



Patient Safety Component—Annual Hospital Survey				
Instructions for this form are available at: http://w	ww.cdc.gov/nhsn/for	ms/instr/57_103-TOI.p	<u>odf</u>	
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*required for saving		Tracking #:		
Facility ID:		*Survey Year:		
Facility Characteristics (completed by Infection	Preventionist)			
*Ownership (check one):				
☐ For profit	☐ Not for profit, incleada	uding Govern	ment	
☐ Military	☐ Veterans Affairs	☐ Physici	an owned	
If facility is a Hospital: *Number of patient days: *Number of admissions: For any Hospital:				
*Is your hospital a teaching hospital for physicians	and/or physicians-in-tr	aining?	□ Yes	□ No
If Yes, what type:	□ Major	☐ Graduate	☐ Undergrad	duate
*Number of beds set up and staffed in the following location types (as defined by NHSN): ICU (including adult, pediatric, and neonatal levels II/III and III): b. All other inpatient locations:				
Facility Microbiology Laboratory Practices (com	pleted with input fro	m Microbiology Labo	oratory Lead)	
*1. Does your facility have its own on-site laborator antimicrobial susceptibility testing?	y that performs bacter	ial	□ Yes [□ No
If No, where is your facility's antimicrobial susceptib	oility testing performed	? (check one)		
☐ Affiliated medical center				
☐ Commercial referral laboratory				
☐ Other local/regional, non-affiliated reference laborated in the control of the	oratory			
Ç	•		Continu	ied >>
Assurance of Confidentiality: The information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).				
Public reporting burden of this collection of information is estimated to average 75 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0666).				
CDC 57.103 (Front) Rev. 11, v9.2				





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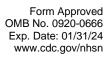
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Facility Microbiology Laboratory Practices (continued)

- *2. For the following organisms please indicate which methods are used for:
 - (1) Primary susceptibility testing and
 - (2) Secondary, supplemental, or confirmatory testing (if performed).

If your laboratory does not perform susceptibility testing, please indicate the methods used at the outside laboratory.

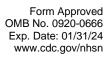
Please use the testing codes listed below the table.				
Pathogen	(1) Primary	(2) Seco	ondary	Comments
Staphylococcus aureus		_		
Enterobacteriaceae				
1 = Kirby-Bauer disk diffusion	5.1 = MicroScan -W	alkAwa <u>y</u>	10 = E tes	t
2 = Vitek (Legacy)	5.2 = MicroScan au	5.2 = MicroScan auto <u>SCAN</u> 12 = Vancomycin agar screen (B + vancomycin)		
2.1 = Vitek 2	6 = Other broth mice method	6 = Other broth micro dilution 13 = Other		r (describe in Comments
3.1 = BD Phoenix	7 = Agar dilution me	thod		
4 = Sensititre				
*3. Has the laboratory implemented the refor Enterobacteriaceae recommended by		obactam bre	akpoints	□ Yes □ No
*4. Has the laboratory implemented the re	evised carbapenem breakpoint	ts for		□ Yes □ No
Enterobacteriaceae recommended by CL *5. Does the laboratory perform a test for		this does n	not include	
automated testing instrument expert rules		(1.110 0000 1	iot inioiado	□ Yes □ No
If Yes, please indicate what is done if car	bapenemase production is det	ected: (chec	k one)	
☐ Change susceptible carbapenem resu	Its to resistant			
☐ Report carbapenem MIC results witho	ut an interpretation			
□ No changes are made in the interpretation of carbapenems, the test is used for epidemiological or infection control practices				
If Yes, which test is routinely performed to detect carbapenemase: (check all that apply)				
□ PCR		Screen	. [- 7]	
☐ Modified Hodge Test	□ Carb	oa NP		
□ mCIM/CIM	□ Rap	oid CARB Blu	ıe	
□ E test	□ Othe	er (specify): __		
☐ Cepheid, BioFire array, Verigene®				
If Yes, does the laboratory have a policy	to routinely notify any of the fo	llowing wher	CP-CRE a	e detected?
Physician ☐ Yes	□ No			
Infection Control	□ No _			





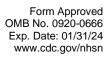
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Facility Microbiology Laborate	ory Practices (continued)				
*6. Does the laboratory perform Gram-negative bacilli?	*6. Does the laboratory perform colistin or polymyxin B susceptibility testing for drug-resistant Gram-negative bacilli?				
	: (check all that apply; answers listed are are recommended for use in polymyxin s		susceptibility testing		
□ Vitek 2	☐ MicroScan autoSCAN	☐ Kirby-Bauer disk	diffusion		
☐ BD Phoenix	☐ Other broth microdilution method	☐ Accelerate Pheno)		
□ Sensititre	☐ Agar dilution method	☐ Other (specify):			
☐ MicroScan- WalkAway	□ E test				
7*. Which of the following metholaboratory serving your facility?	ods are used for yeast identification at yo (check all that apply)	ur facility's laboratory o	or at the outside		
☐ MALDI-TOF MS System ((Vitek MS)				
$\hfill \square$ MALDI-TOF MS System (Bruker Biotyper)				
□ Vitek-2					
□ BD Phoenix					
☐ MicroScan					
□ Non-automated Manual K	it (e.g., API 20C, RapID, Germ Tube, PN	A-FISH, etc.)			
□ DNA sequencing					
☐ Other (specify)	□ Other (specify)				
8*. Candida isolated from which that apply)	of the following body sites are usually fu	lly identified to the spe	cies level? (check all		
□ Blood					
□ Other normally sterile bo	dy site (e.g.: CSF)				
□ Urine					
□ Respiratory					
□ Other (specify)					
□ None are fully identified t	to the species level				
9*. What method is used for ant laboratory serving your facility?	tifungal susceptibility testing (AFST) at yo (check all that apply)	our facility's laboratory	or the outside		
☐ Broth microdilution	☐ YeastOne colorimetric microdilution	□ E test	☐ Vitek 2 card		
☐ Disk diffusion	☐ Other (specify):				
Continued >>					





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*10. Antifungal susceptibility testing is performed on fungal isolates in which of the following situations: Candida albicans:
□ Always □ Only when isolated from sterile sites (eg: blood, CSF, etc) □ Only when ordered by a clinician; □ Other (specify): Candida glabrata:
□ Always □ Only when isolated from sterile sites (eg: blood, CSF, etc) □ Only when ordered by a clinician; □ Other (specify): All other <i>Candida</i> species:
□ Always □ Only when isolated from sterile sites (eg: blood, CSF, etc) □ Only when ordered by a clinician; □ Other (specify):
Facility Microbiology Laboratory Practices (continued)
*11. What is the primary testing method for <i>C. difficile</i> used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)
☐ Enzyme immunoassay (EIA) for toxin
☐ Cell cytotoxicity neutralization assay
□ Nucleic acid amplification test (NAAT) (e.g., PCR, LAMP)
□ NAAT plus EIA, if NAAT positive (2-step algorithm)
☐ Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)
☐ GDH plus NAAT (2-step algorithm)
☐ GDH plus EIA for toxin, followed by NAAT for discrepant results
☐ Toxigenic culture (<i>C. difficile</i> culture followed by detection of toxins)
*12. Please indicate the primary and definitive method used to identify microbes from blood cultures collected in your facility. (SELECT ONE ANSWER)
□ MALDI-TOF MS System (Vitek MS)
□ MALDI-TOF MS System (Bruker Biotyper)
☐ Automated Instrument (e.g., Vitek, MicroScan, Phoenix, OmniLog, Sherlock, etc.)
□ Non-automated Manual Kit (e.g., API, Crystal, RapID, etc.)
□_Rapid Identification (e.g., Verigene, BioFire FilmArray, PNA-FISH, Gene Xpert, etc.)
□16S rRNA Sequencing
*13. Please indicate any additional secondary methods used for microbe identification from blood cultures collected in your facility (e.g., a rapid method that is confirmed with the primary method, a secondary method if the primary method fails to give an identification, or a method that is used in conjunction with the primary method). (SELECT ALL THAT APPLY)
☐ MALDI-TOF MS System (Vitek MS)
☐ MALDI-TOF MS System (Bruker Biotyper)
☐ Automated Instrument (e.g., Vitek, MicroScan, Phoenix, OmniLog, Sherlock, etc.)
□ Non-automated Manual Kit (e.g., API, Crystal, RapID, etc.)
□_Rapid Identification (e.g., Verigene, BioFire FilmArray, PNA-FISH, Gene Xpert, etc.)
□16S rRNA Sequencing





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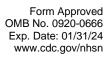
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Infection Control Practices
(completed with input from Hospital Epidemiologist and/or Quality Improvement Coordinator)
*14. Number or fraction of infection preventionists (IPs) in facility:
a. Total hours per week performing surveillance:
b. Total hours per week for infection control activities other than surveillance:
*15. Number or fraction of full-time employees (FTEs) for a designated hospital epidemiologist (or equivalent role) affiliated with your facility:
Infection Control Practices
(completed with input from Hospital Epidemiologist and/or Quality Improvement Coordinator)
*16. Is it a policy in your facility that patients infected or colonized with MRSA are routinely placed in contact precautions while these patients are in your facility? (check one)
☐ Yes, all infected or colonized patients
□ No
☐ Not applicable: my facility never admits these patients
If Yes, please check the type of patients that are routinely placed in contact precautions while I your facility (check one):
☐ All infected or colonized patients
☐ Only all infected patients
☐ Only infected or colonized patients with certain characteristics (check all that apply)
□Patients admitted to high risk settings
□Patients at high risk for transmission
*17. Is it a policy in your facility that patients infected or colonized with VRE are routinely placed in contact precautions while these patients are in your facility? (check one)
☐ Yes, all infected or colonized patients
□ No
☐ Not applicable: my facility never admits these patients
If Yes, please check the type of patients that are routinely placed in contact precautions while I your facility (check one):
☐ All infected or colonized patients
☐ Only all infected patients
☐ Only infected or colonized patients with certain characteristics (check all that apply)
□Patients admitted to high risk settings
□Patients at high risk for transmission





Patient Safety Component—Annual Hospital Survey Page 6 of 14 *18. Is it a policy in your facility that patients infected or colonized with CRE (regardless of confirmatory testing for carbapenemase production) are routinely placed in contact precautions while these patients are in your facility? (check one) ☐ Yes, all infected or colonized patients □ No □ Not applicable: my facility never admits these patients If Yes, please check the type of patients that are routinely placed in contact precautions while I your facility (check one): ☐ All infected or colonized patients ☐ Only all infected patients □ Only infected or colonized patients with certain characteristics (check all that apply) □Patients admitted to high risk settings □ Patients at high risk for transmission *19. Is it a policy in your facility that patients infected or colonized with suspected or confirmed ESBL-producing or extended spectrum cephalosporin resistant Enterobacteriaceae are routinely placed in contact precautions while these patients are in your facility? (check one) ☐ Yes, all infected or colonized patients □ No ☐ Not applicable: my facility never admits these patients If Yes, please check the type of patients that are routinely placed in contact precautions while I your facility (check one): ☐ All infected or colonized patients ☐ Only all infected patients ☐ Only infected or colonized patients with certain characteristics (check all that apply) □ Patients admitted to high risk settings ☐ Patients at high risk for transmission **Infection Control Practices** (completed with input from Hospital Epidemiologist and/or Quality Improvement Coordinator) *20. Does the facility routinely perform screening testing (culture or non-culture) for CRE? ☐ Yes □ No If Yes, in which situations does the facility routinely perform screening testing for CRE? (check all that apply) ☐ Surveillance testing at admission for all patients ☐ Surveillance testing of epidemiologically-linked patients of newly identified CRE patients (e.g., roommates) ☐ Surveillance testing at admission of high-risk patients (e.g., admitted from LTAC or LTCF) ☐ Surveillance testing at admission of patients admitted to high-risk settings (e.g. ICU)

☐ Other (please specify):





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*21. Does the facility routinely perform screening testing (culture or non-culture) for MRSA for any patients admitted to non-NICU settings?	□ Yes	□ No	
If yes, in which situations does the facility routinely perform screening testing for MRSA for (check all that apply) $$	non-NICU	settings?	
☐ Surveillance testing at admission for all patients			
☐ Surveillance testing at admission of high-risk patients (e.g., admitted from LTAC or LT	CF)		
☐ Surveillance testing at admission of patients admitted to high-risk settings (e.g. ICU)			
☐ Surveillance testing of pre-operative patients to prevent surgical site infections			
☐ Other (please specify):			
*22.Does the facility routinely perform screening testing (culture or non-culture) for MRSA for any patients admitted to -NICU settings?	□ Yes	□ No	
If yes, in which situations does the facility routinely perform screening testing for MRSA for all that apply)	NICU setti	ngs? (check	
☐ Surveillance testing at admission for all transferred patients			
☐ Surveillance testing of patients from known MRSA positive mothers			
☐ Surveillance testing of high-risk patients (e.g. infants born premature)			
☐ Routine active surveillance testing (i.e., point prevalence surveys)			
□ Other (please specify):			
*23. Does the facility routinely use chlorhexidine bathing on any patient to prevent infection or transmission of MDROs at your facility? (Note: this does not include the use of such bathing in pre-operative patients to prevent SSIs)	□ Yes	□ No	
*24. Does the facility routinely use a combination of topical chlorhexidine <u>AND</u> intranasal mupirocin (or equivalent agent) on any patients to prevent infection or transmission of MRSA at your facility? (Note: this does not include the use of these agents in pre-operative surgical patients or dialysis patients)	□ Yes	□ No	
Facility Neonatal or Newborn Patient Care Practices and Admissions Information			
*25. Was this section completed in collaboration with your facility's neonatal or newborn patient care team? For example, was input sought from a neonatal or newborn patient care team member, such as a NICU Medical Director, Lead Neonatal Physician, Neonatal Nurse Manager, Lead Neonatal Nurse Practitioner?			
□ Yes			
□ No			
□ N/A, my facility does not provide neonatal or newborn patient care services at any level (i. provide delivery services. Level 1 well newborn care, Level II special care, or neonatal intens		lity does not	
If N/A was selected in question 25 above, questions 26-30 below do not apply to your facility and should be skipped. If your facility does care for neonates or newborns (at any level), please complete questions below.			



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Questions should be answered based on the policies and practices that were in place for the majority of the last full calendaryear.
*26. Excluding Level I units (well newborn nurseries), record the number of neonatal admissions to Special Care Nurseries (Level II) and Intensive Care Units (Level II/III, Level IIV):
a. Inborn Admissions:
b. Outborn Admissions:
*27. Excluding Level I units (well newborn nurseries), record the number of neonatal admissions (both inborn and outborn) to Special Care (Level II) and Intensive Care (Level II/III, Level III, Level IV) in each of following birth weight categories:
a. Less than or equal to 750 grams:
b. 751-1000 grams:
c. 1001-1500 grams:
d. 1501-2500 grams:
e. More than 2500 grams:
Academy of Pediatrics (e.g. capable of providing sustained life support, comprehensive care for infants born <32 weeks gestation and weighing <1500 grams, a full range of respiratory support that may include conventional and/or high-frequency ventilation)? □ Yes
□ No
*29. Does your facility accept neonates as transfers for any of the following procedures: Omphalocele repair; ventriculoperitoneal shunt; tracheoesophageal fistula (TEF)/esophageal atresia repair; bowel resection/reanastomosis; meningomyelocele repair; cardiac catheterization.
□ Yes
□ No
To help us better understand your facility's practices and protocols for administering antimicrobials to newborns, please answer the following questions:
*30. If babies are roomed with their mother in a labor and delivery or postpartum ward and are administered oral or parenteral antimicrobials, such as ampicillin, what location is the medication

administration attributed to in the electronic medication administration record (eMAR) system and/or bar

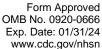
Please ask your clinical pharmacist to review the eMAR system and/or BCMA system to determine

code medication administration (BCMA) system?

this and select all that apply:



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		a. Level I Well Newborn Nursery		
		b. Labor and Delivery Ward, Postpartum Ward, or Labor, Delivery, Recovery, Postpartum Suite		
		c. N/A my facility does not provide delivery services		
		d. N/A my facility requires that babies receiving antimicrobials intravenously (IV) are transferred out of their mother's room in order for IV antimicrobials to be administered (babies receiving oral or intramuscular antimicrobials may remain in their mother's room for antimicrobial administration)		
		e. N/A my facility requires that babies receiving oral and/or parenteral (including IV) antimicrobials are transferred out of their mother's room in order for antimicrobials to be administered		
		ver choice d. or e. was selected above, to which neonatal unit would a baby be transferred in order eive oral or parenteral antimicrobials (select all that apply): Level I Well Newborn Nursery separate from the mother's room Level II Special Care Nursery		
۸.		Level II/III or higher Neonatal Intensive Care Unit otic Stewardship Practices		
		olic Stewardship Practices Deted with input from Physician and Pharmacist Stewardship Champions)		
		and an extended the Land N	⊒ ∕es	□ No
32		acility leadership has demonstrated a commitment to antibiotic stewardship efforts by: (Check all that app Communicating to staff about stewardship activities, via email, newsletters, events, or other avenues. Providing opportunities for staff training and development on antibiotic stewardship. Allocating information technology resources to support antibiotic stewardship efforts. None of the above	oly.)	
33	s*. O	ur facility has a committee responsible for antibiotic stewardship.	□ V•••	
		Yes, membership in our facility's antibiotic stewardship committee includes: (Check all that apply.) Non-infectious diseases trained prescriber(s) Infectious disease physician(s) Pharmacist(s) Nurse(s) Infection preventionist(s) Microbiologist(s) Information technologist(s) A patient representative None of the Above	Yes	No
		ur facility has a leader (or co-leaders) responsible for antibiotic stewardship outcomes. , what is the position of this leader? (Check one.)	□ Yes	□ No





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☐ None of the above



Patient Safety Component—Annual Hospital Survey Page 12 of 14 40*. Which of the following groups receive education on appropriate antibiotic use at least annually? (Check all that apply.) ☐ Prescribers □ Nursing staff □ Pharmacists ☐ None of the above **Optional Antibiotic Stewardship Practices Questions** Responses to the following questions are not required to complete the annual survey. Please provide additional information about your facility's antibiotic stewardship activities and leadership. 41. Antibiotic stewardship activities are integrated into quality improvement and/or ☐ Yes □ No patient safety initiatives. 42. Our facility accesses targeted remote stewardship expertise (e.g. tele-☐ Yes □ No stewardship to obtain facility-specific support for our antibiotic stewardship efforts ☐ Not applicable, our 43. Our stewardship team works with the microbiology laboratory to facility does not use inform cascade and/or selective reporting protocols for isolate ☐ Yes □ No cascade and/or susceptibilities. selective reporting 44. Our stewardship team monitors compliance with appropriate surgical prophylaxis. ☐ Yes □ No 45. If you selected 'Yes' to question 34 (your facility has a leader (or co-leaders) responsible for antibiotic stewardship outcomes): Which committees or leadership entities provide oversight of your facility's antibiotic stewardship efforts? (Check all that apply.) ☐ Pharmacy director ☐ Pharmacy & therapeutics ☐ Patient safety ☐ Quality improvement ☐ Executive leadership (e.g., CEO, CMO) □ Board of directors ☐ Other (please specify): ___ □ None

46. If you selected 'Physician' or 'Co-led...' (your facility's leader (or co-leader) responsible for antibiotic stewardship outcomes is a Physician): On average, what percent time does the **physician** (co) leader dedicate to antibiotic stewardship activities in your facility? (Check one.)

□ 1-25%

□ 26-50%

□ 51-75%

□ 76-100%

47. If you selected 'Pharmacist' or 'Co-led...' (your facility's leader (or co-leader) responsible for antibiotic stewardship outcomes is a Pharmacist): On average, what percent time does the **pharmacist** (co) leader dedicate to antibiotic stewardship activities in your facility? (Check one.)



□ 1-25% □ 26-50%				
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□ 51-75% □ 76-100%				
48. If you selected that the physician (co) leader has antibiotic stewardship responsibilities in their contract or job description: What percent time for antibiotic stewardship activities is specified in the physician (co) leader's contract or job description? (Check one.) □ 1-25% □ 26-50% □ 51-75% □ 76-100% □ Not specified				
49. If you selected that the pharmacist (co) leader has antibiotic stewardship responsibilities in their contract or job description: What percent time for antibiotic stewardship activities is specified in the pharmacist (co) leader's contract or job description? (Check one.)				
□ 26-50%□ 51-75%□ 76-100%□ Not specified				
Facility Water Management Program (WMP)				
(*Optional section. Responses to the following questions are not required to complete the annual survey. Completed with input from WMP team members.)				
50. Have you ever conducted a facility risk assessment to identify where other opportunistic waterborne pathogens (e.g. <i>Pseudomonas, Acinetoba Burkholderia, Stenotrophomonas</i> , nontuberculous mycobacteria, and fun and spread in the facility water system (e.g., piping infrastructure)?	acter,			
If Yes, If Yes, when was the most recent assessment conducted? (Check one)			
□ ≤ 1 year ago □ ≥ 1-3 years ago				
□ ≥ 3 years ago				
51. Does your facility have a water management program to prevent the growth and transmission of <i>Legionella</i> and other opportunistic waterborne pathogens? ☐ Yes ☐ No				
If Yes, who is represented on your facility WMP team? (Check all that apply)				
☐ Hospital Epidemiologist/ Infection Preventionist	□ Compliance/ Safety Officer			
☐ Hospital Administrator/Leadership	☐ Risk/Quality Management Staff			
☐ Facilities Manager/ Engineer	☐ Infectious Disease Clinician			
☐ Maintenance Staff	□ Consultant			
☐ Equipment/Chemical Acquisition/Supplier	□ Laboratory Staff			



☐ Environmental Services ☐ Other (please specify):			
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52. Do you regularly monitor the following parameters in your between the following parameters in your between the following parameters are selected as the foll	ouilding's water system? (Check all	that apply)	
Disinfectant (such as residual chlorine):		□ Yes	□ No
If Yes, do you have a plan for corrective actions when within acceptable limits as determined by your water n		□ Yes	□ No
Temperature:		□ Yes	□ No
If Yes, do you have a plan for corrective actions when within acceptable limits as determined by your water n	•	□ Yes	□ No
Heterotropic plate counts:		□ Yes	□ No
If Yes, do you have a plan for corrective actions when are not within acceptable limits as determined by your program?		□ Yes	□ No
Specific tests for Legionella:		□ Yes	□ No
If Yes, do you have a plan for corrective actions when Specific not within acceptable limits as determined by your water mana	<u> </u>	□ Yes	□ No