

Project MAPP

Mapping and Analyzing Patient Pathways

Infection Control & Prevention Survey III



Orange County Health Care Agency



University of California, Irvine

Project MAPP

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Summary of Goals

This survey is an ongoing collaboration between the Orange County Health Care Agency and physician epidemiologists at the University of California, Irvine to assess the burden of various multi-drug resistant pathogens and the current level of response by Infection Control programs across the county. One of our new areas of interest in this survey includes carbapenemase-resistant enterobacteriaceae (CRE) based upon countywide interest. The burden of multi-drug resistant pathogens continues to be at the forefront of national measures and mandates. Solutions to the containment of these contagious pathogens may require a population-level approach.

We are requesting non-identified, summary level data that provides a perspective of the extent to which these pathogens have become a part of usual health care today. The goal is to assess temporal trends that will inform public health response for pathogen containment.



Orange County Health Care Agency



University of California, Irvine

I. FACILITY NAME

1. Name of person completing survey: _____
2. Position/title: _____
3. Phone: _____
4. Email: _____
5. Hospital Name: _____
6. Which characteristics describe this facility? Please check all that apply.

| | |
|--|--|
| <input type="checkbox"/> Community hospital | <input type="checkbox"/> Bone marrow transplant center |
| <input type="checkbox"/> Teaching hospital | <input type="checkbox"/> Burn center |
| <input type="checkbox"/> Level I Trauma center | <input type="checkbox"/> Acute rehabilitation beds |
| <input type="checkbox"/> Level II Trauma center | <input type="checkbox"/> Nursing home beds |
| <input type="checkbox"/> Tertiary referral center | <input type="checkbox"/> Specialty care type: _____ |
| <input type="checkbox"/> Solid organ transplant center | |

II. FACILITY QUESTIONS

8. Please provide your hospital's total **licensed acute care beds WITHOUT REHAB.**
9. Please provide your hospital's total **average daily census of acute care beds WITHOUT REHAB.**
10. Please provide your hospital's total **licensed ICU beds.**
11. Please provide your hospital's **average daily ICU census.**
12. Please provide your hospital's total **licensed rehab beds.**
13. Please provide your hospital's **average daily rehab census.**
14. Please describe the **ICUs** in your facility by type, number of beds, and average daily census. Please include all pediatric and neonatal ICUs.



| Intensive Care Unit Type | Number of Beds | Average Daily Census |
|--------------------------|----------------|----------------------|
| Cardiac | 10 | 7.6 |
| Surgical | 15 | 13.8 |
| | | |

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

III. STAFFING

16. Does your facility employ an **Infectious Diseases** physician or hospital **epidemiologist** who has responsibility for the infection control and prevention program?

Yes

If yes, at what percent effort is this person **compensated** specifically for **infection control duties**? (E.g., 100%, 50%. etc.) %

No

17. What is the number of Infection Preventionists (IPs) working at your facility? (E.g., 1 full-time + 1 half-time = 1.5)

18. Please provide your assessment of adequacy of **ID MD** staffing at your facility.

Very Inadequate
Need >50% FTE more

Somewhat Inadequate
Need 30-50% FTE more

Nearly Adequate
Need <30% FTE more

Fully Adequate
Need 0% FTE more

Enter the additional % effort you require

19. Please provide your assessment of adequacy of **IP** staffing at your facility.

Very Inadequate
Need ≥100% FTE more

Somewhat Inadequate
Need 50-99% FTE more

Nearly Adequate
Need <50% FTE more

Fully Adequate
Need 0% FTE more

Enter the additional % effort you require

20. How frequently does your facility have infection prevention meetings that include hospital administration?

Monthly

Quarterly

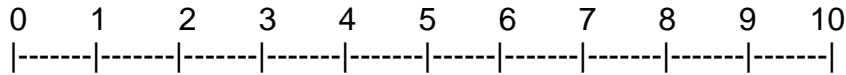
Annually

Never

Other: _____

21. Using a best guess, please rate how **supportive and engaged** the hospital administration is in Infection Prevention at your facility.

0 = not at all engaged and 10 = fully engaged



IV. SURVEILLANCE

23. For which of the following organisms do you use the listed strategies? Please check all that apply.

| Organism | Paper-Based Chart Flag | Electronic Chart Flag | Patient Line List | We do not track |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| MRSA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VRE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ESBL <i>Klebsiella</i> * | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ESBL <i>E. coli</i> ^ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Clostridium difficile</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CRE‡ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*ESBL Klebs = Extended-Spectrum Beta Lactamase producing *Klebsiella*

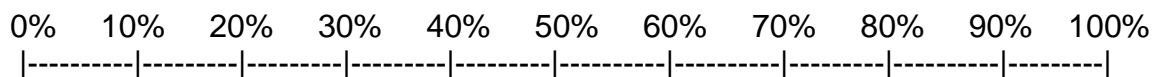
^ESBL *E. coli* = Extended-Spectrum Beta Lactamase producing *Escherichia coli*

‡CRE = Carbapenemase Resistant Enterobacteriaceae

24. How does your facility define CRE? Check with your microbiology laboratory and check all that apply.

- Intermediate resistance to one of the following carbapenems: imipenem, meropenem, doripenem, ertapenem
- Intermediate resistance to one of the following carbapenems: imipenem, meropenem, doripenem, but NOT ertapenem
- Full resistance to one of the following carbapenems: imipenem, meropenem, doripenem, ertapenem
- Full resistance to one of the following carbapenems: imipenem, meropenem, doripenem, but NOT ertapenem
- Resistance to one of the following 3rd generation cephalosporins: ceftriaxone, ceftazidime, cefotaxime

25. What percentage of patients with CRE receive a private room?



26. Please indicate the contact precaution strategies used for the following organisms. Check all that apply.

| | MRSA | VRE | ESBL Klebs | ESBL <i>E. coli</i> | <i>C. diff</i> | CRE |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Private room whenever possible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cohort with patients with same MDRO | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Contact precautions (gown and gloves) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient asked to minimize leaving room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patient asked to wear protective gown when leaving room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Use of disposable/dedicated patient care equipment whenever possible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notify prior facility of MDRO detection for patient received by transfer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Notify next facility of MDRO detection for patient transferred to another facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| We do not use any of the above strategies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

27. Please indicate whether you use any of the below **additional strategies** for adult inpatients with CRE. Check all that apply.

- Cohort nursing (nurse only takes care of CRE patients)
- Bathe daily with chlorhexidine (CHG)
- Active effort to minimize antibiotic use (antimicrobial stewardship protocol activated). Define what would be implemented:

- Active effort to minimize device use. Define what would be implemented:

- Screen all admitted patients with indwelling urinary catheters for CRE
- Screen all admitted patients with indwelling central line catheters for CRE
- Screen all admitted patients with hemodialysis for CRE
- Screen all admitted nursing home patients for CRE
- Screen all admitted LTAC (long-term acute care) patients for CRE
- Screen admitted patients transferring from other hospitals for CRE
- Screen roommate if patient found to have CRE (hospital-acquired)
- Screen neighboring rooms if patient found to have CRE (hospital-acquired)
- Screen roommate/neighboring rooms if CRE cluster. Define what would constitute a cluster:

Other:

We do not use any of the above strategies

IV. INTEREST IN ORANGE COUNTY REGIONAL CRE COLLABORATIVE

There has been discussion about whether or not Orange County healthcare facilities could collaboratively adopt activities to stem the tide of CRE cases and achieve regional containment. Currently the number of CRE cases is still small at each facility and it may be manageable to have a fairly robust “CRE bundle” that all facilities agree to adopt together with the goal of preventing CRE from gaining a foothold in this region.

29. How supportive would you be of a regional collaboration to implement a “CRE bundle” for containing CRE?

| Definitely will support | Possibly will support | Uncertain | Possibly will NOT support | Definitely will NOT support |
|--------------------------|--------------------------|--------------------------|---------------------------|-----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. If there were a proposed regional collaboration to have a “CRE bundle” adopted across all healthcare facilities (hospitals, long term acute care hospitals, nursing homes) in Orange County for patients identified as having CRE, which of the below, if any, would you be willing to support?

| <i>For patients identified by history or microbiologic culture to have CRE:</i> | Definitely will support | Possibly will support | Uncertain | Possibly will NOT support | Definitely will NOT support |
|---|--------------------------|--------------------------|--------------------------|---------------------------|-----------------------------|
| Provide CRE patients with a single room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Place CRE patients on contact precautions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Provide a small number of observations (3-5) <i>per CRE patient</i> to assess compliance with contact precautions and hand hygiene | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Actively communicate with the nurse manager and treating physician to alert them to a CRE case (imported as well as nosocomial) to provide education* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| and relay countywide “CRE bundle” efforts | | | | | |
| Bathe CRE+ patients daily with chlorhexidine throughout hospitalization | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Actively communicate to facilities receiving CRE from your institution about patient’s CRE status and countywide collaborative plan to institute bundle* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perform a once-yearly one-day prevalence screen for CRE (rectal swab) among all patients in at least one ICU and one non-ICU unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perform a twice-yearly one-day prevalence screen of patients for CRE (rectal swab) in at least one ICU and one non-ICU unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Screen roommate of patient found to have CRE (rectal swab) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Screen neighboring rooms of patient found to have CRE (hospital-acquired) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Screen all admitted nursing home patients for CRE (rectal swab) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Screen all admitted LTAC (long-term acute care) patients for CRE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Screen all admitted patients transferring from other hospitals for CRE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

* Collaborative could work on 1-page educational materials to be used county-wide

31. For which of the following organisms do you have a policy regarding the discontinuation of contact isolation?

- | | |
|---|---|
| <input type="checkbox"/> MRSA | <input type="checkbox"/> <i>Clostridium difficile</i> |
| <input type="checkbox"/> VRE | <input type="checkbox"/> CRE |
| <input type="checkbox"/> ESBL <i>Klebsiella</i> | <input type="checkbox"/> None. We do not discontinue. |
| <input type="checkbox"/> ESBL <i>Escherichia coli</i> | |

What are your criteria for discontinuing contact precautions for each of the following organisms?

| Organism | Criteria | | | |
|---|-------------|--------------|------------------|---|
| | # Cx needed | Days apart | How long off Abx | Sites swabbed |
| EXAMPLE | 3 swabs | 2 days apart | 48 hours | <input checked="" type="checkbox"/> Nares <input type="checkbox"/> Rectal <input type="checkbox"/> Axillary/Groin <input type="checkbox"/> Original site <input type="checkbox"/> Other _____ |
| 32, 33. MRSA | | | | <input type="checkbox"/> Nares <input type="checkbox"/> Rectal <input type="checkbox"/> Axillary/Groin <input type="checkbox"/> Original site |
| 34, 35. VRE | | | | <input type="checkbox"/> Rectal <input type="checkbox"/> Groin <input type="checkbox"/> Original site |
| 36, 37. ESBL <i>Klebsiella</i> | | | | <input type="checkbox"/> Nares <input type="checkbox"/> Rectal <input type="checkbox"/> Respiratory <input type="checkbox"/> Original site |
| 38, 39. ESBL <i>E. coli</i> | | | | <input type="checkbox"/> Nares <input type="checkbox"/> Rectal <input type="checkbox"/> Respiratory <input type="checkbox"/> Original site |
| 40, 41. CRE | | | | <input type="checkbox"/> Rectal <input type="checkbox"/> Groin <input type="checkbox"/> Original site <input type="checkbox"/> Other _____ |

42. For *C. difficile*, what criteria do you use to discontinue contact precautions? Please check all that apply.

- Upon discharge
- When diarrhea stops x _____ days
- Off *C. diff* antibiotics for _____ days
- Other: _____

V. ACTIVE SURVEILLANCE

For which patients do you perform **ADMISSION** screening for MRSA and/or VRE?

| 44. MRSA | 45. VRE |
|---|--|
| <input type="checkbox"/> All patients <input type="checkbox"/> All ICU patients <input type="checkbox"/> Exact high risk groups defined by SB 1058: High risk admissions known within first 24 hours* <input type="checkbox"/> Other, please specify: _____ _____ _____ | <input type="checkbox"/> All patients <input type="checkbox"/> All ICU patients <input type="checkbox"/> Selected ICU patients, please specify: _____ _____ <input type="checkbox"/> Selected high risk patients, please specify: _____ _____ <input type="checkbox"/> N/A. We do not screen for VRE |
| <small>*Patients admitted to an ICU within 24 hours, patients from nursing homes, on hemodialysis, admitted in the past 30 days, and/or those undergoing high risk surgeries</small> | |

For which patients do you perform **DISCHARGE** screening for MRSA and/or VRE?

| 46. MRSA | 47. VRE |
|---|--|
| <input type="checkbox"/> All patients <input type="checkbox"/> All ICU patients <input type="checkbox"/> Exact high risk groups defined by SB 1058: High risk admissions known within first 24 hours* <input type="checkbox"/> Other, please specify: _____ _____ <input type="checkbox"/> N/A. We do not screen for MRSA | <input type="checkbox"/> All patients <input type="checkbox"/> All ICU patients <input type="checkbox"/> Selected ICU patients, please specify: _____ _____ <input type="checkbox"/> Selected high risk patients, please specify: _____ _____ <input type="checkbox"/> N/A. We do not screen for VRE |
| <small>*Patients admitted to an ICU within 24 hours, patients from nursing homes, on hemodialysis, admitted in the past 30 days, and/or those undergoing high risk surgeries</small> | |

48. For **MRSA**, which body sites do you screen? Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Single nares | <input type="checkbox"/> Groin |
| <input type="checkbox"/> Bilateral nares | <input type="checkbox"/> Wounds |
| <input type="checkbox"/> Rectal/Perirectal | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Axilla | _____ |

49. For **VRE**, which body sites do you screen? Please check all that apply.

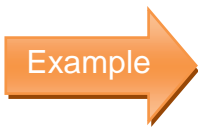
- Rectal Wounds
 Axilla Other, please specify: _____
 Groin N/A. We do not screen for VRE

VI. INPATIENT TOPICAL AGENTS PRACTICES

CHG = chlorhexidine

51. Do any of your ICUs perform **routine DAILY** CHG bathing of all patients? If so, please list below.

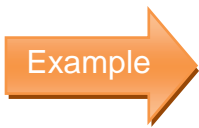
- N/A, we do **not** use CHG for **routine daily** bathing in our ICUs



| ICU Routine DAILY CHG Bathing | | |
|-------------------------------|-----------------|-----------------------------------|
| ICU Type | ICU Size (beds) | % Compliance in increments of 10% |
| Med/Surg | 10 | 60% |
| | | |
| | | |
| | | |
| | | |

52. Do any of your ICUs perform **selective** CHG bathing? If so, list which types of patients.

- N/A, we do **not** use CHG for **selective** bathing in our ICUs



| ICU Selective CHG Bathing | | | |
|---------------------------|-----------------|--------------------------|-----------------------------------|
| ICU Type | ICU Size (beds) | Which types of patients? | % Compliance in increments of 10% |
| Med | 12 | MRSA+ | 60% |
| Surg | 8 | Ortho surgery | 70% |
| | | | |
| | | | |
| | | | |

53. Do any of your **non-ICUs** perform **routine** DAILY CHG bathing of all patients? If so, please list below.

N/A, we do **not** use CHG for **routine daily** bathing in our non-ICUs



| Non-ICU <i>Routine</i> DAILY CHG Bathing | | |
|--|------------------|--|
| Unit Type | Unit Size (beds) | % Compliance in increments of 10% |
| Cardiac | 10 | 40% |
| | | |
| | | |
| | | |
| | | |
| | | |

54. Do any of your **non-ICUs** perform **selective** CHG bathing? If so, list which types of patients.

N/A, we do **not** use CHG for **selective** bathing in our non-ICUs



| Non-ICU <i>Selective</i> CHG Bathing | | | |
|--------------------------------------|------------------|--------------------------|--|
| Unit Type | Unit Size (beds) | Which types of patients? | % Compliance in increments of 10% |
| Med | 12 | MRSA+ | 60% |
| Surg | 8 | Ortho surgery | 70% |
| | | | |
| | | | |
| | | | |
| | | | |

55. Do you have a policy to bathe MDRO+ **ADULT** inpatients with CHG?

- N/A. We do not have any **ADULT** inpatients
- No. We do not use CHG on any **ADULT** patient
- Yes, for the following circumstances (check all that apply):

56.

| | MRSA | VRE | ESBL Klebs | ESBL <i>E. coli</i> | <i>C. diff</i> | CRE |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ICU patients (because of MDRO status) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-ICU patients (because of MDRO status) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hemodialysis patients (because of MDRO status) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patients undergoing select surgeries (because of MDRO status) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

57. Do you have a policy to bathe MDRO+ **PEDIATRIC (non-NICU)** inpatients, with CHG?

- N/A. We do not have any **PEDIATRIC** inpatients
- No. We do not use CHG on any **PEDIATRIC** patient
- Yes, for the following circumstances (check all that apply):

58.

| | MRSA | VRE | ESBL Klebs | ESBL E. coli | C. diff | CRE |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| ICU patients (because of MDRO status) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Non-ICU patients (because of MDRO status) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hemodialysis (because of MDRO status) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Patients undergoing select surgeries (because of MDRO status) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

59. Do you have a policy to bathe any MDRO+ **NICU** inpatients with CHG?

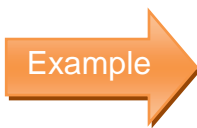
- N/A. We do not have any **NICU** inpatients
- No. We do not use CHG on any **NICU** patient
- Yes, for the following circumstances (check all that apply):

60.

| | MRSA | CRE | VRE | ESBL Klebs* | ESBL E. coli ^a | C. difficile |
|--|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--------------------------|
| NICU patients (because of MDRO status) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

61. Do any of your ICUs perform **routine** mupirocin decolonization for all patients? If so, please list below.

- N/A, we do **not** use mupirocin for **routine** decolonization in our ICUs



| ICU Routine Mupirocin Decolonization | | |
|--------------------------------------|------------------|--|
| ICU Type | Unit Size (beds) | % Compliance in increments of 10% |
| Cardiac | 10 | 40% |
| | | |
| | | |
| | | |
| | | |

62. Do any of your ICUs perform **selective** mupirocin decolonization? If so, list which types of patients.

N/A, we do **not** use mupirocin for **selective** decolonization in our ICUs



| ICU Selective Mupirocin Decolonization | | | |
|---|------------------|--------------------------|--|
| ICU Type | Unit Size (beds) | Which types of patients? | % Compliance in increments of 10% |
| Med | 12 | MRSA+ | 60% |
| Surg | 8 | Ortho surgery | 70% |
| | | | |
| | | | |
| | | | |
| | | | |

63. Do any of your **non-ICUs** perform **routine** mupirocin decolonization for all patients? If so, please list below.

N/A, we do **not** use mupirocin for **routine** decolonization in our non-ICUs



| Non-ICU Routine Mupirocin Decolonization | | |
|---|------------------|--|
| Unit Type | Unit Size (beds) | % Compliance in increments of 10% |
| Cardiac | 10 | 40% |
| | | |
| | | |
| | | |
| | | |
| | | |

64. Do any of your **non-ICUs** perform **selective** mupirocin decolonization? If so, list which types of patients.

N/A, we do **not** use mupirocin for **selective** decolonization in our non-ICUs



| Non-ICU Selective Mupirocin Decolonization | | | |
|---|------------------|--------------------------|--|
| Unit Type | Unit Size (beds) | Which types of patients? | % Compliance in increments of 10% |
| Med | 12 | MRSA+ | 60% |
| Surg | 8 | Ortho surgery | 70% |
| | | | |
| | | | |
| | | | |
| | | | |

65. Do you routinely use **mupirocin** to decolonize the following **adult patients**? Check all that apply.

- All MRSA+ **inpatients**
- All MRSA and MSSA+ **inpatients**
- MRSA+ **inpatients** for **select** surgeries only
- MRSA+ and MSSA+ **inpatients** for **select** surgeries only
- MRSA+ **outpatients** for **select** surgeries only
- MRSA+ and MSSA+ **outpatients** for **select** surgeries only
- MRSA+ hemodialysis patients
- MRSA+ and MSSA+ hemodialysis patients
- Other** _____
- No, we do not use mupirocin to decolonize adult staph carriers

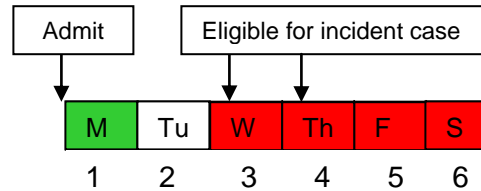
66. Do you routinely use **mupirocin** to decolonize the following **pediatric patients**? Check all that apply.

- All MRSA+ **inpatients**
- All MRSA and MSSA+ **inpatients**
- MRSA+ **inpatients** for **select** surgeries only
- MRSA+ and MSSA+ **inpatients** for **select** surgeries only
- MRSA+ **outpatients** for **select** surgeries only
- MRSA+ and MSSA+ **outpatients** for **select** surgeries only
- MRSA+ hemodialysis patients
- MRSA+ and MSSA+ hemodialysis patients
- Other** _____
- No, we do not use mupirocin to decolonize pediatric staph carriers
- N/A, we do not have pediatric services

IX. MEASURES OF BURDEN 2013

68. How does your facility define healthcare-associated?

- >2 calendar days (e.g., admit M; on or after W)
- >3 calendar days (e.g. admit M; on or after Th)
- >48 hours
- Other, please specify: _____



69. When you see a new hospital-onset MDRO culture, how do you attribute acquisition location for that culture?

- If MDRO culture is dated Thursday, acquisition is attributed to the patient's location on Tuesday
- If MDRO culture is dated Thursday, acquisition is attributed to the patient's location on Monday
- Other, please specify: _____

PLEASE COMPLETE THE ATTACHED TABLES.

Important Definitions for Tables

The definition of **new**, as used in these tables, refers to those cases that are **newly known to your facility**, regardless of how long they have actually harbored the organism.

ALL ADULT INPATIENTS MRSA (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>MRSA</u> | 2013 ALL ADULT INPATIENTS MRSA | | | | | | | | | | | |
|---|--------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 71. # of hospital admissions | | | | | | | | | | | | |
| 72. # of patient days | | | | | | | | | | | | |
| 73. # of new* MRSA cases (HO and CO) | | | | | | | | | | | | |
| 74. # of new* HO-MRSA cases | | | | | | | | | | | | |
| 75. # of MRSA cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 76. # of HO-MRSA cases detected by active screening | | | | | | | | | | | | |

*New = MRSA carriers (colonized or infected) that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

77. N/A, we do not have adult inpatients

ALL ADULT ICUs COMBINED MRSA (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>MRSA</u> | 2013 ALL ADULT ICUs COMBINED MRSA | | | | | | | | | | | |
|---|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 79. # of Adult ICU admissions | | | | | | | | | | | | |
| 80. # of Adult ICU patient days | | | | | | | | | | | | |
| 81. # of new* MRSA cases (HO and CO) | | | | | | | | | | | | |
| 82. # of new* HO-MRSA cases | | | | | | | | | | | | |
| 83. # of MRSA cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 84. # of HO-MRSA cases detected by active screening | | | | | | | | | | | | |

*New = MRSA carriers (colonized or infected) that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

85. N/A, we do not have adult ICUs

ALL PEDIATRIC INPATIENTS MRSA (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>MRSA</u> | 2013 ALL PEDIATRIC INPATIENTS MRSA | | | | | | | | | | | |
|---|------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 87. # of Pediatric hospital admissions | | | | | | | | | | | | |
| 88. # of Pediatric patient days | | | | | | | | | | | | |
| 89. # of new* MRSA cases (HO and CO) | | | | | | | | | | | | |
| 90. # of new* HO-MRSA cases | | | | | | | | | | | | |
| 91. # of MRSA cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 92. # of HO-MRSA cases detected by active screening | | | | | | | | | | | | |

*New = MRSA carriers (colonized or infected) that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

93. N/A, we do not have pediatric inpatients

ALL PEDIATRIC[‡] ICUs COMBINED MRSA (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>MRSA</u> | 2013 ALL PEDIATRIC ICUs COMBINED MRSA | | | | | | | | | | | |
|--|---------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 95. # of Pediatric ICU admissions | | | | | | | | | | | | |
| 96. # of Pediatric ICU patient days | | | | | | | | | | | | |
| 97. # of new* MRSA cases (HO and CO) | | | | | | | | | | | | |
| 98. # of new* HO-MRSA cases | | | | | | | | | | | | |
| 99. # of MRSA cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 100. # of HO-MRSA cases detected by active screening | | | | | | | | | | | | |

‡Excluding Neonatal ICUs

*New = MRSA carriers (colonized or infected) that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

101. N/A, we do not have pediatric ICUs

ALL NEONATAL ICUs COMBINED MRSA (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>MRSA</u> | 2013 ALL NEONATAL ICUs COMBINED MRSA | | | | | | | | | | | |
|--|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 103. # of Neonatal ICU admissions | | | | | | | | | | | | |
| 104. # of Neonatal ICU patient days | | | | | | | | | | | | |
| 105. # of new* MRSA cases (HO and CO) | | | | | | | | | | | | |
| 106. # of new* HO-MRSA cases | | | | | | | | | | | | |
| 107. # of MRSA cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 108. # of HO-MRSA cases detected by active screening | | | | | | | | | | | | |

*New = MRSA carriers (colonized or infected) that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

109. N/A, we do not have neonatal ICUs

ALL ADULT INPATIENTS VRE (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>VRE</u> | 2013 ALL ADULT INPATIENTS VRE | | | | | | | | | | | |
|--|-------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 111. # of new* VRE cases (HO and CO) | | | | | | | | | | | | |
| 112. # of new* HO-VRE cases | | | | | | | | | | | | |
| 113. # of VRE cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 114. # of HO-VRE cases detected by active screening | | | | | | | | | | | | |

*New = VRE carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

115. N/A, we do not have adult inpatients

ALL ADULT ICUs COMBINED VRE (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>VRE</u> | 2013 ALL ADULT ICUs COMBINED VRE | | | | | | | | | | | |
|--|----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 117. # of new* VRE cases (HO and CO) | | | | | | | | | | | | |
| 118. # of new* HO VRE cases | | | | | | | | | | | | |
| 119. # of VRE cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 120. # of HO VRE cases detected by active screening | | | | | | | | | | | | |

*New = VRE carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

121. N/A, we do not have adult ICUs

ALL PEDIATRIC INPATIENTS VRE (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>VRE</u> | 2013 ALL PEDIATRIC INPATIENTS VRE | | | | | | | | | | | |
|--|-----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 123. # of new* VRE cases (HO and CO) | | | | | | | | | | | | |
| 124. # of new* HO VRE cases | | | | | | | | | | | | |
| 125. # of VRE cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 126. # of HO VRE cases detected by active screening | | | | | | | | | | | | |

*New = VRE carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

127. N/A, we do not have pediatric inpatients

ALL PEDIATRIC[‡] ICUs COMBINED VRE (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>VRE</u> | 2013 ALL PEDIATRIC ICUs COMBINED VRE | | | | | | | | | | | |
|--|--------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 129. # of new* VRE cases (HO and CO) | | | | | | | | | | | | |
| 130. # of new* HO VRE cases | | | | | | | | | | | | |
| 131. # of VRE cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 132. # of HO VRE cases detected by active screening | | | | | | | | | | | | |

[‡]Excluding Neonatal ICUs

***New** = VRE carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

133. N/A, we do not have pediatric ICUs

ALL NEONATAL ICUs COMBINED VRE (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>VRE</u> | 2013 ALL NEONATAL ICUs COMBINED VRE | | | | | | | | | | | |
|--|-------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 135. # of new* VRE cases (HO and CO) | | | | | | | | | | | | |
| 136. # of new* HO VRE cases | | | | | | | | | | | | |
| 137. # of VRE cases detected by clinical cultures only (exclude screening) | | | | | | | | | | | | |
| 138. # of HO VRE cases detected by active screening | | | | | | | | | | | | |

*New = VRE carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

139. N/A, we do not have neonatal ICUs

ALL ADULT INPATIENTS **ESBL KLEBSIELLA** (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>ESBL Klebsiella</u> | 2013 ALL ADULT INPATIENTS ESBL KLEBSIELLA | | | | | | | | | | | |
|--|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 141. # of new* ESBL Klebsiella cases (HO and CO) | | | | | | | | | | | | |
| 142. # of new* HO ESBL Klebsiella cases | | | | | | | | | | | | |

***New** = ESBL *Klebsiella* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

143. N/A, we do not have adult inpatients

ALL ADULT INPATIENTS **ESBL ESCHERICHIA COLI** (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

| <u>ESBL Escherichia coli</u> | 2013 ALL ADULT INPATIENTS ESBL ESCHERICHIA COLI | | | | | | | | | | | |
|---|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 145. # of new* ESBL <i>E. coli</i> cases (HO and CO) | | | | | | | | | | | | |
| 146. # of new* HO ESBL <i>E. coli</i> cases | | | | | | | | | | | | |

*New = ESBL *E. coli* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

147. N/A, we do not have adult inpatients

CLOSTRIDIUM DIFFICILE

149. Please provide your facility's definition of **hospital-onset** *Clostridium difficile*.

- > 2 inpatient calendar days
- > 3 inpatient calendar days
- Within 2 weeks of discharge
- Within 3 months of discharge
- Within 6 months of discharge
- Other: _____

ALL ADULT INPATIENTS CLOSTRIDIUM DIFFICILE (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

C. difficile

| | | 2013 ALL ADULT INPATIENTS CLOSTRIDIUM DIFFICILE | | | | | | | | | | | |
|---|--|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 150. # of new* <i>C. difficile</i> cases (HO and CO) | | | | | | | | | | | | | |
| 151. # new* HO <i>C. difficile</i> cases | | | | | | | | | | | | | |

*New = *Clostridium difficile* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

152. N/A, we do not have adult inpatients

ALL PEDIATRIC INPATIENTS *CLOSTRIDIUM DIFFICILE* (2013)

For the following table, please use the definition of **hospital-onset** as **> 2 calendar days**.

C. difficile

| | 2013 ALL PEDIATRIC INPATIENTS <i>CLOSTRIDIUM DIFFICILE</i> | | | | | | | | | | | |
|--|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
| 154. # of new* <i>C. difficile</i> cases (HO and CO) | | | | | | | | | | | | |
| 155. # new* HO <i>C. difficile</i> cases | | | | | | | | | | | | |

*New = *Clostridium difficile* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

156. N/A, we do not have pediatric inpatients

CARBAPENEM-RESISTANT ENTEROBACTERIACEAE (CRE), 2008-2013

Please provide the annual number of house wide CRE cases identified from 2008 to 2013.

For the following tables, please use the definition of **hospital-onset** as **> 2 calendar days**.

| | ALL HOUSE WIDE INPATIENTS CRE | | | | | |
|---|-------------------------------|------|------|------|------|------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| 158. # of new* CRE cases (HO and CO) | | | | | | |
| 159. # of new* HO-CRE cases (clinical or screening cultures) | | | | | | |
| 160. # of HO-CRE cases detected by screening cultures only | | | | | | |

*New = *Clostridium difficile* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

| | ALL ADULT INPATIENTS CRE | | | | | |
|---|--------------------------|------|------|------|------|------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| 162. # of new* CRE cases (HO and CO) | | | | | | |
| 163. # of new* HO-CRE cases (clinical or screening cultures) | | | | | | |
| 164. # of HO-CRE cases detected by screening cultures only | | | | | | |

*New = *Clostridium difficile* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

165. N/A, we do not have adult inpatients

| | ALL PEDIATRIC INPATIENTS CRE | | | | | |
|---|------------------------------|------|------|------|------|------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| 167. # of new* CRE cases (HO and CO) | | | | | | |
| 168. # of new* HO-CRE cases (clinical or screening cultures) | | | | | | |
| 169. # of HO-CRE cases detected by screening cultures only | | | | | | |

*New = *Clostridium difficile* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

170. N/A, we do not have pediatric inpatients

Please provide the annual number of ICU CRE cases identified from 2008 to 2013.

For the following tables, please use the definition of **hospital-onset** as **> 2 calendar days**.

| | ALL ADULT ICU PATIENTS CRE | | | | | |
|---|----------------------------|------|------|------|------|------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| 172. # of new* CRE cases (HO and CO) | | | | | | |
| 173. # of new* HO-CRE cases (clinical or screening cultures) | | | | | | |
| 174. # of HO-CRE cases detected by screening cultures only | | | | | | |

*New = *Clostridium difficile* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

175. N/A, we do not have adult ICU patients

| | ALL PEDIATRIC PATIENTS ICU CRE | | | | | |
|---|--------------------------------|------|------|------|------|------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| 177. # of new* CRE cases (HO and CO) | | | | | | |
| 178. # of new* HO-CRE cases (clinical or screening cultures) | | | | | | |
| 179. # of HO-CRE cases detected by screening cultures only | | | | | | |

*New = *Clostridium difficile* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

180. N/A, we do not have pediatric ICU patients

| | ALL NICU PATIENTS CRE | | | | | |
|---|-----------------------|------|------|------|------|------|
| | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| 182. # of new* CRE cases (HO and CO) | | | | | | |
| 183. # of new* HO-CRE cases (clinical or screening cultures) | | | | | | |
| 184. # of HO-CRE cases detected by screening cultures only | | | | | | |

*New = *Clostridium difficile* carriers that are newly known to your facility (no prior history to your knowledge)

HO = hospital-onset

CO = community-onset

185. N/A, we do not have NICU patients (Include Pediatrics to help differentiate between House-wide and In-patient)

187. For **2013** only, please provide the counts of **ALL NEW HO-CRE** and **CO-CRE** by species:

| | 2013 HO and CO CRE |
|------------------------------|--------------------|
| <i>Klebsiella pneumoniae</i> | |
| <i>Klebsiella oxytoca</i> | |
| Klebsiella, other | |
| <i>E. coli</i> | |
| Enterobacter sp. | |
| Acinetobacter sp. | |
| Other | |

188. For **2013** only, please provide the counts of **ALL NEW HO-CRE** by species:

| | 2013 HO CRE |
|------------------------------|-------------|
| <i>Klebsiella pneumoniae</i> | |
| <i>Klebsiella oxytoca</i> | |
| Klebsiella, other | |
| <i>E. coli</i> | |
| Enterobacter sp. | |
| Acinetobacter sp. | |
| Other | |