

## 2010 ARO/CDI Prevalence Survey Hospital Profile

## The Hospital

- 1) Hospital code \_\_\_\_\_
- 2) Date of point prevalence study: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mm yy
- 3) Number of admitted adult **acute care** inpatients on the day of survey: \_\_\_\_\_
- 4) Total number of **acute** adult hospital beds: \_\_\_\_\_
- 5) Total number of adult intensive care unit beds: \_\_\_\_\_
- 6) Total number of **acute care** hospital admissions in 2009: \_\_\_\_\_
- 7) Teaching hospital: Yes [ ] No [ ]
- 8) Number of FTE Infection control professionals (ICPs): \_\_\_\_\_
- 9) Does your hospital have a hospital epidemiologist?  
Yes [ ] No [ ]

If yes, who is the hospital epidemiologist?

A physician [ ] a non-physician [ ]

Estimate the physician FTE input into the infection control program: \_\_\_\_\_

- 10) The hospital has the following types of critical care units (check all that apply):**

ICU type	Number of patients	Percentage of patients
medical ICU	10	10.0%
surgical ICU	10	10.0%
combined medical-surgical ICU	10	10.0%
cardiac surgery ICU	10	10.0%
neurosurgical ICU	10	10.0%
coronary ICU	10	10.0%
respiratory ICU	10	10.0%
trauma ICU	10	10.0%
pediatric ICU	10	10.0%
neonatal ICU	10	10.0%
other	10	10.0%

11) The hospital provided the following services in 2009 (check all that apply):

hemodialysis/peritoneal dialysis	[ ]	[ ]
bone marrow/stem cell transplant	[ ]	[ ]
solid organ transplant	[ ]	[ ]
cardiac surgery	[ ]	[ ]
neurosurgery	[ ]	[ ]
acute trauma program	[ ]	[ ]
acute burn injury care	[ ]	[ ]
cancer chemotherapy	[ ]	[ ]
cancer radiotherapy	[ ]	[ ]
long-term care facility (attached to the hospital)	[ ]	[ ]
inpatient pediatrics	[ ]	[ ]
neonatal intensive care unit	[ ]	[ ]
obstetrics	[ ]	[ ]

12) Surveillance for infection/colonization with the following AROs is conducted routinely in your hospital (check all that apply):

Methicillin Resistant <i>Staphylococcus aureus</i> (MRSA)	[ ]	[ ]
Vancomycin Resistant Enterococci (VRE)	[ ]	[ ]
<i>Clostridium difficile</i>	[ ]	[ ]
Extended spectrum beta-lactamases (ESBL)	[ ]	[ ]
Other _____		

### **MRSA/VRE Screening Practices at Your Hospital**

13) Does your hospital obtain swabs from adult patients to detect colonization with MRSA and/or VRE? (check all that apply):

MRSA	Yes [ ]	No [ ]
VRE	Yes [ ]	No [ ]

If, Yes for MRSA, screening is done (check all that apply):

For all medical and surgical patients on admission to hospital	[ ]	[ ]
For "high-risk" med/surg patients on admission to hospital	[ ]	[ ]
For all patients on admission to the ICU	[ ]	[ ]
For all ICU patients, periodically (prevalence screen)	[ ]	[ ]
For all patients on other wards, periodically	[ ]	[ ]
For roommates/contacts of patients	[ ]	[ ]
Only if there is an outbreak	[ ]	[ ]
For other reasons (please specify _____)	[ ]	[ ]

If, Yes for VRE, screening is done (check all that apply):

For all medical and surgical patients on admission to hospital	[ ]	[ ]
For "high-risk" medical/surgical patients on admission to hospital	[ ]	[ ]
For all patients on admission to the ICU	[ ]	[ ]
For all ICU patients, periodically	[ ]	[ ]
For all patients on other wards, periodically	[ ]	[ ]
For roommates/contacts of patients	[ ]	[ ]
Only if there is an outbreak	[ ]	[ ]

For other reasons (please specify \_\_\_\_\_) [ ]

### **MRSA/VRE Infection Control Practices**

- 14)** What infection control measures does your hospital use for patients colonized or infected with MRSA? (check all that apply)

Private room (always) [ ]  
 Private room (if possible) [ ]  
 Gowns [ ]  
 Gloves [ ]  
 Surgical Mask (all patients) [ ]  
 Surgical mask (only if sputum MRSA +ve) [ ]  
 None [ ] if none, skip to Q16  
 Other, specify: \_\_\_\_\_

- 15)** In order to discontinue MRSA precautions in your hospital what must occur? (check all that apply)

Patient must have 1 negative surveillance swab for MRSA [ ]  
 Patient must have 3 negative surveillance swab for MRSA [ ]  
 Patient must have more than 3 negative surveillance swabs for MRSA [ ]  
 Patient must be treated with anti-MRSA drugs (negative tests not required) [ ]  
 Once a patient is positive once for MRSA they are always in precautions [ ]  
 Other \_\_\_\_\_

- 16)** Which VRE patients require additional precautions? (check as many as apply)

Colonized patients without diarrhea [ ]  
 Infected patients without diarrhea [ ]  
 Colonized patients **with** diarrhea [ ]  
 Infected patients **with** diarrhea [ ]  
 None [ ] (skip to Q19)

- 17)** What infection control measures does your hospital use for patients colonized or infected with VRE? (check all that apply)

Private room - always [ ]  
 Private room – if possible [ ]  
 Gowns [ ]  
 Gloves [ ]  
 Surgical Mask [ ]  
 Additional cleaning of room [ ]  
 Additional cleaning of equipment [ ]  
 Other, specify: \_\_\_\_\_

- 18)** In order to discontinue VRE precautions in your hospital what must occur? (check all that apply and skip if you answered “None” to question #13).

Patient must have 1-2 negative surveillance swabs for VRE [ ]  
 Patient must have 3 negative surveillance swabs for VRE [ ]  
 Patient must have more than 3 negative surveillance swabs for VRE [ ]  
 Patient must be treated with anti-VRE drugs (no further testing required) [ ]  
 Once a patient is positive once for VRE they are always in precautions [ ]

Other \_\_\_\_\_

### **C. difficile Infection Control Practices**

19) What kind of infection control measures does your hospital use for patients with *C. difficile* infection? (check all that apply)

Private room - always	[ ]	[ ]
Private room – if possible	[ ]	[ ]
Gowns	[ ]	[ ]
Gloves	[ ]	[ ]
Surgical Mask	[ ]	[ ]
Additional cleaning of room	[ ]	[ ]
Additional cleaning of equipment	[ ]	[ ]
None	[ ]	[ ]

Other, specify: \_\_\_\_\_

20) In order to discontinue *C. difficile* precautions in your hospital what must occur? (check all that apply and skip if you answered “None” to question #19)

Diarrhea must have stopped	[ ]	[ ]
Diarrhea must have stopped for 24-72h	[ ]	[ ]
Diarrhea must have stopped for greater than 72h	[ ]	[ ]
Patient must be on <i>C. difficile</i> treatment	[ ]	[ ]

Once patient has been *C. difficile* positive they are always in precautions regardless of further test results [ ]

Other, specify: \_\_\_\_\_

### **C. difficile Diagnosis**

21) Testing for <i>C. difficile</i> is done on-site in your hospital	[ ]	[ ]
Testing for <i>C. difficile</i> done in hospital laboratory located off-site	[ ]	[ ]
Testing for <i>C. difficile</i> is referred out to another laboratory	[ ]	[ ]

**Questions for Your Microbiology Laboratory** (We understand some of these questions may be difficult to answer, but we ask that every effort is made to find these answers.)

22) Total number of unique (non-duplicate) isolates from your hospital inpatients in 2009:

<i>Staphylococcus aureus</i>	_____
MRSA	_____
<i>Enterococcus</i> species	_____
VRE	_____

23) Which of the following methods is used for MRSA active surveillance testing?

- Not applicable [   ]  
 Non-selective culture media (e.g. blood agar) [   ]  
 Selective culture media:  
     Mannitol salt agar (MSA) [   ]  
     Oxacillin resistant screening agar (ORSA) [   ]  
     CHROMagar [   ]  
 Polymerase Chain Reaction (PCR) (direct from swabs) [   ]

24) *C. difficile* testing is done by (check all that apply):

- C. difficile* toxin assay [   ]  
*C. difficile* culture [   ]  
*C. difficile* PCR assay [   ]

25) In 2009, what was the total number of:

- Stool tests performed for *C. difficile* toxin \_\_\_\_\_  
 Patients tested for *C. difficile* \_\_\_\_\_  
 Patients positive for *C. difficile* \_\_\_\_\_

26) Turn-around time from time specimen is obtained until *C. difficile* toxin test result is available is generally (most often):

- Within 24 hours [   ]  
 Within 24-48 hours [   ]  
 Within 48-72 hours [   ]  
 Takes more than 72 hours [   ]

### **Housekeeping Questions**

27) If a patient has an ARO, is his/her room cleaned differently from a patient without an ARO (i.e. routine cleaning)? (check all that apply) (If you answer yes to any ARO, move to the question #28)

- Yes for MRSA [   ]  
 Yes for VRE [   ]  
 Yes for *C. difficile* [   ]  
 No [   ]

**28)** If you answered yes to any ARO in question #27, please specify the differences (check all that apply):

- Different cleaning procedure is utilized for MRSA ☐ ☐
- Different cleaning procedure is utilized for VRE ☐ ☐
- Different cleaning procedure is utilized for *C. difficile* ☐ ☐
- Different cleaning solution is utilized for MRSA ☐ ☐
- Different cleaning solution is utilized for VRE ☐ ☐
- Different cleaning solution is utilized for *C. difficile* ☐ ☐
- Other \_\_\_\_\_

### **Miscellaneous**

**29)** Do you report any MRSA, VRE, or *C. difficile* rates to senior management in your hospital or to any external body?

Yes ☐ No ☐

If yes, who and what do you report?

	Senior Management	External Body (e.g. CNISP* or Provincial Ministry of Health)	Do not Report
Nosocomial MRSA infection rate	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nosocomial MRSA bloodstream infection rate	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
MRSA acquisition rate (# of new MRSA surveillance and clinical cultures per 1000 patient days)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nosocomial VRE infection rate	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nosocomial VRE bloodstream infection rate	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
VRE acquisition rate	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Nosocomial <i>C. difficile</i> infection rate	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

\*CNISP: The Canadian Nosocomial Infection Surveillance Program

**30)** Are you currently doing everything you would like to do to prevent and control MRSA, VRE, and *C. difficile* transmission?

Yes [    ]

No [    ]

If no, the following is (are) preventing you from controlling transmission (check all that apply):

Lack of adequate financial resources [    ]

Lack of sufficient human resources [    ]

Lack of adequate administrative support [    ]

Lack of appropriate isolation facilities [    ]

Lack of adequate laboratory support [    ]

Other \_\_\_\_\_

**2010 ARO/CDI Prevalence Survey- Hospital Profile Data Dictionary****1) Hospital code:**

This number should always be three digits. This will be the **3 character** alphanumeric code assigned to your institution by the study. It will always consist of two digits followed by a letter (e.g. 05H).

**2) Date of point prevalence study:**

This is the date you performed the point prevalence study at your hospital.

**3) Number of admitted acute care adult inpatients on the day of survey:**

Record the number of acute care inpatients in your institution according to your hospital census on the day of the survey. Use whatever definition your institution uses for in-patients. Include long term care (alternate level of care) patients if they are in the same physical building as acute care patients; exclude them if they are in their own building.

**4) Total number of acute adult hospital beds:**

Record the number of acute adult hospital beds available at your institution for admission purposes. Include long term care (alternate level of care) patients if they are in the same physical building as acute care patients; exclude them if they are in their own building.

**5) Total number of adult intensive care unit beds:**

Record the number of adult intensive care unit beds available at your institution for admission purposes including intensive care units (ICU), coronary care units (CCU), and any other critical care units.

**6) Total number of acute care hospital admissions (or discharges) in 2009:**

Record the total number of acute care admissions (or discharges) recorded either for the calendar year from January 1 to December 31, 2009, or the fiscal year 2009/10. Accept whatever definitions your hospital uses routinely. Please do not include any long term or psychiatric admissions in your institution.

**7) Teaching hospital:**

Select yes if your institution is closely associated with a medical school and serves as a clinical education site for medical students AND interns AND residents.

**8) Number of FTE Infection Control Professionals:**

Record the amount of Infection Control Professional full time equivalents (FTE) that your institution employs. One person working full time in infection control equals 1 FTE. If some people have more than one job area, estimate to the best



of your ability how much time they spend on the infection prevention and control part of their job.

**9) Does your hospital have a hospital epidemiologist?**

Record yes or no appropriately for this question.

Record who is/are your hospital epidemiologist(s). (check all that apply).

Estimate the physician FTE input into the infection control program (regardless of whether they are the hospital epidemiologist or not).

**10) The hospital has the following types of critical care units:**

Check all types of critical care units in your hospital.

**11) The hospital provided the following services in 2009:**

Select all services your hospital provided during the calendar year January 1 to December 31, 2009, or the fiscal year 2009/10.

**12) The following AROs are surveyed routinely in your hospital:**

Select all the ARO types your hospital surveys on a routine basis.

**13) Does your hospital do screening for asymptomatic patients colonized with MRSA and/or VRE?**

Select which organism(s) your institution routinely screens for in asymptomatic patients and the circumstances for which it is done. Check "For "high-risk" patients on admission to hospital:" if you define a subgroup of patients who are at increased risk of being colonized with MRSA or VRE and who require admission screening, when other patients do not.

**14) Select the types of infection control precautions used in your hospital for MRSA colonized or infected patients who require additional precautions.**

**15) Select the circumstances that must occur to discontinue VRE precautions for patients in your hospital. Skip this question if you answered "None" to question 14.**

**16) Select which patients require additional precautions for VRE in your hospital.**

**17) Select the types of infection control precautions used in your hospital for patients colonized or infected with VRE who require additional precautions. Skip this question if you answered "None" to question 16.**

**18) Select the circumstances that must occur to discontinue VRE precautions for patients in your hospital. Skip this question if you answered "None" to question 16.**

**19) Select the types of infection control precautions used in your hospital for *C. difficile* patients.**

**20) Select the circumstances that must occur to discontinue *C. difficile* precautions for patients in your hospital. Skip this question if you answered “None” to question 19.**

**21) Site where *C. difficile* testing is done:**

Select whether *C. difficile* toxin testing is done in a laboratory in your hospital building, in a laboratory that is your hospital's but is in a different physical location than the hospital itself, or if it is referred out of your institution.

**22) Total number of unique isolates from your hospital inpatients in 2009:**

Please ask these questions of the microbiology laboratory where your specimens are done (whether at your hospital or off-site) to arrive at these numbers for the calendar year January 1 to December 31, 2009. If it is easier to get these data for fiscal year 2009/10, or another 12 month period, this is also acceptable. Use whatever definitions you usually use for removing duplicate isolates, and defining episodes of disease.

**23) Which of the following methods is used for MRSA active surveillance testing?**

Select method(s) used for MRSA detection in active surveillance testing.

**24) *C. difficile* testing is done by:**

Select which method is used by the microbiology laboratory for *C. difficile* testing.

**25) Number of *C. difficile* tests performed and patients infected**

Please submit these questions to the microbiology laboratory where your specimens are done (whether at your hospital or off-site) to arrive at these numbers for the calendar year January 1 to December 31, 2009. If it is easier to get these data for fiscal year 2009/10, or another 12 month period, this is also acceptable. Use whatever definitions you usually use for removing duplicate isolates, and defining episodes of disease.

**26) Turn-around time from time specimen is obtained until *C. difficile* test result is available is generally:**

Select the time interval most reflective of the length of time it takes to have a result from the moment the specimen is collected for *C. difficile* testing.

**27) Answer accordingly and move to question #28 if you answer yes to any ARO.**

**28) Describe how cleaning is different for ARO patients if you answered yes to question #27.**

**29) Select if you report any MRSA or VRE rates to senior management in your hospital or to any external body. If yes, specify to whom and what you report.**

**30) Select yes or no to this question and if no, please check all barriers to controlling MRSA and VRE in your hospital.**

DRAFT