Patient Safety Component – Annual Hospital Survey

Reference Laboratory: Pathology Laboratory; Des Moines, Iowa

Survey Year: 2022

Facility/Microbiology Laboratory Practices	
1. Does your facility have its own on-site laboratory that performs bacterial antimicrobial susceptibility testing? a. If No, where is your facility's antimicrobial susceptibility testing performed	No a. Other local/regional, non-affiliated reference laboratory
2. Method for primary susceptibility testing and secondary, supplemental, orconfirmatory testing:	• STAPHYLOCOCCUS AUREUS – BD PHOENIX (PRIMARY), E TEST (SECONDARY) • ENTEROBACTERALES - BD PHOENIX (PRIMARY), E TEST (SECONDARY)
3. Does either he primary or secondary/supplemental antimicrobial susceptibility testing (AST) of Pseudomonas spp, include ceflolozane-tazobactam?	Yes
4. Has the laboratory implemented the revised breakpoints recommended by CLSI for? a. Cephalosporin and monobactam breakpoints for Enterobacterales in 2010 b. Carbapenem breakpoints for Enterobacterales in 2010 c. Ertapenem breakpoints for Enterobacterales in 2012 d. Carbapenem breakpoints for Pseudomonas aeruginosa in 2012 e. Fluroquinolone breakpoints for Pseudomonas aeruginosa in 2019 f. Fluroquinolone breakpoints for Enterobacterales in 2019	a. Yes b. Yes c. Yes d. Yes e. Yes f. Yes
5. Does the laboratory test bacterial isolates for presence of carbapenemase (this does not include automated testing instrument expert rules) a. If yes, indicate what is done	Yes a. No changes are made in the interpretation of carbapenems, the test is used for epidemiological or infection control practices b. Cepheid, Biofire array, Phoenix CPO

Facility/Microbiology Laboratory Practices	
if carbapenemase production is detected b. If yes, which test is routinely performed to detect carbapenemase c. If yes, which of the following are routinely tested for presence of carbapenemases	c. Not applicable
6. Does your facility perform extended-spectrum beta-lactamase (ESBL) testing for E. coli or Klebsiella spp, routinely or using a testing algorithm a. If yes, indicate what is done if ESBL is detected	Yes a. No changes are made in the interpretation of cephalosporins with a note of ESBL
7. Where is yeast identification performed for specimens collected at your facility?	On-site laboratory
8. Which of the following methods are used for yeast identification	MALDI-TOF MS System (Bruker Biotyper)
9. Does the laboratory routinely use Chromagar for identification or differentiation of Candida isolates?	Yes
10. Candida isolated from which of the following body sites are usually fully identified to the species level?	Blood, Respiratory, Urine, Other normally sterile body site (for example CSF)
11. Does the laboratory employ any culture-independent diagnostic tests (CIDTs) to identify Candida from blood specimens? a. If yes, which culture-independent diagnostics tests (CIDTs) are used to identify Candida from blood specimens	Yes a. Biofire
12. Does the laboratory employ any culture-independent diagnostic tests (CIDTs) to identify Candida auris from clinical specimens? a. If yes, which culture-independent diagnostics tests (CIDTs) are used to identify Candida from blood specimens	No
13. Where is antifungal susceptibility testing (AFST) performed for specimens collected at your facility	On-site laboratory

<table>
<tr><th colspan="2">Facility/Microbiology Laboratory Practices</th></tr>
<tr><td>14. What method is used for antifungal susceptibility testing (AFST), excluding Amphotericin B</td><td>YeastOne colorimetric microdilution</td></tr>
<tr><td>15. What method is used for antifungal susceptibility testing (AFST) of Amphotericin B</td><td>YeastOne colorimetric microdilution</td></tr>
<tr><td>16. If Vitek is used for AFST, which Candida species do you test with it</td><td>Not applicable</td></tr>
<tr><td>17. AFST is performed for which of the following antifungal drugs</td><td>Fluconazole, Voriconazole, Caspofungin, Micafungin, Anidulafungin</td></tr>
<tr><td>18. AFST is performed on fungal isolates in which of the following situations</td><td>
<table>
<tr><th></th><th>Performed automatically</th><th>Performed with a clinicians' order</th><th>Not Performed</th><th>Unknown</th></tr>
<tr><td>Blood</td><td>☒</td><td>☐</td><td>☐</td><td>☐</td></tr>
<tr><td>Other normally sterile body site (for example, CSF)</td><td>☒</td><td>☐</td><td>☐</td><td>☐</td></tr>
<tr><td>Urine</td><td>☐</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Respiratory</td><td>☐</td><td>☒</td><td>☐</td><td>☐</td></tr>
<tr><td>Other</td><td>☐</td><td>☐</td><td>☐</td><td>☒</td></tr>
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</td></tr>
<tr><td>19. What is the primary testing method for C. difficile used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed</td><td>NAAT plus EIA, if NAAT positive (2-step algorithm)</td></tr>
<tr><td>20. Indicate the primary and definitive method used to identify microbes from blood cultures collected in your facility</td><td>MALD-TOF MS System (Bruker Biotyper)</td></tr>
<tr><td>21. Indicate any additional secondary methods used for microbe identification from blood cultures collected in your facility</td><td>Non-automated Manual Kit, Rapid Identification</td></tr>
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