



Prevalence of antimicrobial-resistant organisms in smaller Canadian hospitals: Community, Rural, and Northern Acute Care Point Prevalence (CNAPP-19) Survey, 2019 – Supplemental material

Shari Thomas, Denise Gravel Tropper, Braden Knight, Donald Sheppard, Tanya Lary, Jami Mackenzie, Greg German, Charles Frenette, Kathryn Bush, Jennifer Ellison, Jennifer Happe, Jayson Shurgold

S1: Hospital survey questions

The 2019 Community, Rural, and Northern Acute Care Point Prevalence (CNAPP-19) Survey on Targeted Antimicrobial Resistant Organisms (ARO) and Antimicrobial Use (AMU)

Information to be collected as recorded 24 hours after the date/time of your hospital census, with lab follow-up at one week. Do not record personal identifiers.



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1. Hospital code:		As assigned by PHAC, and must appear as the first three digits on all patient ID codes associated with this hospital.
2. Census date (DD/MM/YYYY) :		A date between February 1 and March 30, 2019.
3. Total number of eligible beds at 8:00 AM on the date of your census:	a. Number of occupied eligible beds:	The total number of occupied eligible beds should be the number of patient surveys completed by your facility. Please see the survey protocol for the definition of an eligible bed.
	b. Number of unoccupied eligible beds:	
	c. Total number of eligible beds:	
4. Services provided by hospital:	<input type="checkbox"/> Adult care, medical <input type="checkbox"/> Adult care, surgical <input type="checkbox"/> Obstetrics/Gynecology <input type="checkbox"/> Trauma → (specify level): _____ <input type="checkbox"/> Pediatric care <input type="checkbox"/> Long-term care <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Solid organ transplant <input type="checkbox"/> Bone marrow transplant	<input type="checkbox"/> Malignant hematology <input type="checkbox"/> Dialysis <input type="checkbox"/> ICU, general <input type="checkbox"/> ICU, cardiac <input type="checkbox"/> ICU, neonatal → (specify level): _____ <input type="checkbox"/> ICU, pediatric <input type="checkbox"/> Burn <input type="checkbox"/> Oncology <input type="checkbox"/> Other, specify:
5. Targeted ARO screening: <small>Screening refers to the testing of patients without the presence of symptoms.</small>	a. At admission	b. During admission
Methicillin-resistant <i>Staphylococcus aureus</i>	<input type="checkbox"/> All patients <input type="checkbox"/> Only medical/surgical patients <input type="checkbox"/> Only patients that meet a risk definition <input type="checkbox"/> No screening at admission <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Close contacts of new cases <input type="checkbox"/> Periodic ward surveys <input type="checkbox"/> Targeted units only <input type="checkbox"/> None <input type="checkbox"/> Other (specify):



S1: Hospital survey questions (*continued*)

<p>Vancomycin-resistant <i>Enterococcus</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> All patients <input type="checkbox"/> Only medical/surgical patients <input type="checkbox"/> Only patients that meet a risk definition <input type="checkbox"/> No screening at admission <input type="checkbox"/> Other (specify): 	<ul style="list-style-type: none"> <input type="checkbox"/> Close contacts of new cases <input type="checkbox"/> Periodic ward surveys <input type="checkbox"/> Targeted units only <input type="checkbox"/> None <input type="checkbox"/> Other (specify):
<p>Extended-spectrum beta-lactamase producing organisms</p>	<ul style="list-style-type: none"> <input type="checkbox"/> All patients <input type="checkbox"/> Only medical/surgical patients <input type="checkbox"/> Only patients that meet a risk definition <input type="checkbox"/> No screening at admission <input type="checkbox"/> Other (specify): 	<ul style="list-style-type: none"> <input type="checkbox"/> Close contacts of new cases <input type="checkbox"/> Periodic ward surveys <input type="checkbox"/> Targeted units only <input type="checkbox"/> None <input type="checkbox"/> Other (specify):
<p>Carbapenemase-producing organisms</p>	<ul style="list-style-type: none"> <input type="checkbox"/> All patients <input type="checkbox"/> Only medical/surgical patients <input type="checkbox"/> Only patients that meet a risk definition <input type="checkbox"/> No screening at admission <input type="checkbox"/> Other (specify): 	<ul style="list-style-type: none"> <input type="checkbox"/> Close contacts of new cases <input type="checkbox"/> Periodic ward surveys <input type="checkbox"/> Targeted units only <input type="checkbox"/> None <input type="checkbox"/> Other (specify):
<p>6. If applicable, summarize your risk definition(s) for screening:</p>		
<p>7. Is your hospital currently experiencing an outbreak?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify organism(s): 	
<p>8. Does your facility have a pharmacist with a designated responsibility for antimicrobial stewardship on site at your facility?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify the workload in terms of full-time equivalency (FTE): 	
<p>9. Does your facility perform regular audits for antimicrobial use?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes, how often are the audits conducted: 	
<p>10. Does your facility have a list of antimicrobial agents whose use is restricted at your facility?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> No <input type="checkbox"/> Yes, specify the restricted antimicrobials: 	



S1: Hospital survey questions (continued)

11. Does your facility have written infection prevention and control policies and procedures related to the containment of antimicrobial-resistant organisms?	<input type="checkbox"/> No <input type="checkbox"/> Yes →	If Yes, does your facility perform audits of compliance with the policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your facility participate in a hand hygiene program?	<input type="checkbox"/> No <input type="checkbox"/> Yes		

S2: Patient questionnaire

The 2019 Community, Rural, and Northern Acute Care Point Prevalence (CNAPP-19) Survey on Targeted Antimicrobial Resistant Organisms (ARO) and Antimicrobial Use (AMU)

Information to be collected as recorded 24 hours after the date/time of your hospital census, with lab follow-up at one week. Do not record personal identifiers.

1. Patient ID Code:	[]	-	[]
	Hospital Code		Patient Code



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2. Age: []	<input type="checkbox"/> Year(s) <input type="checkbox"/> Day(s) <input type="checkbox"/> Month(s) <input type="checkbox"/> Year of Birth	3. Sex <small>Select one</small>	<input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> Female
4. Type of ward: <small>Select one</small>	<input type="checkbox"/> Adult ICU <input type="checkbox"/> Coronary Care (not ICU) <input type="checkbox"/> ER (admitted, awaiting inpatient bed) <input type="checkbox"/> Hematology/Oncology/Bone Marrow Transplant <input type="checkbox"/> Medical <input type="checkbox"/> Mixed ICU/CCU <input type="checkbox"/> Mixed Medical/Surgical <input type="checkbox"/> Neonatal ICU (specify level): []		
	<input type="checkbox"/> Obstetrics (excluding Case Room) <input type="checkbox"/> Pediatric <input type="checkbox"/> Pediatric ICU <input type="checkbox"/> Solid organ transplant <input type="checkbox"/> Step down unit <input type="checkbox"/> Surgical (including gynecology) <input type="checkbox"/> Trauma or Burn <input type="checkbox"/> Other (specify):		
5. Precaution(s): <small>Select all that apply</small>	<input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> Airborne <input type="checkbox"/> Cohort <input type="checkbox"/> Other (specify): <input type="checkbox"/> None (skip to question 7)		
	6. Reason for Precaution(s): <small>Select all that apply</small>		
	<input type="checkbox"/> MRSA <input type="checkbox"/> Preventative <input type="checkbox"/> VRE <input type="checkbox"/> Other (specify): <input type="checkbox"/> CDI <input type="checkbox"/> ESBL <input type="checkbox"/> CPO <input type="checkbox"/> Syndromic		

7. Did the patient have any of the following infection types?			
<input type="checkbox"/>	Bloodstream infection	Type of bloodstream infection:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Central line <input type="checkbox"/> Unknown
		Was this infection healthcare-associated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
		Microbiologic confirmation of targeted ARO:	<input type="checkbox"/> MRSA <input type="checkbox"/> VRE <input type="checkbox"/> ESBL(s) <input type="checkbox"/> CPO(s) <input type="checkbox"/> None
		Specify organism(s) identified:	



S2: Patient questionnaire (continued)

<input type="checkbox"/> Skin/soft tissue infection	Was this infection healthcare-associated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Microbiologic testing conducted on culture/specimen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Microbiologic confirmation of targeted ARO:	<input type="checkbox"/> MRSA	<input type="checkbox"/> VRE	<input type="checkbox"/> ESBL(s) <input type="checkbox"/> CPO(s) <input type="checkbox"/> None
	Specify organism(s) identified:			
<input type="checkbox"/> Surgical site infection	Microbiologic testing conducted on culture/specimen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Presence of targeted ARO:	<input type="checkbox"/> MRSA	<input type="checkbox"/> VRE	<input type="checkbox"/> ESBL(s) <input type="checkbox"/> CPO(s) <input type="checkbox"/> None
	Specify organism(s) identified:			
<input type="checkbox"/> Urinary tract infection	Was an indwelling/Foley urinary catheter present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Was this infection healthcare-associated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Microbiologic testing conducted on culture/specimen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Microbiologic confirmation of targeted ARO:	<input type="checkbox"/> MRSA	<input type="checkbox"/> VRE	<input type="checkbox"/> ESBL(s) <input type="checkbox"/> CPO(s) <input type="checkbox"/> None
Specify organism(s) identified:				
<input type="checkbox"/> Pneumonia	Was a ventilator in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Was this infection healthcare-associated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Microbiologic testing conducted on culture/specimen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
	Microbiologic confirmation of targeted ARO:	<input type="checkbox"/> MRSA	<input type="checkbox"/> VRE	<input type="checkbox"/> ESBL(s) <input type="checkbox"/> CPO(s) <input type="checkbox"/> None
Specify organism(s) identified:				
<input type="checkbox"/> <i>C. difficile</i> infection	Was this infection healthcare-associated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> None of the above				

8. Was the patient prescribed any antimicrobial?

- Yes, antimicrobial(s) prescribed (Specify up to 5, below)
 No antimicrobial prescribed (End of Survey)

Antimicrobial 1:	Name:			
	Route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral	<input type="checkbox"/> Inhalation
		<input type="checkbox"/> Rectal		
	Indication for use:	<input type="checkbox"/> Empiric (without microbiologic results)		<input type="checkbox"/> Prophylaxis
	<input type="checkbox"/> Targeted (based on microbiologic results)		<input type="checkbox"/> Unable to determine	
Reason prescribed (specify):				<input type="checkbox"/> Unable to determine
Antimicrobial 2:	Name:			
	Route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral	<input type="checkbox"/> Inhalation
		<input type="checkbox"/> Rectal		
	Indication for use:	<input type="checkbox"/> Empiric (without microbiologic results)		<input type="checkbox"/> Prophylaxis
	<input type="checkbox"/> Targeted (based on microbiologic results)		<input type="checkbox"/> Unable to determine	
Reason prescribed (specify):				<input type="checkbox"/> Unable to determine
Antimicrobial 3:	Name:			
	Route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral	<input type="checkbox"/> Inhalation
		<input type="checkbox"/> Rectal		
	Indication for use:	<input type="checkbox"/> Empiric (without microbiologic results)		<input type="checkbox"/> Prophylaxis
	<input type="checkbox"/> Targeted (based on microbiologic results)		<input type="checkbox"/> Unable to determine	
Reason prescribed (specify):				<input type="checkbox"/> Unable to determine



S2: Patient questionnaire (continued)

Antimicrobial 4:	Name:			
	Route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral	<input type="checkbox"/> Inhalation
		<input type="checkbox"/> Rectal		
	Indication for use:	<input type="checkbox"/> Empiric (without microbiologic results)	<input type="checkbox"/> Prophylaxis	
		<input type="checkbox"/> Targeted (based on microbiologic results)	<input type="checkbox"/> Unable to determine	
	Reason prescribed (specify):		<input type="checkbox"/> Unable to determine	
Antimicrobial 5:	Name:			
	Route:	<input type="checkbox"/> Oral	<input type="checkbox"/> Parenteral	<input type="checkbox"/> Inhalation
		<input type="checkbox"/> Rectal		
	Indication for use:	<input type="checkbox"/> Empiric (without microbiologic results)	<input type="checkbox"/> Prophylaxis	
		<input type="checkbox"/> Targeted (based on microbiologic results)	<input type="checkbox"/> Unable to determine	
	Reason prescribed (specify):		<input type="checkbox"/> Unable to determine	

9. Notes: