

Surveillance

This domain performs a comprehensive assessment of the surveillance program at your facility as it currently functions.

Surveillance Plan

1a - Does the Infection Prevention and Control (IPC) program have a surveillance plan to monitor the incidence of epidemiologically important pathogens?

- Yes
- No
- Unsure

1b - What method of surveillance does the IPC program use?

- Electronic surveillance program
- Manual surveillance
- None
- Other

1c - What sources does the IPC program use to perform surveillance?

- Medical records
- Laboratory result reports
- Patient admissions information
- Census (A/D/T) data
- List of patients in transmission-based precautions
- List of prescribed antimicrobials from pharmacy
- Test results from radiology
- Incident reporting
- Employee health records of injuries, communicable diseases, and exposures
- None
- Other

1d - What does the facility-wide surveillance plan measure?

- Device/ procedure-associated infections
- Organism-specific infection and colonization (MRSA, VRE, ESBL, etc.)
- Phlebitis related to peripheral IV therapy
- Occupational Health Measures (Employee sharps injuries, Employee immunization, Employee exposure to BBP, etc.)
- Drug diversion
- Antimicrobial medication utilization
- Healthcare-associated pathogen transmission
- Community outbreak and cluster data
- Patient exposure to bloodborne pathogens
- Horizontal Measures (e.g., CHG bathing rates)
- Hand Hygiene measures
- Other

1e - Is the surveillance system integrated across all healthcare settings within the health system?

- Yes
- No
- Not applicable- single site

1f - Are trends from surveillance utilized to monitor and improve processes at the facility?

- Yes
- No
- Unsure

2 - Is surveillance conducted in real-time, as data becomes available to inform the IPC program in a timely fashion?

- Yes
- No
- Unsure

3 - Does the IPC program have a standardized method of identifying or flagging a patient's chart for the presence of infection or colonization of transmissible pathogens?

- Yes
- No
- Unsure

4a - How does the facility maintain surveillance when trained personnel are not available?

- Multiple staff share the primary role of performing surveillance
- Secondary staff outside of Infection Prevention are trained and competent
- No additional personnel are trained in this role
- Other

4b - Do multiple personnel at that facility have access to the entire surveillance system and data?

- Yes
- No
- Unsure

5a - Does the facility have a list of target multi-drug-resistant organisms (MDRO)?

- Yes
- No
- Unsure

5b - How does the facility determine which organisms to include on the target MDRO list?

- Annual risk assessment
- Community incidence rates
- Healthcare Acquired Transmission within facility
- Regulatory requirements
- State alerts
- None
- Other

6a - Does the facility perform active surveillance testing (ACS) for target MDROs?

- Yes
- No
- Unsure

6b - When is active surveillance testing performed?

- Upon admission
- Prior to surgical procedures
- After a period of inpatient admission
- Around an identified index case
- Other

Infection Prevention and Control (IPC) Program Communication

7 - Does the IPC program have a notification system for the laboratory to promptly notify the IPC program when epidemiologically significant organisms are identified?

- Yes
- No
- Unsure

8 - Does the IPC program receive notification from the lab when a novel resistance pattern for the facility is detected?

- Yes
- No
- Unsure

9 - Are protocols in place for inter-facility communication if an MDRO is identified at your facility?

- Yes
- No
- Unsure

10 - Does the facility have a protocol for inter-facility communication if an MDRO is identified after a patient has been discharged from the facility?

- Yes
- No
- Unsure

Antimicrobial Stewardship

11a - Does the facility have an active antimicrobial stewardship program (ASP)?

- Yes
- No
- Unsure

11b - Does the ASP have a written statement of support from facility leadership?

- Yes
- No
- Unsure

11c - Does the facility provide salary support for dedicated time for ASP activities?

- Yes
- No
- Unsure

11d - Is there a dedicated leader responsible for the outcomes of stewardship activities?

- Yes
- No
- Unsure

11e - What personnel role is in charge of the stewardship program?

- Pharmacy
- Infectious Disease Physician
- Non-ID physician
- Infection Preventionist
- Nurse
- Other

11f - Is a physician leader responsible for outcomes of the ASP activities at the facility?

- Yes
- No

11h - Is a pharmacist leader responsible for improving antimicrobial use at the facility?

- Yes
- No
- Unsure

11i - Does the facility have a policy requiring prescribers to document an indication for all antimicrobials in the medical record during order entry?

- Yes
- No
- Unsure

11j - Does the ASP utilize specific treatment recommendations to assist clinicians with antimicrobial selection for common clinical conditions?

- Yes
- No
- Unsure

11k - Does the facility have a formal process for clinicians to review appropriateness of antimicrobials 48-72 hours after initiation?

- Yes
- No
- Unsure

11l - Does the facility have a specific list of antimicrobial agents that must be approved by the ASP prior to dispensing at the facility?

- Yes
- No

Unsure

11m – Do stewardship personnel review courses of therapy for specific antibiotic agents and communicate with prescribers?

Yes

No

Unsure

12a - Does the facility monitor and track antimicrobial consumption?

Yes

No

Unsure

12b - Does the ASP provide prescribers with feedback about how they can improve their antimicrobial prescribing?

Yes

No

Unsure

13 - Does the stewardship program provide education to clinicians and other relevant staff on improving antimicrobial use?

Yes

No

Unsure

Microbiology Collaboration

14 - How are microbiology diagnostic labs performed at the facility?

In-house

Send out to reference lab

Combination of both

15 - Does the reference lab provide summary reports of trends and clinical isolates to the IPC program?

Yes

No

Unsure

16 - How does the reference laboratory provide susceptibility data to identify prevalent MDROs and trends?

Facility specific

Regional aggregate

Both

Neither

Unsure

17 - If performed in-house, does the microbiology lab provide summary reports of trends and clinical isolates to the ICC or Quality Improvement Committees?

Yes

No

Unsure

18 - What frequency does the in-house lab provide summary reports in committee?

- Monthly
- Quarterly
- Annually
- Every 2 years
- Other

19 - What frequency are clinicians provided antimicrobial susceptibility reports and analysis of current trends to guide antimicrobial prescribing practices?

- Annually
- Every 2 years
- Longer than every 2 years
- None- clinicians are not provided antibiograms
- Other

20 - What antibiograms are available to providers?

- Facility specific
- Regional
- Service line (population) specific
- Other

Answer Key

Surveillance Plan

1a - Does the Infection Prevention and Control (IPC) program have a surveillance plan to monitor the incidence of epidemiologically important pathogens?

Yes - Preferred

No

Unsure

1b - What method of surveillance does the IPC program use? **(Not Scored - Informational Only)**

Electronic surveillance program

Manual surveillance

None

Other

1c - What sources does the IPC program use to perform surveillance? **(Select all preferred options)**

Medical records - **Preferred**

Laboratory result reports - **Preferred**

Patient admissions information - **Preferred**

Census (A/D/T) data - **Preferred**

List of patients in transmission-based precautions - **Preferred**

List of prescribed antimicrobials from pharmacy - **Preferred**

Test results from radiology - **Preferred**

Incident reporting - **Preferred**

Employee health records of injuries, communicable diseases, and exposures - **Preferred**

None

Other

1d - What does the facility-wide surveillance plan measure? **(Select all preferred options)**

Device/ procedure-associated infections - **Preferred**

Organism-specific infection and colonization (MRSA, VRE, ESBL, etc.) - **Preferred**

Phlebitis related to peripheral IV therapy - **Preferred Optional**

Occupational Health Measures (Employee sharps injuries, Employee immunization, Employee exposure to BBP, etc.) - **Preferred**

Drug diversion - **Preferred Optional**

Antimicrobial medication utilization - **Preferred**

Healthcare-associated pathogen transmission - **Preferred**

Community outbreak and cluster data - **Preferred Optional**

Patient exposure to bloodborne pathogens - **Preferred**

Horizontal Measures (e.g., CHG bathing rates) - **Preferred**

Hand Hygiene measures - **Preferred**

Other

1e - Is the surveillance system integrated across all healthcare settings within the health system?

Yes - Preferred

No

Not applicable- single site

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Yes - Preferred

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4a - How does the facility maintain surveillance when trained personnel are not available?

(Select at least one preferred option)

Multiple staff share the primary role of performing surveillance - **Preferred**

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Yes - Preferred

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5a - Does the facility have a list of target multi-drug-resistant organisms (MDRO)?

Yes - Preferred

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5b - How does the facility determine which organisms to include on the target MDRO list?

(Select all preferred options)

Annual risk assessment - **Preferred**

Community incidence rates - **Preferred**

Healthcare Acquired Transmission within facility - **Preferred**

Regulatory requirements - **Preferred**

State alerts - **Preferred**

None

Other

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Facility specific - **Preferred**

Regional aggregate - **Preferred**

Both - **Preferred**

Neither

Unsure

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Yes - Preferred

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Quarterly - **Preferred**

Annually - **Preferred**

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- Regional
- Service line (population) specific
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Guidance

Surveillance Plan

Core Element Description: Assessment of surveillance practices within the facility.

Free Access: Regulatory

Centers for Medicare and Medicaid Services. (n.d.) Hospital infection control worksheet <https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/downloads/survey-and-cert-letter-15-12-attachment-1.pdf>

Free Access: Guidelines

Siegel, J.D., Rhinehart, E., Jackson, M., Chiarello, L., and the Healthcare Infection Control Practices Advisory Committee. Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006. <https://www.cdc.gov/infection-control/media/pdfs/Guideline-MDRO-H.pdf>

Free Access: Resources

Centers for Disease Control and Prevention. (n.d.) Acute Care Facility Multidrug-Resistant Organisms Control Activity Assessment Tool. <https://www.cdc.gov/infection-control/media/pdfs/Guidelines-MDRO-Facility-Assessment-P.pdf>

Purchase Required: Resources

Meehan Arias, K., Surveillance. In Boston K.M., et al, eds. APIC Text. 2024. <https://text.apic.org/toc/epidemiology-surveillance-performance-and-patient-safety-measures/surveillance>

Infection Prevention and Control (IPC) Program Communication

Core Element Description: Assessment of the infection prevention control program communication practices within the facility.

No Guidance Available - *Intentionally left blank*

Antimicrobial Stewardship

Core Element Description: Assessment of antimicrobial stewardship practices within the facility.

Free Access: Guidelines

Centers for Disease Control and Prevention. (2025). Implementation of antibiotic stewardship core elements at small and critical access hospitals. https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fantibiotic-use%2Fhcp%2Fcore-elements%2Fsmall-and-critical-access-hospitals.html

Microbiology Collaboration

Core Element Description: Assessment of microbiology collaboration practices regarding antimicrobial stewardship

Free Access: Resources

Centers for Disease Control and Prevention. (n.d.) Acute Care Facility Multidrug-Resistant

Organisms Control Activity Assessment Tool. <https://www.cdc.gov/infection-control/media/pdfs/Guidelines-MDRO-Facility-Assessment-P.pdf>

Additional Guidance

Free Access: Regulatory

Centers for Medicare and Medicaid Services. (2026). State Operations Manual Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals.

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

Free Access: Guidelines

Centers for Disease Control and Prevention. (2025, September 15.) Core elements of hospital antibiotic stewardship programs. https://www.cdc.gov/antibiotic-use/hcp/core-elements/hospital.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fantibiotic-use%2Fhcp%2Fcore-elements%2Fsmall-and-critical-access-hospitals.html

Healthcare Infection Control Practices Advisory Committee. (2024) CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings—Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC). <https://www.cdc.gov/infection-control/hcp/core-practices/index.html>

Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee, 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings. https://www.cdc.gov/infection-control/media/pdfs/guideline-isolation-h.pdf?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf