1. ANTIMICROBIAL RESISTANCE: SCOPE OF THE PROBLEM AND KEY CONTRIBUTORS

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Antibiotic resistance is a significant problem in this institution.	◯	◯	◯	◯	◯
Appropriate isolation procedures are followed once a multidrug-resistant organism (MDRO) patient has been discharged.	◯	◯	◯	◯	◯
This institution does NOT provide adequate staff education regarding MDROs.	◯	◯	◯	◯	◯
A patient is likely to develop a MDRO infection during their stay at this institution.	◯	◯	◯	◯	◯

2. ANTIBIOTIC PRESCRIBING PRACTICES

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Microbiology lab results are efficiently communicated to the treating physician.	◯	◯	◯	◯	◯
I regularly refer to/consider the antibiotic susceptibility patterns at this institution (e.g., the institutional antibiogram) when empirically prescribing antibiotics.	◯	◯	◯	◯	◯
If medically appropriate, intravenous antibiotics should be stepped down to an oral alternative after three days.	◯	◯	◯	◯	◯
Restrictions on antibiotics impair my ability to provide good patient care.	◯	◯	◯	◯	◯
Antibiotics are overused at this institution.	◯	◯	◯	◯	◯
More judicious use of antibiotics would decrease antimicrobial resistance.	◯	◯	◯	◯	◯

3. ANTIMICROBIAL STEWARDSHIP PROGRAMS

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Antimicrobial stewardship programs improve patient care.	◯	◯	◯	◯	◯
Antimicrobial stewardship programs reduce the problem of antimicrobial resistance.	◯	◯	◯	◯	◯
Antimicrobial stewardship programs impact this institution's infection rates.	◯	◯	◯	◯	◯
My institution has an effective antimicrobial stewardship program.	◯	◯	◯	◯	◯
My individual efforts at antimicrobial stewardship minimally impact this institution's resistance problem.	◯	◯	◯	◯	◯
Myinstitution does NOT provide adequate training on antimicrobial prescribing and use.	◯	◯	◯	◯	◯
Additional staff education on antimicrobial prescribing is needed.	◯	◯	◯	◯	◯
Prescribing physicians are the only disciplines who need to understand antimicrobial stewardship.	◯	◯	◯	◯	◯

4. What is your primary work area or unit in this institution? (Please check ONE answer)

- ◯ Many different units/No specific unit
- ◯ Medicine (non-surgical)
- ◯ Intensive care unit (any type)
- ◯ Radiology
- ◯ Surgery
- ◯ Psychiatry/mental health
- ◯ Anesthesiology
- ◯ Obstetrics
- ◯ Rehabilitation
- ◯ Pediatrics
- ◯ Pharmacy
- ◯ Emergency department
- ◯ Laboratory

Other (please specify)

5. How long have you worked in this institution?

- ◯ Less than 1 year
- ◯ 1 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 15 years
- ◯ 16 to 20 years
- ◯ 21 years or more

6. What is your staff position in this institution?

- [ ] Attending/Staff physician
- [ ] Physician assistant
- [ ] Resident physician/Intern
- [ ] Nurse practitioner
- [ ] Fellow
- [ ] Infection control practitioner
- [ ] Pharmacist

Other (please specify)

7. How long have you worked in your current specialty or profession?

- ◯ Less than 1 year
- ◯ 1 to 5 years
- ◯ 6 to 10 years
- ◯ 11 to 15 years
- ◯ 16 to 20 years
- ◯ 21 years or more

8. How many beds are in your facility?

- ◯ 0-25
- ◯ 26-50
- ◯ 51-100
- ◯ 101-200
- ◯ 201-300
- ◯ 301-400
- ◯ 401-500
- ◯ >500

9. Which of the following best characterizes your facility?

- ◯ Rural
- ◯ Urban

10. Which of the following best characterizes your facility?

- ◯ Community - teaching
- ◯ Community - non-teaching
- ◯ University affiliated
- ◯ Government - teaching
- ◯ Government - non-teaching

Specialty (please specify)

11. Which type of patient care units does your facility have? Check ALL that apply.

- ☐ Adult ICU
- ☐ Pediatric ICU
- ☐ Neonatal ICU
- ☐ Surgical ICU
- ☐ Transplant unit
- ☐ Bone marrow unit
- ☐ Hemodialysis unit
- ☐ Oncology unit

12. Which of the following personnel, if any, are available at your facility?

- ◯ Infectious diseases physician consultant
- ◯ Clinical pharmacist with infectious disease training
- ◯ None of the above

13. Does your institution currently have an antimicrobial stewardship program in place?

- ◯ Yes
- ◯ No

14. When was your antimicrobial stewardship program initiated?

- ◯ 2015
- ◯ 2014
- ◯ 2013
- ◯ 2012
- ◯ 2011
- ◯ 2010
- ◯ 2007-2009
- ◯ 2004-2006
- ◯ 2000-2003
- ◯ Before 2000

15. How many FTEs from each of the following disciplines are involved with your antimicrobial stewardship program?
NOTE: If a discipline is not represented on your stewardship team, please mark 0 FTEs.
NOTE: Please include fractions of FTEs (i.e., .10, .25, .50. etc.)
EXAMPLE: One ID physician spends 6 hours per week rounding with a pharmacist and reviewing stewardship activities; this would constitute 0.15 FTE (6hrs per week of a 40-hr workweek)

Pharmacy	
Nursing	
Infectious Disease Physician	
Other Physician	
Infection Prevention	
Microbiology	
Administration	
Other (please specify	

16. Which antimicrobials does your ASP monitor? Check ALL that apply.

- [ ] Antifungals
- [ ] Beta-lactam beta-lactamase inhibitors (e.g., piperacillin-tazobactam, ampicillin-sulbactam, etc)
- [ ] Broad spectrum cephalosporins
- [ ] Carbapenems
- [ ] Other beta-lactams
- [ ] Daptomycin
- [ ] Linezolid
- [ ] Quinolones
- [ ] Tigecycline
- [ ] Vancomycin

Other (please specify)

17. Which of the following are included in your antimicrobial stewardship program's primary strategies? Check ALL that apply.

- [ ] Formulary restriction
- [ ] Pre-authorization
- [ ] Post-prescription review and feedback
- [ ] Formulating guidelines based on local antibiogram
- [ ] Utilizing an antibiogram as an educational tool
- [ ] Educating prescribers

Other (please specify)

18. Which of the following recommendations are commonly made as part of your antimicrobial stewardship program? Check ALL that apply.

- [ ] Narrowing therapy on basis of culture results
- [ ] Narrowing therapy empirically
- [ ] Optimizing antimicrobial dosage
- [ ] Eliminating redundant therapies
- [ ] Converting to oral administration
- [ ] Broadening therapy based on culture
- [ ] Broadening therapy empirically
- [ ] Discontinuing therapy once infection has resolved
- [ ] Shortening duration of therapy
- [ ] Lengthening duration of therapy

Other (please specify)

19. Which of the following endpoints does your antimicrobial stewardship program monitor? Check ALL that apply.

- [ ] Mismatches between organism cultured and antibiotic prescribed
- [ ] Antimicrobial cost
- [ ] Antimicrobial days
- [ ] Antimicrobial doses
- [ ] Redundant therapy
- [ ] Patients on three or more anti-infectives
- [ ] ICU days
- [ ] Length of stay
- [ ] Infection-related mortality
- [ ] Compliance with antimicrobial stewardship program recommendations
- [ ] IV to oral conversion
- [ ] None

Other (please specify)

20. What does your antimicrobial stewardship program use to monitor progress (i.e., software system, Excel spreadsheet, etc.)?

21. Which of the following types of outcome data would be useful to convince administrators and clinicians to support a stewardship program? Check ALL that apply.

- [ ] None - have enough data
- [ ] Reduction in readmissions
- [ ] Improvement of patient outcomes (i.e., reduced mortality, reduced length of stay)
- [ ] Reduction in Clostridium difficile or other HAIs
- [ ] Reduction in adverse drug events
- [ ] Reduction in antimicrobial resistance
- [ ] Decrease in costs

Other (please specify)

22. Is the chair of your antimicrobial stewardship program:

- ◯ Infectious Disease Physician
- ◯ Infectious Disease Pharmacist

Other (please specify)

23. Does you facility compensate your antimicrobial stewardship's physician champion?

- ◯ Yes
- ◯ No
- ◯ I don't know

24. Do you plan to start an antimicrobial stewardship program within the next three years?

- ◯ Yes
- ◯ No

25. What are your primary barriers to initiating a stewardship program? Check ALL that apply?

- ☐ Lack of resources
- ☐ Other higher priority clinical initiatives
- ☐ Opposition from prescribers
- ☐ Hospital administration not aware of potential value
- ☐ Hospital administration not supportive
- ☐ Unable to get data in a timely fashion
- ☐ Colleagues in other specialties antagonized by program
- ☐ Multiple infectious disease groups within your facility
- ☐ No ID trained or interested pharmacists on staff

Other (please specify)

26. Please rate your perceived level of support from your hospital administration for implementing a stewardship program.

- ◯ Very high
- ◯ High
- ◯ Adequate
- ◯ Low
- ◯ Very low

27. Which of the following types of outcome data would be useful to convince administrators and clinicians to support a stewardship program? Check ALL that apply.

- [ ] None - have enough data
- [ ] Reduction in Clostridium difficile or other HAIs
- [ ] Imporvement of patient outcomes (i.e., reduced patient mortaily, reduced length of stay)
- [ ] Reduction in readmissions
- [ ] Reduction in adverse drug events
- [ ] Reduction in antimicrobial resistance
- [ ] Decrease in costs

Other (please specify)

28. In your opinion, what areas of antimicrobial stewardship require more education and resources?

	Yes	No	I don't know
Laboratory	◯	◯	◯
Rapid Diagnostics	◯	◯	◯
Antibiogram development & education	◯	◯	◯
Education and support for prolonged infusions	◯	◯	◯
IV-to-PO transition therapies	◯	◯	◯
Maintenance of sterile injectables	◯	◯	◯
Isolation guideline	◯	◯	◯
Environmental Cleaning	◯	◯	◯
Differentiate colonization from infection	◯	◯	◯
Evidence-based treatment guidelines	◯	◯	◯
Therapeutic interchange	◯	◯	◯

Other (please specify)

Thank you for taking the time to complete this survey. Your answers will allow the Subcommittee on Antimicrobial Stewardship to develop targeted educational materials to help you maintain, expand, or initiate a stewardship program in your facility.