Patient in contact precautions for entire duration of stay
☐ Other
☐ Don't know

Please specify other reason for not conducting any screening.

[Optional]

_____

If more than one CAH conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?

For example, if 2 CAHs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.

_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all CAHs during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).

_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all CAHs during this response? This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
How many remote infection control assessments were conducted across all CAHs during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

10c. Inpatient rehabilitation facilities

How many inpatient rehabilitation facilities were involved? This includes the number of inpatient rehabilitation facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one inpatient rehab facility was involved in the response, how many inpatient rehab facilities conducted screening? Example: If 3 inpatient rehab facilities were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all inpatient rehabilitation facilities during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).	_____

Please select the reason(s) for not screening patients in inpatient rehabilitation facilities [check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening. [Optional]	_____
If more than one inpatient rehabilitation facility conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 inpatient rehabilitation facilities conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all inpatient rehabilitation facilities during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).	_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all Inpatient rehabilitation facilities during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all Inpatient rehabilitation facilities during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

- ☐ Telephone
- ☐ Video (i.e, Skype, Zoom)

10d. Long-term acute care hospitals

How many long-term acute care hospitals (LTACHs) were involved? This includes the number of long-term acute care hospitals where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one LTACH was involved in the response, how many LTACHs conducted screening? Example: If 3 LTACHs were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all LTACHs during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).	_____
Please select the reason(s) for not screening patients in LTACHs [check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening. [Optional]	_____
If more than one LTACH conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 LTACHs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all LTACHs during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).

_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all LTACHs during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all LTACHs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

10e. Ventilator capable nursing home/ skilled nursing facilities (vSNFs)

How many ventilator capable skilled nursing facilities (vSNFs) were involved? This includes the number of vSNF where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one vSNF was involved in the response, how many vSNFs conducted screening? Example: If 3 vSNFs were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all vSNFs during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).	_____
Please select the reason(s) for not screening patients in vSNFs. [check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason for not conducting any screening. [Optional]	_____
If more than one vSNF conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 vSNFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all vSNFs during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).

_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all vSNFs during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all vSNFs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

☐ Telephone
☐ Video (i.e, Skype, Zoom)

10f. Nursing homes/ Skilled nursing facilities (non-ventilator capable)

How many NHs/SNFs were involved?

This includes the number of NH/SNF where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one SNF was involved in the response, how many SNFs conducted screening?

Example: If 3 SNFs were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs across all NH/SNFs during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times. If exact number screened not known, please approximate.

_____
(If no patients were screened, please enter 0)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).

_____

Please select the reason(s) for not screening patients in NH/SNFs [check all that apply]

☐ Facility refused
☐ Patient in contact precautions for entire duration of stay
☐ Other
☐ Don't know

Please specify other reason(s) for not conducting any screening.

[Optional]

_____

If more than one SNF conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?

For example, if 2 SNFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.

_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all NH/SNFs during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).

_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all NH/SNFs during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all NH/SNFs during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

☐ Telephone
☐ Video (i.e, Skype, Zoom)

10g. Assisted Living Facility

How many assisted living facilities were involved?

This includes the number of intermediate care facilities (ALFs) where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one ALF was involved in the response, how many ALFs conducted screening?

Example: If 3 ALFs were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs across all assisted living facilities during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).

_____

Please select the reason(s) for not screening patients in assisted living facilities [check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one ALF conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 ALFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across allassisted living facilities during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).	_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across allassisted living facilities during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all assisted living facilities during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

- ☐ Telephone
- ☐ Video (i.e, Skype, Zoom)

10h. Other Congregate settings

How many congregate facilities ([pm2_congregate_type:checked]) were involved? This includes the number of congregate facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one congregate setting was involved in the response, how many facilities conducted screening? Example: If 3 congregate settings were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs across all congregate facilities during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).	_____
Please select the reason(s) for not screening patients in other congregate facilities [check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one congregate setting conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 congregate settings conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all congregate facilities during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).

_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an online or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all congregate settings during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all congregate settings during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

☐ Telephone
☐ Video (i.e, Skype, Zoom)

10i. Dialysis (Outpatient) Setting

How many dialysis (outpatient) facilities were involved?

This includes the number of outpatient facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one dialysis (outpatient) facility was involved in the response, how many dialysis facilities conducted screening?

Example: If 3 outpatient dialysis facilities were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs accross all dialysis (outpatient) facilities during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).

_____

Please select the reason(s) for not screening patients in dialysis (outpatient) facilities [check all that apply]

☐ Facility refused
☐ Patient in contact precautions for entire duration of stay
☐ Other
☐ Don't know

Please specify other reason(s) for not conducting any screening.

[Optional]

_____

If more than one outpatient dialysis facility conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?

For example, if 2 outpatient dialysis facilities conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.

_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all dialysis (outpatient) facilities during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).

_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided.

☐ Onsite infection control assessment
☐ Remote infection control assessment
☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all dialysis (outpatient) facilities during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all dialysis (outpatient) facilities during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

☐ Telephone
☐ Video (i.e, Skype, Zoom)

10j. Dental Offices

How many dental offices were involved?

This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one dental office was involved in the response, how many dental facilities conducted screening?

Example: If 3 dental offices were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs accross all dental offices during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).

_____

Please select the reason(s) for not screening patients in dental offices [check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one dental office conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 dental offices conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all dental offices during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).	_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all dental offices during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all dental offices during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

- ☐ Telephone
- ☐ Video (i.e, Skype, Zoom)

10k. Ambulatory Surgical Centers

How many ambulatory surgical centers were involved?

This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one ambulatory surgical center was involved in the response, how many dental facilities conducted screening?

Example: If 3 ambulatory surgical centers were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs accross all ambulatory surgical centers during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).

_____

Please select the reason(s) for not screening patients at ambulatory surgical center(s) [check all that apply]

- ☐ Facility refused
- ☐ Patient in contact precautions for entire duration of stay
- ☐ Other
- ☐ Don't know

Please specify other reason(s) for not conducting any screening.

[Optional]

_____

If more than one ambulatory surgical center conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?

For example, if 2 ambulatory surgical centers conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.

_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all other outpatient settings during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).

_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all ambulatory surgical centers during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all ambulatory surgical centers during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

☐ Telephone
☐ Video (i.e, Skype, Zoom)

10l. Other Outpatient settings

How many other outpatient settings were involved?

This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.

_____
(Please provide approximate number of facilities if exact number is not known.)

If more than one other outpatient settings was involved in the response, how many outpatient facilities conducted screening?

Example: If 3 other outpatient settings were involved in the response, but only 2 conducted screening, enter 2.

_____

How many screening tests were performed for all targeted MDROs accross all other outpatient settings during this response?

Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.

_____
(If no patients were screened, enter 0. If exact number screened not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).

_____

Please select the reason(s) for not screening patients in other outpatient settings [check all that apply]

☐ Facility refused
☐ Patient in contact precautions for entire duration of stay
☐ Other
☐ Don't know

Please specify other reason(s) for not conducting any screening.

[Optional]

_____

If more than one other outpatient setting conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)?

For example, if 2 other outpatient settings conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.

_____

How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all other outpatient settings during this response?

If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.

_____
(If none, enter 0. If exact number not known, please approximate.)

If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).

_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all other outpatient settings during this response? This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
How many remote infection control assessments were conducted across all other outpatient settings during this response? This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no remote assessments performed, enter 0.)
Please select the method in which the remote assessment was conducted	☐ Telephone ☐ Video (i.e, Skype, Zoom)

10m. Other Settings

How many other facilities were involved? This includes the number of other facilities where infected/colonized patients were identified, screening was conducted, or onsite assessments were performed.	_____ (Please provide approximate number of facilities if exact number is not known.)
If more than one other facility was involved in the response, how many other facilities conducted screening? Example: If 3 other facilities were involved in the response, but only 2 conducted screening, enter 2.	_____
How many screening tests were performed for all targeted MDROs accross all other facilities during this response? Multiple body sites on the same patient on the same day count as one screening test. If the same patient was screened multiple times over different PPSs, they should be included multiple times.	_____ (If no patients were screened, enter 0. If exact number screened not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of screening test performed for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 50 and 60 screening tests were conducted, respectively. Enter C auris=50 NDM=60).	_____

Please select the reason(s) for not screening patients in other facilities [check all that apply]	☐ Facility refused ☐ Patient in contact precautions for entire duration of stay ☐ Other ☐ Don't know
Please specify other reason(s) for not conducting any screening. [Optional]	_____
If more than one other facility conducted screenings, how many facilities had screening tests positive for the targeted mechanism(s)/organism(s)? For example, if 2 ALFs conducted screening but only 1 facility detected the targeted mechanism(s)/organism(s), then enter 1.	_____
How many screening tests were positive for targeted mechanism/organism (e.g., KPC if KPC E. coli was the trigger) across all other facilities during this response? If multiple body sites are positive on the same patient on the same day that counts as one positive screening test. If the same patient has positive screening test results over different PPSs, these positive tests should be counted multiple times.	_____ (If none, enter 0. If exact number not known, please approximate.)
If more than one targeted MDRO triggered the response, specify the number of positive screening test for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 tests detected Candida auris and 10 detected NDM. Enter C auris=5 NDM=10).	_____

Did your health department or a designee conduct any of the following?

In general, the initial onsite IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

To be counted as IC (remote/onsite) assessment require use of structured form of data collection, such as CDC tele-ICAR tool or similar state/locally developed tool.

Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

- ☐ Onsite infection control assessment
- ☐ Remote infection control assessment
- ☐ No assessment conducted

Please specify reason for not conducting an onsite or remote assessment.

[Optional]

_____

How many onsite infection control assessments were conducted across all other facilities during this response?

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

How many remote infection control assessments were conducted across all other facilities during this response?

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Please select the method in which the remote assessment was conducted

- ☐ Telephone
- ☐ Video (i.e, Skype, Zoom)

Total case count

Q11. How many total patients with the target mechanisms (for CPOs) or organisms (for C. auris) were identified during this response? Include index patients, those identified through colonization screening, and any other patients identified on prospective or retrospective surveillance

_____

Q11a. If more than one targeted MDRO triggered the response, specify the number of patients identified for each organism/mechanism (e.g., targeted MDROs included Candida auris and NDM E. coli for which 5 and 7 patients were identified, respectively. Enter C auris=5; NDM=7).

_____

Q11b. In which of the following age groups was colonization or infection identified?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known

- ☐ Patients/residents - Infant (0-2 years)
- ☐ Patients/residents - Pediatric (3-17 years)
- ☐ Patients/residents - Adults (18-64 years)
- ☐ Patients/residents - Older adults (65+ years)
- ☐ No colonization or infection were identified among patients or residents
- ☐ Unknown

Q11c. Was colonization or infection identified among any of the following groups during this investigation?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known

Definitions

Direct care personnel -Care Providers Direct care personnel-Ancilliary Indirect care personnel Visitors Physician Nurse Practitioners/Physician Assistants Registered Nurse Licensed Practical Nurse Certified Nursing Assistants Respiratory therapist Physical/Occupation therapist Speech Therapist Dietary personnel Radiology technicians Phlebotomists Registrars Volunteers Environmental Services Personnel Sterile Processing Department Pharmacists Supply chain Patient/resident family members Hospice care providers Chaplains Resident personal services (e.g., hair/nails)

- ☐ Direct care personnel - care providers
- ☐ Direct care personnel - ancillary
- ☐ Indirect care personnel
- ☐ Visitors
- ☐ Other
- ☐ None of the above
- ☐ Unknown

Q11c (i). Specify the type of care provider:

- ☐ Physician
- ☐ Nurse Practitioners/Physician Assistants
- ☐ Registered Nurse
- ☐ Licensed Practical Nurse
- ☐ Certified Nursing Assistants
- ☐ Other
- ☐ None of the above
- ☐ Unknown

Q11c (ii). Specify the type of ancilliary care personnel:	☐ Respiratory therapist ☐ Physical/Occupation therapist ☐ Speech Therapist ☐ Dietary personnel ☐ Radiology technicians ☐ Phlebotomists ☐ Registrars ☐ Volunteers ☐ Other ☐ None of the above ☐ Unknown
Q11c (iii). Specify the type of indirect care personnel:	☐ Environmental Services Personnel ☐ Sterile Processing Department ☐ Pharmacists ☐ Supply chain ☐ Others ☐ None of the above ☐ Unknown
Q11c (iv). Specify the type of Visitors/Contracted Personnel:	☐ Patient/resident family members ☐ Hospice care providers ☐ Chaplains ☐ Resident personal services (e.g., hair/nails) ☐ Others ☐ None of the above ☐ Unknown
Q11c (V). Please specify the "other" group in which colonization or infection identified:	_____
Q12. Was transmission within the healthcare facility or facilities suspected in this investigation?	◯ Yes ◯ No ◯ Unknown
Q13. How many patients with other (i.e. non-targeted) MDROs were identified during this investigation? This includes colonization or infection. Specify organisms/mechanisms and number (e.g. if you identified an additional 5 patients with infections or colonization with VIM and 3 with C. auris, please write: VIM=5; C. auris=3)	_____
Q13b. In which of the following age groups was colonization or infection identified? Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known	☐ Patients/residents - Infant (0-2 years) ☐ Patients/residents - Pediatric (3-17 years) ☐ Patients/residents - Adults (18-64 years) ☐ Patients/residents - Older adults (65+ years) ☐ No colonization or infection were identified among patients or residents ☐ Unknown

Q13c. Was colonization or infection identified among any of the following groups during this investigation?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known

Definitions

Direct care personnel -Care Providers Direct care personnel-Ancilliary Indirect care personnel Visitors Physician Nurse Practitioners/Physician Assistants Registered Nurse Licensed Practical Nurse Certified Nursing Assistants Respiratory therapist Physical/Occupation therapist Speech Therapist Dietary personnel Radiology technicians Phlebotomists Registrars Volunteers Environmental Services Personnel Sterile Processing Department Pharmacists Supply chain Patient/resident family members Hospice care providers Chaplains Resident personal services (e.g., hair/nails)

☐ Direct care personnel - care providers
☐ Direct care personnel - ancillary
☐ Indirect care personnel
☐ Visitors
☐ Other
☐ None of the above
☐ Unknown

Q14. Were any of the isolates identified in this response as pan-non-susceptible based on testing by CDC or ARLN regional lab?

For CRE, CRPA, and CRAB, this is defined as non-susceptible to all available antibiotics based on testing by CDC or ARLN regional lab.

For C. auris, this is defined as non-susceptible to all available antifungals based on testing by CDC lab.

◯ Yes
◯ No
◯ Unknown

Q14a. If yes, please specify which organism and mechanism combination was pan-non-susceptible. _____

Public health programs involved in investigation

Answer the following questions at the response level (i.e., for any setting affected and any organism/mechanism combination).

Q15. Which public health programs contributed to the response?

[check all that apply]

☐ State/territorial health department HAI/AR program
☐ HAI/AR program (Epi or Lab)
☐ Local health department
☐ Regional public health office
☐ Regional public health staff (e.g., regional office staff, remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction)
☐ Other
☐ Unknown

Q15a. Which entity had the responsibility of leading the overall AR containment response?

[Please ONLY select one option]

_____

_____

_____

_____

_____

_____

Q15b. Other, specify:

_____

Q16. Were other states involved in this response?

◯ Yes
◯ No
◯ Don't know

Q16a. Please list other states involved:

_____

Q17. Were other jurisdictions such as other local health departments/ state health department involved in the response?

◯ Yes
◯ No
◯ Unknown

Q17a. Please list other jurisdictions involved:

_____

Notifications

Q18. Notification types:

[check all that apply]

Patient notification: Patients were informed of investigation or advised of potential exposure or risk.

Provider notification: Providers were informed of the investigation or advised of potential exposure or risk.

Public disclosure: Members of the public were made aware of the investigation through media reports or other communication to the public.

☐ Patient notification
☐ Provider notification
☐ Public disclosure
☐ None
☐ Unknown

Q18a. Approximate number of patients notified

[Optional]

_____

Other investigation details

Q19. State lab specimen ID of index case

If specimen or isolate was tested at a Public Health Laboratory, please enter the state laboratory accession number. If multiple index cases triggered the response, include at least one state laboratory accession number. If the specimen was tested at a regional lab, please include that ID. If isolate was not tested at the Public Health Laboratory, please input N/A

_____

Q20. Date of specimen collection of index case If multiple index cases triggered the response, include the first one.	_____ (If exact date not known, please provide approximate.)
Q21. Date target mechanism (for CPOs) or organism (for C.auris) was identified If multiple index cases triggered the response, include the first one.	_____ (If exact date not known, please provide approximate.)
Q22. Were any of the staff contributing to this investigation/consultation partially or fully funded through the following funding mechanism: [Select all that apply]	☐ G1 ☐ SHARP (SHARP includes Project 1 through 5) ☐ Nursing Home/Other LTC Strike Team ☐ Enhancing Detection Expansion/CARES ☐ None of the above ☐ Unknown
Q23. Additional notes/comments to CDC (any other information that the HD would like to share about this particular event)	_____

HARP PM3: HAI (Non-nMDRO) And COVID-19 Responses

HARP PM3: HAI (non-nMDRO) and COVID-19 Responses

(This PM now includes COVID-19 responses in healthcare settings [Formerly reported in E.25])

HAI/AR Response and Prevention (HARP) PM3 has been restructured to align reporting across G1, American Rescue Plan (SHARP Project I, NH Strike Teams), and COVID-19 Supplements for Healthcare IPC activities.

Please report HAI (non-MDRO) investigations or consultations conducted by either

Staff from HAI/AR Program or their designee* (regardless of funding source), or Staff partially or fully funded through one of the following mechanisms who contributed to the response. G1 SHARP (SHARP includes project 1 through 5) Nursing Home/Other LTC Strike Team This measure is due twice annually: Mid-period (Due: January 31st , 2023) and end of the reporting period (Due: August 31st , 2023)

Data entry instructions

Please enter one REDCap form for each HAI response including that took place during the reporting period: August 1, 2022, through December 31, 2022. To add a new response in REDCap, click "Save and Add New Instance." For continuing responses please ensure all the data entered are cumulative irrespective of the reporting period. The reporting form is programmed to display a subset of questions based on the answer to Question #3 and Question #4 An excel-based upload tool for tracking and uploading HAI consultations* and COVID-19 responses is available under the Bulk Upload section of this project. Health departments can either use this REDCap form OR the excel-based upload tool for reporting HAI consultations and SARS-CoV-2 responses. At this time, for reporting HAI investigations* the REDCap form must be used. Mixed outbreaks involving SARS-CoV-2 and nMDROs should be reported in PM2. Additional Resources

For information on where to enter response activities please refer to the Where to submit HAI/AR Response-Related Activities section (Page 8) of the "ELC HAIAR Performance Measure Reporting Guide 2022-2023" For guidance on completing HAI and COVID-19 response performance measure please refer to the Additional Guidance to Complete the HARP PM3 Reporting Form section (Page 18) of the "ELC HAIAR Performance Measure Reporting Guide 2022-2023" * Designee includes personnel employed by or contracted by the recipient at the state, or regional, or local levels.

[Attachment: "ELC HAIAR Performance Measure Reporting Guide 2022-2023.pdf"]

Reported through excel-based tracking tool/Imported into REDCap ☐ Yes

HARP PM3: HAI (non-nMDRO) and COVID-19 Responses. Please enter one REDCap form for each HAI (non-nMDRO) response that took place during the reporting period: August 1, 2022 - December 31, 2022.

Q1. Local response/outbreak ID

ID for cross-referencing with your local tracking tool as needed. May use any unique identifier. _____

Q2. Response Start Date

Date when the health department first made the decision to start the investigation. _____ (If exact date not known, please approximate.)

Q3. Did you perform (or provide significant technical assistance with) any of the following activities for this response?

Note: When considering whether substantial assistance was provided, judgment can be applied (refer to Page 8 of the PM reporting guide for more information)

- ☐ Onsite for any reason
- ☐ Remote IPC assessment
- ☐ Patient notification
- ☐ Environmental sampling
- ☐ Screening/ testing
- ☐ None of the above

Q4. Is this a response to a COVID-19 outbreak in a health care setting (i.e. A COVID-19 outbreak is defined as any event that met the CSTE/CORHA or other jurisdiction-specific threshold for an outbreak).

Please refer to the following link for more information regarding the CSTE/CORHA outbreak threshold: CSTE/CORHA HC Outbreak Definition

- ◯ Yes
- ◯ No
- ◯ Unknown

Q5. Is this a new response or is it a continuing response reported during previous reporting period (prior to Aug 1, 2021)?

- ◯ New response
- ◯ Continuing response

For continuing responses, please do not complete a new form.

Navigate to the existing record in the record status dashboard, Select "continuing response" in Q0 of the existing record, and Update the existing record. All data entered should be cumulative to date (regardless of reporting period).

Q6. During which reporting period did the health department engage in activities related to this response?

[check all that apply]

- ☐ January 1, 2022 - July 31, 2022
- ☐ August 1, 2022 - December 31, 2022
- ☐ January 1, 2023 - July 31, 2023

Epidemiological investigation

Q7. Did this response involve any of the following issues:

[Check all that apply]

- ☐ Injection safety breach (other than drug diversion)
- ☐ Drug diversion
- ☐ Medical device reprocessing breach
- ☐ Medical product contamination other than device, extrinsic (facility)
- ☐ Medical product or device contamination, intrinsic (pre-facility)
- ☐ Environmental cleaning and disinfection issue
- ☐ Facility water issue
- ☐ Foodborne illness
- ☐ Other
- ☐ None of the above
- ☐ Unknown

Q7a. Type of medical device:

[Optional]

_____

Q7b. Type of product:

[Optional]

_____

Q7c. Type of product:

[Optional]

_____

Q7d. Other, specify:

_____

Q8. In this response, were there any outbreak-associated patient or healthcare personnel colonization or infections identified (this includes confirmed or probable cases)

◯ Yes
◯ No
◯ Unknown

Q8a. Number of cases (include confirmed and probable cases)

_____
(If not known, please approximate and use the comments field to explain further, as needed. Please enter 0 if no cases identified.)

Q8b. In which of the following age groups was colonization or infection identified?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known

☐ Patients/residents - Infant (0-2 years)
☐ Patients/residents - Pediatric (3-17 years)
☐ Patients/residents - Adults (18-64 years)
☐ Patients/residents - Older adults (65+ years)
☐ No colonization or infection were identified among patients or residents
☐ Unknown

Q8c. Was colonization or infection identified among any of the following groups during this investigation?

Note: This question does not ask the health departments to collect any additional information or perform colonization testing for HC personnel but to report this information on healthcare personnel if it is known

Definitions

Direct care personnel-Care Providers Direct care personnel-Ancilliary Indirect care personnel Visitors Physician Nurse Practitioners/Physician Assistants Registered Nurse Licensed Practical Nurse Certified Nursing Assistants Respiratory therapist Physical/Occupation therapist Speech Therapist Dietary personnel Radiology technicians Phlebotomists Registrars Volunteers Environmental Services Personnel Sterile Processing Department Pharmacists Supply chain Patient/resident family members Hospice care providers Chaplains Resident personal services (e.g., hair/nails)

☐ Direct care personnel - Care Providers
☐ Direct care personnel - Ancillary
☐ Indirect care personnel
☐ Visitors
☐ Other
☐ None of the above
☐ Unknown

Q8c (i). Specify the type of care provider:

☐ Physician
☐ Nurse Practitioners/Physician Assistants
☐ Registered Nurse
☐ Licensed Practical Nurse
☐ Certified Nursing Assistants
☐ Other
☐ None of the above
☐ Unknown

Q8c (ii). Specify the type of ancilliary care personnel:	☐ Respiratory therapist ☐ Physical/Occupation therapist ☐ Speech Therapist ☐ Dietary personnel ☐ Radiology technicians ☐ Phlebotomists ☐ Registrars ☐ Volunteers ☐ Other ☐ None of the above ☐ Unknown
Q8c (iii). Specify the type of indirect care personnel:	☐ Environmental Services Personnel ☐ Sterile Processing Department ☐ Pharmacists ☐ Supply chain ☐ Others ☐ None of the above ☐ Unknown
Q8c (iv). Specify the type of Visitors/Contracted Personnel:	☐ Patient/resident family members ☐ Hospice care providers ☐ Chaplains ☐ Resident personal services (e.g., hair/nails) ☐ Others ☐ None of the above ☐ Unknown
Q8c (v). Please specify the "other" group in which colonization or infection identified:	_____
Q9. Infection type(s): [Check all that apply]	☐ No infection identified ☐ Gastrointestinal ☐ Respiratory tract ☐ Blood stream ☐ Surgical site ☐ Skin/soft tissue ☐ Eye ☐ Urinary tract ☐ Neurological ☐ Other ☐ Unknown
Q9a. Other, please specify: [Optional]	_____

Q10. Number of potentially exposed patients:

Please provide an approximate number, if unknown please select the "unknown" checkbox option

*must provide value

_____

_____

Q11. Was transmission within a healthcare facility suspected in this investigation (including colonization or infection)?	◯ Yes ◯ No ◯ Unknown/unclear
Q12. Did this outbreak (of non-COVID pathogens/infections) occur at the same time as a COVID-19 outbreak in the same unit/facility?	◯ Yes ◯ No ◯ Unknown

Q13. Primary organism identified

Select the most common organism identified. Choose the most specific choice available.

- ◯ Achromobacter spp.
- ◯ Acinetobacter spp.
- ◯ Adenovirus
- ◯ Aspergillus spp.
- ◯ Bacillus spp.
- ◯ Burkholderia Spp.
- ◯ Candida auris
- ◯ Candida spp. (not including Candida auris)
- ◯ Citrobacter spp.
- ◯ Creutzfeldt-Jakob disease (CJD)
- ◯ Clostridioides difficile
- ◯ Clostridioides perfringens
- ◯ Clostridioides sordelli
- ◯ Clostridioides spp. (not including Clostridioides difficile)
- ◯ Cytomegalo virus
- ◯ Cryptococcus neoformans
- ◯ Ebola virus
- ◯ Elizabethkingia spp.
- ◯ Enterobacter sakazakii
- ◯ Enterobacter spp.
- ◯ Enterococcus spp.
- ◯ Enterovirus spp.
- ◯ Escherichia coli
- ◯ Escherichia spp. (not including E. coli)
- ◯ Hepatitis A
- ◯ Hepatitis B
- ◯ Hepatitis C
- ◯ Human immunodeficiency virus (HIV)
- ◯ Influenza virus
- ◯ Klebsiella spp.
- ◯ Legionella spp.
- ◯ Listeria spp.
- ◯ Measles virus
- ◯ Middle East respiratory syndrome-coronavirus (MERS-Cov)
- ◯ Monkeypox virus
- ◯ Mucor spp.
- ◯ Mycobacterium tuberculosis
- ◯ Nontuberculous Mycobacteria (NTM)
- ◯ Norovirus
- ◯ Pantoea spp.
- ◯ Propionibacterium spp.
- ◯ Proteus spp.
- ◯ Providencia spp.
- ◯ Pseudomonas spp.
- ◯ Ralstonia spp.
- ◯ Respiratory Syncytial virus
- ◯ Rhodococcus spp.
- ◯ Salmonella spp.
- ◯ SARS-CoV-2
- ◯ Serratia spp.
- ◯ Staphylococcus aureus (methicillin resistant) - MRSA
- ◯ Staphylococcus aureus (methicillin susceptible) - MSSA
- ◯ Staphylococcus aureus (methicillin resistance unknown)
- ◯ Staphylococcus spp. (not including Staphylococcus aureus)
- ◯ Stenotrophomonas spp.
- ◯ Streptococcus pyogenes (Group A strep)
- ◯ Streptococcus agalactiae (Group B strep)
- ◯ Streptococcus spp. (not including Streptococcus pyogenes or Streptococcus agalactiae)
- ◯ Zika virus
- ◯ Other
- ◯ No organism identified
- ◯ Not applicable

◯ Unknown

Q13a. Other organism(s) identified:

[Optional]

_____
(Please list up to 3 other organisms identified in the response. Each organism name should be separated by a semicolon.)

13b. Is this organism a novel or targeted MDRO (nMDRO)?

◯ Yes
◯ No
◯ Unknown

If this is an nMDRO investigation, please report in PM2 instead of PM3

Facility/Setting Information

Q14. Setting Type(s): Select settings affected (where infections identified, screening conducted, onsite assessments were performed, etc.).

[Check all that apply]

☐ Acute care hospital
☐ Critical access hospital
☐ Inpatient rehabilitation facility
☐ Long-term acute care hospital
☐ Nursing home/skilled nursing facility
☐ Ventilator-capable nursing home/skilled nursing facility (vSNF)
☐ Assisted living facility
☐ Other Congregate settings (e.g., group homes, homeless shelter)
☐ Dialysis (outpatient)
☐ Dental office
☐ Ambulatory Surgical Center
☐ Other outpatient setting
☐ Other healthcare settings
☐ Unknown

Q14a. Location within the facility, if applicable

[Optional, Check all that apply]

☐ Intensive care unit
☐ Burn unit
☐ Oncology unit
☐ Dialysis unit
☐ Operating room
☐ Emergency department
☐ Transplant unit
☐ Labor and delivery
☐ Medical unit
☐ Surgical unit
☐ Rehab unit
☐ Unknown
☐ Other

Q14a (i). Intensive care unit type:

[Optional, Check all that apply]

☐ General
☐ Medical care
☐ Surgical
☐ Neuro
☐ Neonatal intensive care unit (NICU)
☐ Pediatric intensive care unit (PICU)
☐ Other, specify

Q13a(ii). Location within the facility, if other, specify:

_____

Q14b. Please select the types of congregate settings [check all that apply]	☐ Group home ☐ Homeless shelter ☐ Prison ☐ School ☐ Migrant shelter ☐ Independent Living Facility ☐ Emergency shelters (other than homeless shelters) ☐ Other
Q14c. Please select the other outpatient setting type and services provided. [check all that apply]	☐ Urology ☐ Endoscopy ☐ Ambulatory surgery ☐ Wound clinic ☐ Pain clinic ☐ Home health ☐ Oncology ☐ Federally Qualified Health Centers (FQHC) ☐ Dermatology ☐ Other
Q14d. Other setting, specify: [Optional]	_____
Q15a. ZIP code of the primary outbreak facility (i.e., If this response activity includes facilities in more than 1 zip code, please include the zip code of the facility where the majority of the health department response activity occurred)	_____
Q15b. Were any of the involved facilities a tribally owned facility or a part of the Indian Health Service:	◯ Yes ◯ No ◯ Unknown

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Acute Care Hospitals

Q16. How many acute care hospitals (ACHs) were involved?	_____ (Please provide approximate number of facilities if exact number is not known.)

Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

◯ Yes
◯ No
◯ Unknown

Q16a. Did your health department or a designee provide an onsite infection control assessment ?

◯ Yes
◯ No
◯ Unknown

Q16a(i). How many onsite visits included infection control assessments?

In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

◯ Yes
◯ No
◯ Unknown

Q16b. Did your health department or a designee provide a remote infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no remote assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Critical Access Hospital

Q16. How many critical access hospitals were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

◯ Yes
◯ No
◯ Unknown

Q16a. Did your health department or a designee provide an onsite infection control assessment ?

◯ Yes
◯ No
◯ Unknown

Q16a(i). How many onsite visits included infection control assessments?

In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

◯ Yes
◯ No
◯ Unknown

Q16b. Did your health department or a designee provide a remote infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Inpatient Rehabilitation Facilities

Q16. How many Inpatient rehabilitation facilities (IRFs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

◯ Yes
◯ No
◯ Unknown

Q16a. Did your health department or a designee provide an onsite infection control assessment ?

◯ Yes
◯ No
◯ Unknown

Q16a(i). How many onsite visits included infection control assessments?

In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

◯ Yes
◯ No
◯ Unknown

Q16b. Did your health department or a designee provide a remote infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Long-term acute care hospitals

Q16. How many long-term acute care hospitals (LTACHs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q16a(i). How many onsite visits included infection control assessments?

In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

◯ Yes
◯ No
◯ Unknown

Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

◯ Yes
◯ No
◯ Unknown

Q16a. Did your health department or a designee provide an onsite infection control assessment ?

◯ Yes
◯ No
◯ Unknown

Q16b. Did your health department or a designee provide a remote infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Nursing home/skilled nursing facilities

Q16. How many nursing home/skilled nursing facilities (SNFs) were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

◯ Yes
◯ No
◯ Unknown

Q16a. Did your health department or a designee provide an onsite infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16a(i). How many onsite visits included infection control assessments?

In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

◯ Yes
◯ No
◯ Unknown

Q16b. Did your health department or a designee provide a remote infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Ventilator-capable nursing home/skilled nursing facilities (vSNFs)

Q16. How many ventilator-capable nursing home/skilled nursing facility (vSNFs) were involved?	_____ (Please provide approximate number of facilities if exact number is not known.)
Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	◯ Yes ◯ No ◯ Unknown
Q16a. Did your health department or a designee provide an onsite infection control assessment?	◯ Yes ◯ No ◯ Unknown
Q16a(i). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	◯ Yes ◯ No ◯ Unknown
Q16b. Did your health department or a designee provide a remote infection control assessment?	◯ Yes ◯ No ◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

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Assisted Living Facilities

Q16. How many assisted living facilities were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

◯ Yes
◯ No
◯ Unknown

Q16a. Did your health department or a designee provide an onsite infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16a(i). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	◯ Yes ◯ No ◯ Unknown
Q16b. Did your health department or a designee provide a remote infection control assessment?	◯ Yes ◯ No ◯ Unknown
Q16b(i). How many remote visits included infection control assessments? In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Other Congregate settings (e.g., group homes, homeless shelter, prison, school)

Q16. How many other Congregate settings (e.g., group homes, homeless shelter, prison, school) were involved?	_____ (Please provide approximate number of facilities if exact number is not known.)
Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	◯ Yes ◯ No ◯ Unknown
Q16a. Did your health department or a designee provide an onsite infection control assessment?	◯ Yes ◯ No ◯ Unknown
Q16a(i). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	◯ Yes ◯ No ◯ Unknown
Q16b. Did your health department or a designee provide a remote infection control assessment?	◯ Yes ◯ No ◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Dialysis (outpatient)

Q16. How many outpatient dialysis facilities were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

◯ Yes
◯ No
◯ Unknown

Q16a. Did your health department or a designee provide an onsite infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16a(i). How many onsite visits included infection control assessments?

In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

◯ Yes
◯ No
◯ Unknown

Q16b. Did your health department or a designee provide a remote infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Dental Offices

Q16. How many dental offices were involved?	_____ (Please provide approximate number of facilities if exact number is not known.)
Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	◯ Yes ◯ No ◯ Unknown
Q16a. Did your health department or a designee provide an onsite infection control assessment?	◯ Yes ◯ No ◯ Unknown
Q16a(i). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	◯ Yes ◯ No ◯ Unknown
Q16b. Did your health department or a designee provide a remote infection control assessment?	◯ Yes ◯ No ◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Ambulatory Surgical Centers

Q16. How many ambulatory surgical centers were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

◯ Yes
◯ No
◯ Unknown

Q16a. Did your health department or a designee provide an onsite infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16a(i). How many onsite visits included infection control assessments?

In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

◯ Yes
◯ No
◯ Unknown

Q16b. Did your health department or a designee provide a remote infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Other outpatient settings

Q16. How many other outpatient facilities were involved?	_____ (Please provide approximate number of facilities if exact number is not known.)
Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ? Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided	◯ Yes ◯ No ◯ Unknown
Q16a. Did your health department or a designee provide an onsite infection control assessment?	◯ Yes ◯ No ◯ Unknown
Q16a(i). How many onsite visits included infection control assessments? In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process. This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.	_____ (If no onsite assessments performed, enter 0.)
Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?	◯ Yes ◯ No ◯ Unknown
Q16b. Did your health department or a designee provide a remote infection control assessment?	◯ Yes ◯ No ◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Infection Control Assessment

Please note provision of onsite or remote assistance to assess infection control issues may be done directly by the Recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the Recipient can assure the quality of services provided.

Other settings

Q16. How many Other facilities were involved?

_____
(Please provide approximate number of facilities if exact number is not known.)

Q16a. Did your health department or a designee provide onsite assistance (meeting with healthcare facility leadership, observing infection control practices, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

Note: Provision of onsite assistance may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided

◯ Yes
◯ No
◯ Unknown

Q16a. Did your health department or a designee provide an onsite infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16a(i). How many onsite visits included infection control assessments?

In general, the initial IC assessment should include not only a review of policies, but also observations of key IC practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessments to include repeat on-site visits as long as some form of IC practice assessment occurs during that visit (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Q16b. Did your health department or a designee provide remote assistance (meeting remotely with healthcare facility leadership, reviewing infection control policies and procedures manual, discuss control measures, etc.) ?

◯ Yes
◯ No
◯ Unknown

Q16b. Did your health department or a designee provide a remote infection control assessment?

◯ Yes
◯ No
◯ Unknown

Q16b(i). How many remote visits included infection control assessments?

In general, the initial remote IC assessment should include a review of key IC policies and practices such as hand hygiene, PPE use, environmental cleaning and disinfection, sink hygiene, and inter-facility communication process.

This number should include each unique facility assessment to include repeat remote assessments as long as some form of IC practice assessment occurs (e.g., not just an update about case counts). In some instances, both remote and on-site visits may have occurred with a facility, and this should be reflected accordingly among the different assessment types.

_____
(If no onsite assessments performed, enter 0.)

Public Health Programs Involved in Investigation

Q17. Which public health programs contributed to the response?

[Check all that apply]

☐ State/Territorial health department HAI/AR program
☐ HAI/AR program (Epi or Lab)
☐ Local health department
☐ Regional public health office
☐ Regional public health staff (e.g., regional office staff, remote staff strategically assigned or placed to serve a designated geographic region within the jurisdiction)
☐ Other
☐ Unknown

Q17(i). Which entity had the responsibility of leading the overall HAI/AR response?

[Please ONLY select one option]

_____

_____

_____

_____

_____

_____

_____

Q18c. Other, specify:

[Optional]

_____

Q18. Were other states involved in this response?

◯ Yes
◯ No
◯ Unknown

Q18a. Other states involved, additional comments:

[Optional]

_____

Q18. Were other jurisdictions such as other local health departments/ state health department involved in the response?

◯ Yes
◯ No
◯ Unknown

Q18a. Please list other jurisdictions involved:

[Optional]

_____

Notifications

Q19. Notification types:

[check all that apply]

Patient notification: Patients were informed of investigation or advised of potential exposure or risk.

Provider notification: Providers were informed of the investigation or advised of potential exposure or risk.

Public disclosure: Members of the public were made aware of the investigation through media reports or other communication to the public.

☐ Patient notification
☐ Provider notification
☐ Public disclosure
☐ None
☐ Unknown

Q19a. Approximate number of patients notified

[Optional]

_____

Q20. State lab specimen ID of index case.

If specimen or isolate was tested at a Public Health Laboratory, please enter the state laboratory accession number. If multiple index cases triggered the response, include at least one state laboratory accession number. If the specimen was tested at a regional lab, please include that ID. If isolate was not tested at the Public Health Laboratory, please input N/A

_____

Q21. Were any of the staff contributing to this investigation/consultation partially or fully funded through the following funding mechanism:

[Select all that apply]

- ☐ G1
- ☐ SHARP (SHARP includes Project 1 through 5)
- ☐ Nursing Home/Other LTC Strike Team
- ☐ Enhancing Detection Expansion/CARES
- ☐ None of the above
- ☐ Unknown

Additional comments

Q22. Additional notes/comments to CDC (any other information that the HD would like to share about this particular event):

_____

HARP PM3b: COVID-19 Outbreaks Reported in Healthcare Settings

HARP PM3b: COVID-19 Outbreaks - Number of COVID-19 Outbreaks in Healthcare Settings

Instructions: Please report the number of COVID-19 outbreaks that occurred in healthcare settings from August 1, 2022 through July 31, 2023 by setting type. We prefer that health departments use the setting-specific CSTE/CORHA document for the investigation threshold and outbreak definitions described in this guidance, however, it is acceptable if your health department is using a different threshold specific to your jurisdiction.

Number of COVID-19 outbreaks (i.e., those that met the setting-specific CSTE/CORHA COVID-19 outbreak definition or jurisdiction-specific COVID-19 outbreak definition) by setting type:

Acute care hospital: _____

Please specify the COVID-19 outbreak definition utilized for Acute Care Hospitals in your jurisdiction:

◯ CORHA/CSTE outbreak definition
◯ Jurisdiction-specific outbreak definition

If you are not using the CSTE/CORHA COVID-19 outbreak definition, please describe your jurisdiction-specific COVID-19 outbreak definition: _____

Critical access hospital: _____

Inpatient rehabilitation facility: _____

Assisted Living Facilities: _____

Long-term acute care hospital: _____

Dialysis (outpatient): _____

Nursing home/skilled nursing facility: _____

Please specify the COVID-19 outbreak definition utilized for nursing homes/skilled nursinf facilities in your jurisdiction:	◯ CORHA/CSTE outbreak definition ◯ Jurisdiction-specific outbreak definition
If you are not using the CSTE/CORHA COVID-19 outbreak definition, please describe your jurisdiction-specific COVID-19 outbreak definition:	_____
Dental office:	_____
Ventilator-capable nursing home/skilled nursing facility (vSNF):	_____
Please specify the COVID-19 outbreak definition utilized for vSNFs in your jurisdiction:	◯ CORHA/CSTE outbreak definition ◯ Jurisdiction-specific outbreak definition
If you are not using the CSTE/CORHA COVID-19 outbreak definition, please describe your jurisdiction-specific COVID-19 outbreak definition:	_____
Ambulatory Surgical Center:	_____
Other outpatient setting:	_____
Other healthcare settings:	_____
Additional notes/comments to CDC:	_____

HARP PM4: Prevention-based Activities

HARP PM4: Prevention-based Infection Control Assessments and Proactive Point Prevalence Surveys (PPS)

(This PM now includes Prevention-based Healthcare Infection Control Assessments for COVID-19 [Formerly reported in E.24])

HAI/AR Response and Prevention (HARP) PM4 has been restructured to align reporting across G1, American Rescue Plan (SHARP Project I, NH Strike Teams), and COVID-19 Supplements for Healthcare IPC activities. We now ask health departments to submit one form for each facility in which a prevention-based activity took place during the reporting period.

Proactive infection control assessments are distinct from response-driven assessments. Prevention-based infection control assessments are intended to provide feedback on infection control policies and practices before a problem is identified and require direct observation (either in person or via video) using a structured form for data collection. These typically are focused on facility types with characteristics associated with increased risk of HAI/AR threats (e.g., MDRO transmission, COVID-19 prevention, or other HAI threats).

Provision of onsite assistance to assess infection control issues may be done directly by the recipient or through the support of a local health department, academic partner, contractor, consultant, or other entity (designee) for which the recipient can assure the quality of services provided.

Proactive PPSs are colonization screenings conducted at a healthcare facility at a predetermined frequency (e.g., every four to six months) and are not triggered by identification of a case. Proactive PPSs are a way to improve surveillance and identify those who require infection control actions to prevent further transmission. These PPSs can occur prior to a facility's identification of both novel and targeted MDRO cases, may involve only a subset of patients/residents (such as a single high acuity unit), and are distinct from PPSs performed in response to a single case or suspected transmission.

Please report prevention-based activities (Infection Control Assessments and/or Point Prevalence Surveys) conducted by either

Staff from HAI/AR Program or their designee* (regardless of funding source), or Staff partially or fully funded through one of the following mechanisms contributed to the response, including staff at state/territorial, regional, local, or other funded entities. G1 SHARP (SHARP includes project 1 through 5) Nursing Home/Other LTC Strike Team This measure is due twice annually: Mid-period (Due: January 31st, 2023) and end reporting period (Due: August 31st, 2023)

Data entry instructions

Please enter one REDCap form for each facility in which a prevention-based activity (infection control assessment and/or point prevalence survey) that took place during the reporting period: August 1, 2022, through December 31, 2022. If multiple point prevalence surveys were conducted at a single facility, please enter each instance in the same form by selecting “Yes” to Q5b (v) if a second PPS was conducted or Q5b (viii) if a third PPS was conducted. To add a new response in REDCap, click "Save and Add New Instance." Excel-based upload tools for tracking and uploading Prevention-based Infection Control Assessments and Point Prevalence Survey are available under the Bulk Upload Processing section of this project. Health departments can either use this REDCap form OR the excel-based upload tool for reporting Prevention-based Infection Control Assessments and Point Prevalence Surveys. Please not that there are separate forms for tracking Prevention-based Infection Control Assessments and Point Prevalence Surveys. Please refer to the “Excel-Based Tracking and Bulk Upload Process” section of the “ELC HAIAR Performance Measure Reporting Guide 2022-2023” PDF available in the Bulk Upload Process section of this project for further details and instructions on entering data using these tools. Instructions on entering multiple PPS at a single facility can be found in “Section II: Entering Data Using the Excel Based Bulk Data Entry Tools”
***Designee includes personnel employed by or contracted by the recipient at the state, or regional, or local levels.**

Note: If a facility is conducting admission or discharge screening as part of a prevention initiative, these should be included in prevention PPS data tracking using the following procedures. All admission screens for the reporting period should be entered as a PPS at the end of the reporting period. Please enter the date of first admission screening under Q5b (i), and make a note in the comment section that this prevention activity is admission screening. Follow the same approach for discharge screenings: enter all discharge screens as PPS at the end of the reporting periods and make a note in the comments that this activity is prevention screening.

Reported through excel-based tracking tool/Imported into REDCap	☐ Yes
Reported through excel-based tracking tool/Imported into REDCap	☐ Yes

Facility Level Information

Q1. Facility ID:

_____

Please assign a unique identifier for cross-referencing with your local tracking tool as needed. May use any unique identifier.

Q2. Setting Type:

_____

_____

_____

_____

_____

Q3. Facility ZIP Code:

_____

Q4. Was this facility a tribally owned facility or a part of Indian Health Service:	◯ Yes ◯ No ◯ Unknown
Q5. Please indicate the type of prevention-based activity conducted: [Select all that apply]	☐ Infection Control Assessment ☐ Point Prevalence Survey

Infection Control Assessments

Q5a (i). Type of Assessment Performed (Select all that apply)	☐ Onsite ☐ Remote
Q5a (ii).Total number of onsite infection control assessments:	_____
Q5a (iii).Total number of remote infection control assessments:	_____
Q5a (iv). Reason for Infection Control Assessment (Select all that apply)	☐ MDRO prevention ☐ COVID-19 prevention ☐ Health Equity goal ☐ General HAI prevention (general non-MDRO or request from facility, etc.) ☐ None of the above

Point Prevalence Survey

Q5b (i).Date of PPS:

_____

Q5b (ii). Indicate which target(s) screened and number of screenings performed:

- ☐ C.auris
- ☐ KPC, VIM, IMP, OXA-48-like, NDM
- ☐ CRAB with OXA-23, -24/40, 58, 235
- ☐ Other

C.auris

Total Screened Total Positive
_____ _____

Total Screened Mechanism Total Positive Associated Organism
KPC, VIM, IMP, OXA-48-like, NDM _____ KPC _____ _____
VIM _____ _____
IMP _____ _____
OXA-48-like _____ _____
NDM _____ _____

Total Screened Mechanism Total Positive Associated Organism
CRAB with OXA-23, -24/40, 58, 235 _____ OXA-23 _____ _____
OXA-24/40 _____ _____
OXA-58 _____ _____
OXA-235 _____ _____

Other

Please specify target and/or mechanism

_____

Total Screened Total Positive
_____ _____

Q5b (iii). Was there a public health investigation conducted as a result of this PPS/screening activity?

- ◯ Yes
- ◯ No

Q5b (iv). Containment Response ID:

_____

[The Containment Response ID should match the Local outbreak/Response ID associated with the record submited in HARP PM2]

Q5b (v). Was there additional round of colonization screen conducted during this reporting period:

- ◯ Yes
- ◯ No

Q5b (vi). Date of PPS (Round 2):

_____

Q5b (vii). Indicate target(s) screened:

- ☐ C.auris
- ☐ KPC, VIM, IMP, OXA-48-like, NDM
- ☐ CRAB with OXA-23, -24/40, 58, 235
- ☐ Other

C.auris

Total Screened Total Positive
_____ _____

Total Screened Mechanism Total Positive Associated Organism
KPC, VIM, IMP, OXA-48-like, NDM _____ KPC _____ _____
VIM _____ _____
IMP _____ _____
OXA-48-like _____ _____
NDM _____ _____

Total Screened Mechanism Total Positive Associated Organism
CRAB with OXA-23, -24/40, 58, 235 _____ OXA-23 _____ _____
OXA-24/40 _____ _____
OXA-58 _____ _____
OXA-235 _____ _____

Other

Please specify target and/or mechanism

_____

Total Screened Total Positive
_____ _____

Q5b (viii). Was there additional round of colonization screen conducted during this reporting period:

- ◯ Yes
- ◯ No

Q5b (ix). Date of PPS (Round 3):

_____

Q5b (vii). Indicate target(s) screened:

- ☐ C.auris
- ☐ KPC, VIM, IMP, OXA-48-like, NDM
- ☐ CRAB with OXA-23, -24/40, 58, 235
- ☐ Other

C.auris

Total Screened Total Positive
_____ _____

Total Screened Mechanism Total Positive Associated Organism
KPC, VIM, IMP, OXA-48-like, NDM _____ KPC _____ _____
VIM _____ _____
IMP _____ _____
OXA-48-like _____ _____
NDM _____ _____

Total Screened Mechanism Total Positive Associated Organism
CRAB with OXA-23, -24/40, 58, 235 _____ OXA-23 _____ _____
OXA-24/40 _____ _____
OXA-58 _____ _____
OXA-235 _____ _____

Other

Please specify target and/or mechanism

_____

Total Screened Total Positive
_____ _____

Q6a. Were any of the staff contributing to this infection control assessment partially or fully funded through the following funding mechanism:

[Select all that apply]

- ☐ G1
- ☐ SHARP (SHARP includes Project 1 through 5)
- ☐ Nursing Home/Other LTC Strike Team
- ☐ Enhancing Detection Expansion/CARES
- ☐ None of the above
- ☐ Unknown

Q6b. Were any of the staff contributing to this point prevalence survey partially or fully funded through the following funding mechanism:

[Select all that apply]

- ☐ G1
- ☐ SHARP (SHARP includes Project 1 through 5)
- ☐ Nursing Home/Other LTC Strike Team
- ☐ Enhancing Detection Expansion/CARES
- ☐ None of the above
- ☐ Unknown

Additional notes/comments to CDC (any other information that the HD would like to share about this particular event):

_____

HARP PM5: Status of Required Tasks (SHARP PM I.1, I.2, Strike PM2)

Instructions: Developing and maintaining HAI/AR expertise is critical to build capacity for prevention and response strategies described in SHARP Project I. The required roles described in SHARP Project I enhance the HAI/AR Program's ability to maintain response and prevention expertise. Characterizing SHARP Project I staffing allows CDC to understand the workforce required to meet goals.

Completion of MDRO prevention needs assessment tool and MDRO Prevention Workplan are required under Project 1 Strategy B.

Completion of landscape analysis of outpatient dialysis services locations is required under Project I Strategy D. This will provide information on where outpatient dialysis services are happening.

Q1. Does the HAI/AR Staffing Directory include updated staffing information for staff involved in HAI/AR Response and Prevention activities:

Link to HAI/AR Staffing Directory: HAI/AR Program Staffing Directory

Q1a. HAI/AR Program Staff regardless of funding source:	◯ Yes ◯ No ◯ Don't Know
Q1b. Staff fully or partially funded through SHARP Project I including state/territorial, regional, local, or other funded entity (designee):	◯ Yes ◯ No ◯ Don't Know
Q2. Have you met with CDC to discuss your plans for expansion of HAI/AR expertise across your jurisdiction. Deadline for completing this task is Dec 15, 2022. More information on how to schedule a meeting is forthcoming.	◯ Yes ◯ No ◯ Meeting scheduled
Q3. Status of MDRO prevention needs assessment tool:	◯ Completed ◯ Underway ◯ Not started
Q4. Status of MDRO prevention workplan:	◯ Completed ◯ Underway ◯ Not started
Q5. Status of landscape analysis of outpatient dialysis services location:	◯ Completed ◯ Underway ◯ Not started
Q6. Status of the Nursing Home and LTCF Strike Teams and Infrastructure Project success stories:	◯ Submitted ◯ Underway ◯ Not started

Additional notes/comments to CDC:

_____

HARP PM6: NH Strike Teams (Strike PM1)

Strike PM1: Approach and implementation plan adopted by the health department to support and sustain facility capacity to detect and respond to infectious diseases and improve patient care practices in long-term care facilities

Types of Approach(es): Strategies or activities adopted by health departments to support and sustain facility capacity to detect and respond to COVID-19 and other infectious diseases and improve resident safety and care in long-term care facilities

Instructions: Health departments should report progress on all strategies and activities fully or partially funded by NH/LTC Strike Team. Only select the approach(es) that are applicable to your jurisdiction.

For the purpose of reporting for this performance measure:

Skilled nursing facility (SNF) refers to all Centers for Medicare and Medicaid (CMS)-certified nursing homes Other long-term care facilities (LTCF) include assisted living and residential care communities, intermediate care facilities for individuals with developmental disabilities (ICF), group homes, or other settings providing care to frail and older adults and children. This does not include activities in non-LTC congregate settings such as correctional facilities or homeless shelters. For each selected approach, provide a brief description of the support/activity, and summarize progress to date. Where applicable, please highlight any unique activities that are specifically as a result of the NH Strike Team funds.

Note that some of the approaches listed in this performance measure (PM) are also reported as part of performance measures for other ELC funded programs. For example, COVID-19 response activities are also reported by Healthcare Associated Infection/Antimicrobial Resistance (HAI/AR) Prevention Programs as part of Performance Measures for ELC Core G1 Activities. We ask HAI/AR Programs to report number of COVID-19 consultations provided for possible COVID-19 outbreaks by setting types (PM E25)) and number of COVID-19 prevention-based assessments (PM E24).

For the purposes of the NH/LTC Strike Team PM listed below, we ask you to estimate the number of nursing homes and other LTCFs that received COVID-19 response or prevention consultations involving staff who are partially or fully funded by NH Strike Team.

For health departments in the early phase of implementing an approach and have not begun providing this support to facilities, we understand there may not yet be quantitative numbers of facilities to report. In those situations, please enter "0" in the numeric field and use the "summarize" text box to describe the progress made to date.

Q1. Types of approach(es):
Please select all that apply to your jurisdiction

- ☐ COVID-19 outbreak response activities
- ☐ COVID-19 prevention-based onsite assessments
- ☐ COVID-19 educational support e.g., webinar, training, learning collaborative
- ☐ Provision of clinical staff (to address staffing shortages)
- ☐ Provision of specific clinical services (administration of COVID-19 therapeutics or vaccine)
- ☐ Direct financial support (e.g., grants or incentives) to support facility IPC activities
- ☐ Activity to recruit and support new individuals to enter LTC workforce (e.g., scholarships or incentives to obtain CNA training/certification)
- ☐ Activity to support existing LTC workforce (e.g., incentives, retention bonus, professional development opportunity)
- ☐ Optional activity: Purchasing of supplies (e.g., test kits, PPE)
- ☐ Optional activity: Conducting environmental assessments, providing infrastructure support (e.g., offering fit-testing for all staff)
- ☐ Other activity not reflected in options above, please specify

COVID-19 outbreak support response activities

COVID-19 response efforts may take the form of consultation regarding IPC activities, remote or onsite infection control assessments, or other IPC technical assistance to facilities with COVID-19 infections among residents/patients or HCP.

(The numbers reported here can be a subset of covid-19 consultations reported in HARP PM3)

Q2a. Briefly summarize your approach:

Q2a (i). Number of SNF that received support: _____

Q2a (ii). Number of other-LTCF that received support: _____

COVID-19 prevention-based onsite assessments

To be counted, prevention-based assessments require use of a structured form for data collection, such as CDC Tele-ICAR tool (or similar state/local developed tool).

(The number reported here can be a subset of prevention-based COVID-19 IPC assessment reported in HARP PM4)

Q2b. Briefly summarize your approach:

Q2b (i). Number of SNFs that received support (Please provide an estimate): _____

Q2b (ii). Number of other-LTCF that received support (Please provide an estimate): _____

COVID-19 educational support (e.g., webinar, training, learning collaborative)

Q2c. Briefly summarize your approach:

Q2c (i). Number of SNFs that received support: _____

Q2c (ii). Number of other-LTCFs that received support: _____

Provision of clinical staff (to address staffing shortages)

Q2d. Briefly summarize your approach:

Q2d (i). Number of SNFs that received support: _____

Q2d (ii). Number of other-LTCFs that received support: _____

Provision of specific clinical services (administration of COVID-19 therapeutics or vaccine)

Q2e. Briefly summarize your approach:

Q2e (i). Number of SNFs that received support: _____

Q2e (ii). Number of other-LTCFs that received support: _____

Direct financial support (e.g., grants or incentives) to support facility IPC activities

Q2f. Briefly summarize your approach:

Q2f (i). Number of SNFs that received support: _____

Q2f (ii). Number of other-LTCFs that received support: _____

Activity to recruit and support new individuals to enter LTC workforce (e.g., scholarships or incentives to obtain CNA training/certification)

Q2g. Briefly summarize your approach:

Q2g (i). Number of SNFs that received support: _____

Q2g (ii). Number of other-LTCFs that received support:

_____

Q2g (iii). Number of individuals participating in program:

_____

Activity to support existing LTC workforce (e.g., incentives, retention bonus, professional development opportunity)

Q2h. Briefly summarize your approach:

Q2h (i). Number of SNFs that received support:

_____

Q2h (ii). Number of other-LTCFs that received support:

_____

Q2h (iii). Cumulative number of LTC staff supported:

_____
(If not applicable, enter n/a ; if not available enter 0)

Optional activity: Purchasing of supplies (e.g., test kits, PPE)

Q2i. Briefly summarize your approach:

Q2i (i). Number of SNFs that received support:

_____

Q2i (ii). Number of other-LTCFs that received support:

_____

Optional activity: Conducting environmental assessments, providing infrastructure support (e.g., offering fit-testing for all staff)

Q2j. Briefly summarize your approach:

Q2j (i). Number of SNFs that received support: _____

Q2j (ii). Number of other-LTCFs that received support: _____

Other activity not reflected in options above, please specify

Q2k. Briefly summarize your approach:

Q2k (i). Number of SNFs that received support: _____

Q2k (ii). Number of other-LTCFs that received support: _____

HARP Bulk Upload Processing (HARP PM2, PM3 and PM4)

Bulk Data Upload Instructions

This section provides unique Excel-based data entry tools for bulk upload of the following HAI/AR Response & Prevention Performance Measures:

HARP PM2: nMDRO Consultations HARP PM3: HAI (non-nMDRO) Consultations HARP PM3: COVID-19 Responses HARP PM4: Prevention-based IPC Assessments HARP PM4: Point Prevalence Survey Tracking HAI/AR Programs interested in using Excel-based tools for bulk data entry should have attended the Excel-based Tracking and Bulk Data Upload Process Orientation Session or should watch the recording of the session before accessing this feature. The orientation session recoding can be accessed through the following link: Session Recording

[Attachment: "ELC HAIAR Performance Measure Reporting Guide 2022-2023.pdf"]

Please acknowledge that you have attended the Excel-based Tracking and Bulk Data Upload Process Orientation Session or watched the recording of the session (Session recording).	◯ Yes

nMDRO Consultations

[Attachment: "nMDRO Consultations.xlsx"]

Please upload a completed version of the nMDRO Consultations Excel Form:

Note: Responses that meet the criteria of an nMDRO Investigations should be entered directly in REDCap under HARP PM2.

HAI (non-nMDRO) Consultations

[Attachment: "HAI (non-nMDRO) Consultations.xlsx"]

Please upload a completed version of the HAI (non-nMDRO) Consultations Excel Form:

Note:

Responses that meet the criteria of an HAI (non-nMDRO) Investigation should be entered directly in REDCap under HARP PM3.. Responses to COVID-19 should not be entered in this form.

COVID-19 Responses

[Attachment: "COVID-19 Responses.xlsx"]

Please upload a completed version of the COVID-19 Responses Excel Form:

Note: Consultations for other HAI (non-nMDRO/non-COVID-19) responses should not be entered in this form.

Prevention-based Infection Control Assessments

[Attachment: "Prevention-based IPC Assessments.xlsx"]

Please upload the completed version of the Prevention-Based Activities Tracking Excel File:

Point Prevalence Survey Tracking

[Attachment: "Point Prevalence Survey Tracking.xlsx"]

Please upload the completed version of the Point Prevalence Survey Tracking Excel File:

HARP Mid-Period Data Closeout

HAI/AR Response & Prevention Performance Measures

Instructions:

The following form contains information regarding items that have been flagged during our data closeout of the Budget Period 4 HAI/AR Response & Prevention Performance Measures (PM). Each PM that has been flagged includes a summary of the issue. The summary of the issue is avaliable in column (b). Once the flagged items have been addressed and data has been updated directly in REDCap, select "Yes" in column (c). We kindly ask that you only select "Yes" once the data has been corrected directly in REDCap. Additionally, once all items have been addressed we ask that you please scroll down to the bottom of the page, change the form status to "Complete" and click the "Save & Exit Form" button. If you have any comments or questions related to any of the items that have been flagged, you may provide those comments/questions in the comment box provided below. Alternatively, you may reach out to HAIAR@cdc.gov directly.

Errors identified during submission:
◯ Yes
◯ No

Performance Measure a) Flagged for Follow-up b) Summary of Issues c) Please confirm that the issue has been addressed:

HARP PM2: nMDRO Responses

* Flagged items do not require immediate update

HARP PM3: HAI (Non-nMDRO) And COVID-19 Responses

* Flagged items do not require immediate update

HARP PM3b: COVID-19 Outbreaks Reported in Healthcare Settings

* Flagged items do not require immediate update

HARP PM4: Prevention-based Activities

* Flagged items do not require immediate update

HARP PM5: Status of Required Tasks (SHARP PM I.1, I.2, Strike PM2)

* Flagged items do not require immediate update

HARP PM6: NH Strike Team

* Flagged items do not require immediate update

HAI/AR Staffing Directory

(E.23 related variables)

** Flagged items require update by 04-04-2023

_____ _____ _____

Please submit any questions, concerns, or issues in the comment box below:

Thank you for submitting your HAI/AR Response & Prevention Performance Measures. No items have been flagged for follow-up.