

Methodology Notes³

- Data included in the multi-facility Los Angeles County antibiogram were obtained through Health Officer Order-mandated facility-level antibiograms.
- Facility-level antibiograms were nearly always compiled for the calendar year January 1 to December 31.
- Not all facilities reported results for all organism/drug combinations. Refer to the “# of hospitals reporting” value for each combination.
- Results are reported as presented by local microbiology labs. Inpatient isolates were used whenever possible, but this could not be determined in some facilities. Results from isolates from all sites are combined.
- Susceptibility was defined by local labs in all circumstances.
- The total number of susceptible isolates was calculated by weighting each facility’s isolate count by its reported susceptibility rate.
- The interquartile ranges (IQR) are presented for each percent susceptibility (%S) value. The IQR is the difference between the third and first quartiles of data.
- Data for both general acute care and long-term acute care hospitals are presented together.
- Facility-level antibiograms that are used to guide empiric therapy of initial infections are generally prepared following CLSI M39 which recommends including data from the first isolate/patient /analysis period. These reports do not include data from subsequent isolates on a patient which may be more resistant than the first isolate. Therefore, % S values are likely overestimated in some cases.
- Organism/drug combinations reported by only one facility are not included.
- Susceptibility results were rounded down to 99% if less than 100% and greater than 99%.

³ Clinical and Laboratory Standards Institute (CLSI). 2014. Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data; M39-A4. CLSI, Wayne, PA.