**Attachment 2 - United Hospital Fund Assessment of Current Antibiotic Stewardship Practices in Outpatient Sites**

**Goal:** The goal of this survey is to obtain an overview of your outpatient practice site and its involvement in managing antibiotic use in adult patients, as well as to identify whether or not outpatient antibiotic stewardship practices have been implemented.

**Instructions:** Please complete this survey **as an interdisciplinary team** to provide us with information about your practice site’s current practices. **Please only complete one survey per outpatient practice site. Our suggested timeframe to complete the surveys is from Monday, June 13, 2016 through Friday, June 24, 2016.** Please ensure you enter this information into SurveyMonkey by **Monday, September 19, 2016**.

**Practice Site Characteristics**

1. Practice site name:
2. Hospital or health system affiliation:

1. How many total **adult patients (≥ 18 years of age)** does your practice site see annually?
2. Approximately how many total **adult** **patients with acute respiratory infections** does your practice site see from **October to March** (estimate)? How many total **adult** **patients with acute respiratory infections** does your practice site see from **April to September** (estimate)?
3. How many total Full Time Employees are at the practice site?
4. Please quantify the number of on-site employees:
5. Physician Attendings:
6. Residents:
7. Nurses:
8. Pharmacists:
9. Nurse Practitioners/Physician Assistants:
10. Managers/Directors:
11. Medical Assistants:
12. Administrative Assistants/Clerks:
13. Other (please describe):
14. What type of practice site is this?
    1. Family Practice Clinic (with residents)
    2. Family Practice Clinic (without residents)
    3. Internal Medicine Clinic (with residents)
    4. Internal Medicine Clinic (without residents)
    5. Specialty Clinic (with residents)
    6. Specialty Clinic (without residents)
    7. Other (please describe):
15. Who prescribes at this practice site (please check all that apply)?
    1. Physician Attendings
    2. Residents
    3. Nurse Practitioners
    4. Physician Assistants
    5. Other (please describe):
16. What is the general payer mix at this practice site (please provide percentages of each)?
    1. Medicare: \_\_\_%
    2. Medicaid: \_\_\_%
    3. Commercial: \_\_\_%
    4. Uninsured: \_\_\_%
    5. Other: \_\_\_%
    6. Unknown: \_\_\_%

**Microbiology/Virology**

1. Where are your practice site’s microbiology services performed?
   1. On-site laboratory
   2. Laboratory at affiliated hospital
   3. Laboratory at an off-site vendor (e.g., commercial laboratory)
   4. Other (please describe):
2. What laboratory testing is used at your practice site to decide on prescribing for adult acute respiratory infections (please check all that apply)?
   1. Strep Screen \_\_\_\_
   2. Rapid Flu Testing \_\_\_\_
   3. Respiratory Viral Panels (including more than flu) \_\_\_\_
   4. Throat Cultures \_\_\_\_
   5. Respiratory Cultures \_\_\_\_
   6. Procalcitonin \_\_\_\_
3. Does your microbiology service produce an antibiogram, i.e., a cumulative antimicrobial susceptibility report, for **outpatient** practice sites (excluding cultures taken in inpatient settings)?
   1. Yes
   2. No
   3. Not Sure
4. If yes, how often is the report shared with your practice site?
   1. Quarterly
   2. Semi-Annually
   3. Annually
   4. Not applicable (N/A)
   5. Other (please describe):
5. If yes, are data stratified so you can see your practice site’s data?
   1. Yes
   2. No
   3. Not Sure
   4. Not applicable (N/A)

**Policies and Clinical Practice Guidelines for Antibiotic Use**

1. Does your practice site have a policy to follow treatment recommendations for antibiotic use for acute respiratory infections, based on national guidelines and local susceptibility, to assist with antibiotic selection and the decision to use antibiotics?
   1. Yes
   2. No
   3. Not Sure
   4. Not applicable (N/A)

*If yes, please* ***email*** *a copy of your practice site’s policy or clinical practice guidelines for antibiotic use for acute respiratory infections to Marit Boiler at mboiler@uhfnyc.org.*

**Electronic Systems**

1. Does your practice site have an electronic health record?
   1. Yes
   2. No
   3. Not yet, in the process of being implemented.

If yes, please specify which EHR your practice site uses:

1. Is your practice site’s electronic health record connected to the hospital’s inpatient electronic health record?
   1. Yes
   2. No
   3. Not yet, in the process of being connected.
2. Is your practice site currently using computer decision support to monitor antibiotic use?
   1. Yes
   2. No
   3. Not sure
   4. Not yet, but we plan to.
3. If yes, does this practice site use alerts within the computer decision support to change the dose and the duration of the antibiotic prescribed?
   1. Yes
   2. No
   3. Not yet, but we plan to.
   4. Not applicable (N/A)

**Antibiotic Stewardship Practices for Outpatient Settings**

1. Does your hospital or health system have an antibiotic stewardship program in place?
   1. Yes
   2. No
2. If yes, does your antibiotic stewardship program include **outpatient-specific activities**?
   1. Yes
   2. No
   3. Not yet, but we plan to.
   4. Not applicable (N/A)
3. How long has your hospital or health system had **outpatient** antibiotic stewardship practices in place?
   1. Less than 1 year
   2. 1 year to less than 2 years
   3. 2 years to less than 5 years
   4. 5 years or more
   5. Not applicable (N/A)
4. Is there a clinical leader to facilitate antibiotic stewardship activities at your practice site (before the United Hospital Fund Initiative began)?
   1. Yes
   2. No
5. If yes, what position is the clinical leader (before the United Hospital Fund initiative began) (please check all that apply)?
   1. Physician (Infectious Disease trained)
   2. Physician (Primary Care Provider)
   3. Clinical Pharmacist
   4. Co-led by Clinical Pharmacist and Physician (either Infectious Disease trained or Primary Care Provider)
   5. Not applicable (N/A)
   6. Other (please specify):
6. Which of the following strategies has your practice used to improve outpatient antibiotic prescribing, if any (please check all that apply)?

| **Outpatient antibiotic stewardship strategy** | **Do you currently have the strategy in place at your practice to improve outpatient antibiotic prescribing? (Check all that apply.)** |
| --- | --- |
| 1. **Communication skills training** for health care providers to address benefits and harms of antibiotic treatment and management of patient expectations for antibiotics |  |
| 1. **Audit and feedback systems with prescribers** to promote adherence to clinical practice guidelines for antibiotic use |  |
| 1. Use of **clinical decision support** to facilitate accurate diagnoses and management of clinical conditions |  |
| 1. **Face-to-face educational training** (academic detailing) by respected colleagues to facilitate changes in antibiotic prescribing |  |
| 1. **Explicit written justification in the medical record** for non-recommended antibiotic prescribing |  |
| 1. Method for **delaying antibiotic prescriptions** (“wait and see” prescriptions) |  |
| 1. **Call centers or nurse hotlines** to reduce unnecessary visits for conditions not necessitating a provider visit |  |
| 1. **Shared provider-level antibiotic prescribing rates, with peer comparisons** for high-priority conditions |  |
| 1. **Patient education** on appropriate antibiotic use |  |
| 1. **Continuing medical education** for clinical staff on appropriate antibiotic prescribing |  |
| 1. **Formulary restrictions** for certain antibiotics |  |
| 1. Use of Centers for Disease Control and Prevention’s ***Get Smart: Know When Antibiotics Work***tools and resources, including: |  |
| l1. **Public commitment posters** in exam rooms, describing appropriate antibiotic use |  |
| l2. **Fact Sheets** about the evaluation and diagnosis of antibiotic allergies and describing the impact of overusing antibiotics |  |
| l3. **Prescription adherence tools** to promote adherence to antibiotic therapy and raise awareness of the importance of appropriate use |  |
| l4. **Symptomatic Relief for Viral Illnesses prescription pad** for providers to use, with checklist to describe relief for viral illness |  |
| 1. Other outpatient antibiotic stewardship activities (please describe): |  |

1. Where would your practice site like to focus to improve antibiotic management and stewardship (please check all that apply)?
   1. Avoid unnecessary treatment
   2. Reduce length of treatment
   3. Improve antibiotic selection
   4. Develop clinical guidelines for appropriate antibiotic use for common clinical conditions
   5. Institute methods for improving communication between prescribers and patients and families about appropriate use of antibiotics
   6. Institute better methods for providing prescribers with feedback about their antibiotic use
   7. Other (please describe):

**Measuring Antibiotic Use**

1. Does your practice site monitor antibiotic use (consumption) for specific clinical conditions?
   1. Yes
   2. No
   3. Not Sure
2. If yes, please describe how you monitor antibiotic use, and what is known about antibiotic use in the outpatient setting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_