SUPPLEMENTARY MATERIAL

To view supplementary material for this article, please visit https://doi.org/10.1017/ice.2017.247

REFERENCES

- 1. Bhattacharya S, Goel G, Mukherjee S, Bhaumik J, Chandy M. Epidemiology of antimicrobial resistance in an oncology center in eastern India. *Infect Control Hosp Epidemiol* 2015;36:864–866.
- Goel G, Hmar L, Sarkar De M, Bhattacharya S, Chandy M. Colistin-resistant *Klebsiella pneumoniae*: report of a cluster of 24 cases from a new oncology center in eastern India. *Infect Control Hosp Epidemiol* 2014;35:1076–1077.
- Bhattacharyya A, Krishnan S, Saha V, Goel G, Bhattacharya S, Hmar L. Microbiology, infection control and infection related outcome in pediatric patients in an oncology center in eastern India: experience from Tata Medical Center, Kolkata. *Indian J Cancer* 2014;51:415–417.
- Akturk H, Sutcu M, Somer A, et al. Carbapenem-resistant Klebsiella pneumoniae colonization in pediatric and neonatal intensive care units: risk factors for progression to infection. Braz J Infect Dis 2016;20:134–140.
- Nguyen NT, Nguyen HM, Nguyen CV, et al. Use of colistin and other critical antimicrobials on pig and chicken farms in southern Vietnam and its association with resistance in commensal *Escherichia coli* bacteria. *Appl Environ Microbiol* 2016;82:3727–3735.
- Antibiotic use and resistance in food animals, current policy and recommendations. 2016. Center for Disease Dynamics, Economics and Policy website. https://www.cddep.org/wp-content/ uploads/2017/06/india_abx_report-2.pdf. Published 2017. Accessed October 13, 2017.
- Liu YY, Wang Y, Walsh TR, et al. Emergence of plasmidmediated colistin resistance mechanism MCR-1 in animals and human beings in China: a microbiological and molecular biological study. *Lancet Infect Dis* 2016;16:161–168.
- Pragasam AK, Shankar C, Veeraraghavan B, et al. Molecular mechanisms of colistin resistance in *Klebsiella pneumoniae* causing bacteremia from India—a first report. *Front Microbiol* 2017;7:2135.
- Mikulska M, Del Bono V, Raiola AM, et al. Blood stream infections in allogeneic hematopoietic stem cell transplant recipients: reemergence of gram-negative rods and increasing antibiotic resistance. *Biol Blood Marrow Transplant* 2009;15:47–53.
- Prioritization of pathogens to guide discovery, research, and development of new antibiotics for drug resistant bacterial infections, including tuberculosis. World Health Organization website. http://www.who.int/medicines/areas/rational_use/prioritizationof-pathogens/en/. Published 2017. Accessed October 13, 2017.

Coordination of Infection Control Activities at the Healthcare System Level: Survey Results

To the Editor—Approximately 66% of community hospitals are part of a healthcare system (multihospital or a diversified single hospital system).¹ We sent a 10-question survey

electronically to 96 hospital epidemiologists on September 9, 2016, to determine how they organize infection control activities across healthcare system hospitals. Of 22 respondents, 21 were working in a facility that was part of a hospital system. Most respondents noted that infection control activities were coordinated across the healthcare system, with a system-wide hospital epidemiologist alone having ultimate authority in nearly half of the healthcare systems (Table 1). One-third of system-wide infection control leadership reported to a system-wide Chief Medical Officer, and another third reported to a system Chief Quality Officer. Most of these systems reported having standardization of infection control policies and procedures, and two-thirds reported having a system-wide infection control committee.

Although greater numbers of US hospitals are part of nongovernmental healthcare systems, the best model to coordinate infection control policies, procedures, and activities remain unknown.² Our survey was not a random sample and likely suffers from ascertainment bias. Nevertheless, we hope that the data presented will stimulate greater discussion and investigation by members of the infection control community so that we can chart a course forward regarding this important and understudied issue. If not, we must assume that administrators will determine the structure of system-wide infection control activities, whether or not we agree with it.

ACKNOWLEDGMENTS

The authors thank the respondents who graciously and voluntarily took the time to complete the survey.

Financial support: No financial support was provided relevant to this article. *Potential conflicts of interest:* All authors report no conflicts of interest relevant to this article.

Julie Jefferson, RN, MPH;¹ Leonard A. Mermel, DO, ScM^{1,2}

Affiliations: 1. Department of Epidemiology and Infection Control, Rhode Island Hospital, Providence, Rhode Island; 2. Department of Medicine, Warren Alpert Medical School of Brown University, Providence, Rhode Island.

Address correspondence to Dr Leonard Mermel, Department of Epidemiology and Infection Control, Rhode Island Hospital, 593 Eddy St, Providence, RI 02903 (lmermel@lifespan.org).

Infect Control Hosp Epidemiol 2018;39:121–122

© 2017 by The Society for Healthcare Epidemiology of America. All rights reserved. 0899-823X/2018/3901-0023. DOI: 10.1017/ice.2017.257

REFERENCE

- FastFacts on US Hospitals. American Hospital Association website. http://www.aha.org/research/rc/stat-studies/fast-facts.shtml# community. Published 2017. Accessed November 22, 2017.
- Mermel LA. Infection control and prevention programs in integrated healthcare delivery systems in the time of Ebola and enterovirus d68. The challenge before us. *Infect Control Hosp Epidemiol* 2015;36:239.