**Study Population and Timeframe**

Cross-sectional, voluntary survey of 2013 annual facility-level antibiograms from ACH and LTAC. Non-respondents were contacted by phone and in person to improve response rates. Isolates from sterile specimens were cultured. Data on bed size, patient days, teaching status, and geographic SPA region were available.

**Antibiograms from ACH and LTAC were created. Data on bed size, patient days, teaching status and geographic SPA region were available.**

**Results:**

- **National surveillance for multidrug resistant organisms (MDRO) are limited.**

- **Pseudomonas aeruginosa (n=16198) was the most common isolate in both ACH and LTAC.**

- **Acinetobacter baumannii (n=1356) was the second most common isolate in both settings.**

- **Klebsiella spp. were 21% carbapenem resistant among ACH (range: 0-77%, n=3,531).**

- **Enterococcus faecium/fecalis were 15% (0-82%, n= 3,446) in ACH and 65% (0-89%, n= 3,215) in LTAC.**

- **Vancomycin-resistant Enterococcus was 66% in LTAC (range: 64-74%, n=2,006).**

- **CR Pseudomonas spp. were 71% carbapenem resistant among LTAC (range: 51-88%, n=1,200).**

- **CR- Klebsiella (%):**
  - **Among ACH: 75% patient days (n=3,770,438); 74% licensed bed capacity (n=18,316).**
  - **Among LTAC: 81% (69-89%, n = 821).**

- **Carbapenem-resistant Acinetobacter spp. were 18% (0-51%, n=3,531).**

- **Carbapenem-resistant Enterobacteriaceae were 3% (0-40%, n=3,215).**

- **Macrolides susceptibility:**
  - **Among ACH: 78% (72-81%, n=3,770,438).**
  - **Among LTAC: 82% (75-85%, n=821).**

**Discussion and Considerations:**

- **Carbapenem-resistance was higher than expected.**

- **Fluoroquinolone resistance was also high in ACH (39%) and LTAC (28%).**

- **Future initiatives should include leveraging two antibiograms:**
  - 1. A 2013 regional facility level antibiogram with the following elements:
    - More rigorous hospital data collection
    - Greater participation from all hospitals in the region
  - 2. Patient-Level Antibiogram built from patient level data that ensures appropriate de-identification of patient data.

**Acknowledgments:**

- Los Angeles County Acute Care and Long Term Acute Care Hospitals
- Los Angeles County Department of Public Health, Healthcare Outcomes Unit
- Sam Horwich-Scholefield, MBA
- California Department of Public Health, Healthcare Associated Infections Program

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