Colorado Antibiogram 2017

The Colorado Antibiogram 2017 will contain antimicrobial susceptibility data from ROUTINELY TESTED CLINICAL SPECIMENS collected from hospitals, nursing facilities, and clinical laboratories serving healthcare facilities in Colorado from JANUARY 1, 2017 - DECEMBER 31, 2017. We will accept data for all agent-organism combinations routinely tested in your lab. Participation is voluntary.

In order for us to pool data across Colorado, SUBMITTED ANTIBIOGRAMS MUST INCLUDE:

the number of isolates tested, and

the number or percent of isolates SUSCEPTIBLE

data from 2017

for each agent-organism combination. We also need a HEALTHCARE FACILITY LOCATION (county) in order to assign the antibiogram to the correct Colorado region.

We will take several steps to protect the confidentiality of your data. We will not publish facility-specific data and will ensure that facility-specific data are not identifiable in aggregate reports. We will not use your data for other purposes. We will not release your data unless otherwise required by law.

The preferred method of submission is to submit a PDF version of your antibiogram here. You can also submit your antibiogram by e-mail, fax, or other method as needed.

If you are submitting antibiograms for more than one facility, please submit a separate antibiogram for up to 5 facilities below. If you have any questions about submitting your antibiogram, contact Chris Czaja MD MPH, Antimicrobial Stewardship Medical Epidemiologist, Colorado Department of Public Health and Environment (tele: 303-692-3561, e-mail: christopher.czaja@state.co.us).

To help create the Colorado Antibiogram 2017, please follow the steps below to:

Complete a brief online survey about your antibiogram, and

Submit your antibiogram to the Colorado Department of Public Health and Environment.

Please enter your contact information:

0.1 First and Last Name of Contact

_____

0.2 E-Mail Address of Contact

_____

0.3 Telephone Number of Contact (10 digits)

_____

0.4 Laboratory Name

_____

0.5 Laboratory Address

_____

0.6 Number of facilities that you are submitting separate antibiograms for:

_____

0.7 If you are submitting antibiograms for >5 facilities, or if you have questions about what type of data to submit, please contact Chris Czaja (tele: 303-692-3561, e-mail: christopher.czaja@state.co.us). This survey will end if you click "next page" for >5 facilities.

Please describe and submit your antibiogram.

1.1 Facility 1 Name

_____

1.2 Facility 1 Address

_____

1.3 Facility 1 County

_____

1.4 Facility 1 Type

◯ General acute care hospital
◯ Long-term acute care hospital
◯ Nursing facility
◯ Other

Describe "Other":

_____

1.5 Does your antibiogram for FACILITY 1 include inpatients, outpatients, or both?

◯ Inpatient
◯ Outpatient (including emergency care)
◯ Both

1.6 What age patients are included in your FACILITY 1 antibiogram?

◯ Adult
◯ Pediatric
◯ Both

1.7 Which of the following PREFERRED CRITERIA does your FACILITY 1 antibiogram meet (check all that apply)?

☐ Include diagnostic isolates only (exclude surveillance isolates)
☐ Include only the first isolate of a given species per patient (exclude duplicate isolates)
☐ Include only antimicrobial agents routinely tested (exclude supplemental tests of resistant isolates only)
☐ Include only final, verified results
☐ None of these

1.8 Method of data submission for Facility 1

◯ Upload (preferred)
◯ E-mail (christopher.czaja@state.co.us)
◯ Fax (303-782-0338, attention Chris Czaja)

1.9 Upload antibiogram for Facility 1:

End Facility 1

Facility 2

2.1 Facility 2 Name

_____

2.2 Facility 2 Address

_____

2.3 Facility 2 County

_____

2.4 Facility 2 Type

◯ General acute care hospital
◯ Long-term acute care hospital
◯ Nursing facility
◯ Other

Describe "Other":

_____

2.5 Does your antibiogram for FACILITY 2 include inpatients, outpatients, or both?

◯ Inpatient
◯ Outpatient (including emergency care)
◯ Both

2.6 What age patients are included in your FACILITY 2 antibiogram?

◯ Adult
◯ Pediatric
◯ Both

2.7 Which of the following PREFERRED CRITERIA does your FACILITY 2 antibiogram meet (check all that apply)?

☐ Include diagnostic isolates only (exclude surveillance isolates)
☐ Include only the first isolate of a given species per patient (exclude duplicate isolates)
☐ Include only antimicrobial agents routinely tested (exclude supplemental tests of resistant isolates only)
☐ Include only final, verified results
☐ None of these

2.8 Method of data submission for Facility 2

◯ Upload (preferred)
◯ E-mail (christopher.czaja@state.co.us)
◯ Fax (303-782-0338, attention Chris Czaja)

2.9 Upload antibiogram for Facility 2:

End Facility 2

Facility 3

3.1 Facility 3 Name

_____

3.2 Facility 3 Address

_____

3.3 Facility 3 County

_____

3.4 Facility 3 Type

◯ General acute care hospital
◯ Long-term acute care hospital
◯ Nursing facility
◯ Other

Describe "Other":

_____

3.5 Does your antibiogram for FACILITY 3 include inpatients, outpatients, or both?

◯ Inpatient
◯ Outpatient (including emergency care)
◯ Both

3.6 What age patients are included in your FACILITY 3 antibiogram?

◯ Adult
◯ Pediatric
◯ Both

3.7 Which of the following PREFERRED CRITERIA does your FACILITY 3 antibiogram meet (check all that apply)?

☐ Include diagnostic isolates only (exclude surveillance isolates)
☐ Include only the first isolate of a given species per patient (exclude duplicate isolates)
☐ Include only antimicrobial agents routinely tested (exclude supplemental tests of resistant isolates only)
☐ Include only final, verified results
☐ None of these

3.8 Method of data submission for Facility 3

◯ Upload (preferred)
◯ E-mail (christopher.czaja@state.co.us)
◯ Fax (303-782-0338, attention Chris Czaja)

3.9 Upload antibiogram for Facility 3:

End Facility 3

Facility 4

4.1 Facility 4 Name

_____

4.2 Facility 4 Address

_____

4.3 Facility 4 County

_____

4.4 Facility 4 Type

- ◯ General acute care hospital
- ◯ Long-term acute care hospital
- ◯ Nursing facility
- ◯ Other

Describe "Other":

_____

4.5 Does your antibiogram for FACILITY 4 include inpatients, outpatients, or both?

- ◯ Inpatient
- ◯ Outpatient (including emergency care)
- ◯ Both

4.6 What age patients are included in your FACILITY 4 antibiogram?

- ◯ Adult
- ◯ Pediatric
- ◯ Both

4.7 Which of the following PREFERRED CRITERIA does your FACILITY 4 antibiogram meet (check all that apply)?

- ☐ Include diagnostic isolates only (exclude surveillance isolates)
- ☐ Include only the first isolate of a given species per patient (exclude duplicate isolates)
- ☐ Include only antimicrobial agents routinely tested (exclude supplemental tests of resistant isolates only)
- ☐ Include only final, verified results
- ☐ None of these

4.8 Method of data submission for Facility 4

- ◯ Upload (preferred)
- ◯ E-mail (christopher.czaja@state.co.us)
- ◯ Fax (303-782-0338, attention Chris Czaja)

4.9 Upload antibiogram for Facility 4:

End Facility 4

Facility 5

5.1 Facility 5 Name

_____

5.2 Facility 5 Address

_____

5.3 Facility 5 County

_____

5.4 Facility 5 Type

- ◯ General acute care hospital
- ◯ Long-term acute care hospital
- ◯ Nursing facility
- ◯ Other

Describe "Other":

_____

5.5 Does your antibiogram for FACILITY 5 include inpatients, outpatients, or both?

- ◯ Inpatient
- ◯ Outpatient (including emergency care)
- ◯ Both

5.6 What age patients are included in your FACILITY 5 antibiogram?

- ◯ Adult
- ◯ Pediatric
- ◯ Both

5.7 Which of the following PREFERRED CRITERIA does your FACILITY 5 antibiogram meet (check all that apply)?

- ☐ Include diagnostic isolates only (exclude surveillance isolates)
- ☐ Include only the first isolate of a given species per patient (exclude duplicate isolates)
- ☐ Include only antimicrobial agents routinely tested (exclude supplemental tests of resistant isolates only)
- ☐ Include only final, verified results
- ☐ None of these

5.8 Method of data submission for Facility 5

- ◯ Upload (preferred)
- ◯ E-mail (christopher.czaja@state.co.us)
- ◯ Fax (303-782-0338, attention Chris Czaja)

5.9 Upload antibiogram for Facility 5:

End Facility 5