



The State of Antimicrobial Stewardship in SHEA Research Network Hospitals

This study is IRB-exempt according to Indiana University's IRB. If you have specific questions, please contact your institutional IRB.

The following criteria must be met to participate in this survey.

- I am a physician who participates in my hospital's antimicrobial stewardship program.
- OR I am a pharmacist who participates in my hospital's antimicrobial stewardship program.
- Our stewardship program is based at an acute-care hospital that provides inpatient medical care and other related services usually for a short-term illness or condition.
- Our stewardship program directly audits antimicrobial use and provides real-time feedback to antimicrobial-prescribers ("prospective audit and feedback").

Email address (removed by administrator. The email address(es) entered will not receive reminders for this survey).

SRN Institutional ID (found on the emailed survey invitation).

Our antimicrobial stewardship program (ASP) focuses on:

- Pediatric patients
- Adult patients
- Other

We are interested in how your ASP has decided to manage certain antibiotics. For each of the following agents, please indicate your ASP's approach. Check all that apply.

	Prospective audit and feedback: your ASP prospectively audits and provides real-time feedback on the use of the listed agent(s)	Restricted use: your ASP requires prior authorization for the listed agent(s) or restricts usage to designated services (e.g. Infectious Diseases).	Neither auditing nor restrictions
Aztreonam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbapenems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(ertapenem, imipenem, and/or meropenem)			
Fluoroquinolones (ciprofloxacin, levofloxacin, and/or moxifloxacin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceftriaxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cefepime and/or ceftazidime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceftaroline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clindamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Daptomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxazolidinones (linezolid and/or tedizolid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piperacillin-tazobactam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tigecycline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vancomycin (intravenous)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are interested in how your ASP has decided to manage 4 newly-approved antibiotics. For the following agents, please indicate your ASP's approach. Check all that apply.

	Not on formulary	Prospective audit and feedback: your ASP prospectively audits and provides real-time feedback on the use of the listed agent	Restricted use: your ASP requires prior authorization for the listed agent(s) or restricts usage to designated services (e.g. Infectious Diseases).	On formulary without ASP auditing or restrictions
Ceftazidime-avibactam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceftolozane-tazobactam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dalbavancin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oritavancin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which ASP team member performs the majority of your program's prospective audits of antimicrobial use?

- Stewardship pharmacist
- Stewardship physician
- Both stewardship pharmacist and stewardship physician
- Other

Which ASP team member provides the majority of your program's feedback to antimicrobial-prescribers?

- Stewardship pharmacist
- Stewardship physician
- Both stewardship pharmacist and stewardship physician
- Other

We are interested in how your ASP provides feedback to antimicrobial-prescribers after the ASP audits antimicrobial use. For each mode of communication listed below, please estimate the percentage of all ASP recommendations that are communicated through this method. *MUST total 100%*.

- Face-to-face communication with the primary antimicrobial-prescriber
- Telephone conversation with the primary antimicrobial-prescriber
- Documenting recommendations in the patient's medical chart
- Relaying recommendations through a member of the antimicrobial-prescriber's team
- Other (please explain below)

If you answered "other" to the above question, please explain here:

Please estimate how many antimicrobial recommendations, on average, your ASP makes every week through an audit and feedback process.

Please estimate the percentage of ASP recommendations that are accepted by antimicrobial-prescribers.

Some antimicrobial-prescribers consistently ignore ASP recommendations ("resistors"). How effective do you believe the following strategies have been in changing a resistor's

antimicrobial-prescribing behavior?

	Never used	Very ineffective	Ineffective	Average	Effective	Very effective
Have the stewardship physician engage the resistor in conversations about antimicrobial use.	<input type="radio"/>					
Benchmark antimicrobial use at your hospital with other similar facilities.	<input type="radio"/>					
Track the resistor's antimicrobial-prescribing habits and compare them to his/her peers. Use these data to convince the resistor that he/she is prescribing outside the norm.	<input type="radio"/>					
Share published literature and/or guidelines with the resistor.	<input type="radio"/>					
Engage the resistor's peers to create peer-pressure for change.	<input type="radio"/>					
Involve the resistor in the development of local antimicrobial guidelines and algorithms.	<input type="radio"/>					
Submit the resistor's behavior for formal peer review.	<input type="radio"/>					
Discuss the resistor's behavior with his/her supervisor.	<input type="radio"/>					
Other <input type="text"/>	<input type="radio"/>					

Please indicate your level of agreement with the following statements.

	Strongly agree	Agree	Undecided	Disagree	Strongly disagree	Not applicable
Frontline clinicians who prescribe antimicrobials perceive your ASP primarily as a patient safety initiative.	<input type="radio"/>					
The members of your antimicrobial stewardship team are respected by the providers who prescribe antimicrobials.	<input type="radio"/>					
The stewardship team's physician-champion is available and willing to provide feedback to antimicrobial-prescribers.	<input type="radio"/>					
Your hospital administration's decisions and actions indicate that antimicrobial stewardship is an important initiative for your facility.	<input type="radio"/>					

What is the biggest barrier your ASP faces when trying to improve antimicrobial use at your hospital?

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