

# Antimicrobial Stewardship Program (ASP) Inpatient and Outpatient Facility Survey



## Inpatient questions

This inpatient portion of the survey is being used in conjunction with inpatient facilities' National Healthcare Safety Network (NHSN) Patient Safety Component Annual Hospital Survey responses to ascertain how Antimicrobial Stewardship Programs (ASPs) are structured. These questions are based on the optional questions from the NHSN Annual Hospital Survey's antibiotic stewardship practices section, the Agency for Healthcare Research and Quality (AHRQ) Gap Analysis Tool, and the Centers for Disease Control and Prevention (CDC) Assessment Tool. Additional questions are also included to garner potentially important details, including the military context of the DoD's ASPs.

Facilities are identified in order to pair this survey's responses with NHSN Annual Hospital Survey data and eventually to program outcome measures, such as resistant pathogen incidence and the Standardized Antimicrobial Administration Ratio (SAAR). However, the analysis plan is to utilize facility characteristics as identifiers, and no facilities will be identified by name in any final publications.

The overall goal of the study is to provide a comprehensive review of the DoD's ASPs in order to inform policy recommendations and to drive more efficient ASP improvement across the enterprise. This is intended to aid the DoD to more effectively meet U.S. Combating Antibiotic-Resistant Bacteria (CARB) goals.

A PDF of the entire survey was attached to the email invitation to allow collaboration between ASP colleagues when answering these questions. The inpatient portion will take an estimated 30 minutes to complete, though some questions may be skipped due to survey logic. Please ensure all necessary colleagues are consulted to provide the most accurate responses possible for your facility. These should be viewed as **official responses**, as the technical reports resulting from this work will be provided to the Defense Health Agency in support of program evaluation and quality improvement. Please ensure your leadership are aware of your responses before submitting.

**Please provide responses based on facility/ASP operations within the last 12 months. There should be only ONE response per institution.**

For questions, please contact LeeAnne Lynch, MPH at [leeanne.lynch.ctr@usuhs.edu](mailto:leeanne.lynch.ctr@usuhs.edu).

\* 1. Does your facility have an inpatient ASP?

- Yes
- No



## Inpatient questions

\* 2. What is your facility's **DMIS ID** and full, official name?

\* 3. What year were stewardship efforts formally established at this facility?

- Prior to 2014
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020
- 2021
- 2022
- Unknown

\* 4. Has your facility transitioned to MHS GENESIS?

- Yes
- No

Comments



### Inpatient questions

\* 5. When did your facility transition to MHS GENESIS?

- 2017
- 2018
- 2019
- 2020
- 2021
- 2022



### Inpatient questions

\* 6. What is your role at the facility?

- ASP Leader/Co-leader - Pharmacist
- ASP Leader/Co-leader - Physician
- Infection Prevention and Control Leader
- Microbiology Leader
- Other (please specify)

\* 7. Please select which employment category best describes your current position.

- Military
- Civilian
- Contractor
- Other (please specify)

\* 8. How long have the current ASP leaders been in place at this facility? (Options are in months: 0-12, 13-24, 25-36, 37-48, or 49+)

	Pharmacist Leader	Physician Leader	Other Type of Leader
Military	<input type="text"/>	<input type="text"/>	<input type="text"/>
Civilian/Contractor	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

\* 9. Do ASP leaders usually request to lead the ASP, or are they assigned?

- Request
- Assigned
- Both - more often request
- Both - more often assigned
- Both - evenly request and are assigned

\* 10. Approximately what proportion of the ASP team is civilian/contractor?

- 0% (all military)
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100% (all civilian/contractor)

\* 11. What proportion of the ASP members are pharmacists?

- 0% (no pharmacists)
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- 100% (all pharmacists)

\* 12. Is an ASP leader available to the ASP on a daily basis?

- Yes
- No

\* 13. On average, what percent of time does the PHYSICIAN leader/co-leader dedicate to antimicrobial stewardship activities in the facility?

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Not applicable (no physician leader/co-leader)

\* 14. On average, what percent of time does the PHARMACIST leader/co-leader dedicate to antimicrobial stewardship activities in the facility?

- 1-25%
- 26-50%
- 51-75%
- 76-100%
- Not applicable (no pharmacist leader/co-leader)

\* 15. Does senior leadership actively promote/support antibiotic stewardship (AS) prevention activities? (if yes, select all applicable responses)

- Yes: ASP Committee member
- Yes: Provides adequate funding for ASP
- Yes: Provides funding for AS member training
- Yes: Allocates information technology resources to support AS
- Yes: Promotes AS messages to staff via newsletters, screen savers, etc.
- Yes: Provides opportunities for staff training and development on antibiotic stewardship
- Yes: Provides back up to ASP if prescribers do not follow AS approaches
- Yes: Other (please specify)

- No

\* 16. Facility leadership ensures that staff from key support departments and groups have sufficient time to contribute to stewardship activities.

*Note: Key support includes clinicians, department or program heads, pharmacy and therapeutics committee, infection preventionists and hospital epidemiologists, quality improvement, patient safety, and regulatory staff, microbiology staff, information technology staff, and nurses.*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

\* 17. Facility leadership ensures that antibiotic stewardship activities are integrated into other quality improvement and patient safety efforts, such as sepsis management and diagnostic stewardship.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

\* 18. Does the ASP have access to a data analyst?

- Yes
- No

Comments

\* 19. Does the ASP have a regular meeting with infection prevention to discuss issues relevant to both groups?

- Yes
- No

Comments

\* 20. Is a representative of the ASP involved in antibiotic formulary decisions?

- Yes
- No

Comments

\* 21. Is there a hospital-wide ASP Committee that meets at least quarterly?

- Yes
- No

Comments

\* 22. What are the activities of the ASP Committee? (select all applicable responses)

*Note: Activities listed are suggestions for committee activities; not all committees will perform all activities.*

- Review antibiotic use data and recommend improvement approaches
- Review the antibiogram and recommend improvement approaches
- Review *Clostridioides difficile* infection rates and recommend improvement approaches
- Perform proactive risk assessments to determine areas in which harm related to antibiotic prescribing could be avoided with intervention
- Review guidelines developed by the ASP
- Review materials for patient and healthcare worker education regarding optimal antibiotic prescribing
- Review ASP responses to antibiotic shortages
- Review approaches employed by the microbiology lab for reporting culture and susceptibility data
- Assure ASP and its procedures and policies meet relevant regulations
- Other (please specify)

None of the above

\* 23. To what committee or leadership entities does the ASP Committee primarily report?

(select all applicable responses)

- Pharmacy director
- Pharmacy and therapeutics
- Patient safety
- Quality improvement
- Executive leadership (e.g., CEO, CMO)
- Board of directors
- Other (please specify)

None of the above

\* 24. Does your ASP develop an annual plan outlining goals for the following year?

- Yes
- No

Comments

\* 25. Does your ASP perform an annual risk assessment to identify priorities?

- Yes
- No

Comments

\* 26. Does your facility have facility-specific antibiotic treatment guidelines?

- Yes
- No

Comments



### Inpatient: Facility-specific guidelines questions

\* 27. Is there a regular, planned review of the facility-specific antibiotic treatment guidelines?

- Yes, annually
- Yes, every two years
- Yes, other frequency (more than every two years)
- No

Comments

\* 28. Do your facility-specific guidelines cover the following syndromes? (select all applicable responses)

- Urinary tract infection
- Asymptomatic bacteriuria
- Community-acquired pneumonia
- Healthcare-acquired pneumonia
- Ventilator-associated pneumonia
- Intra-abdominal infections
- Skin and soft tissue infection
- Bacteremia
- Sepsis
- Surgical prophylaxis
- Clostridioides difficile* infection
- Other (please specify)

\* 29. Who is involved in guideline development? (select all applicable responses)

- ASP members
- Non-ASP infectious disease physicians
- Non-ASP pharmacists
- Front-line prescriber content experts
- Trainees (e.g., house staff, fellows)
- None of the above

Comments

\* 30. Are guidelines disseminated to prescribers at the point of care?

- Yes
- No

Comments



### Inpatient questions

\* 31. Do you have software or another mechanism that identifies patients for daily review by the ASP?

- Yes
- No

Comments

\* 32. How do you make AS interventions? (select all applicable responses)

- Phone call to clinicians
- Text to clinicians
- Rounds with teams
- Note in medical record
- Other (please specify)



\* 33. Where do you document AS intervention? (select all applicable responses)

- Medical record: visible to clinicians
- Medical record: NOT visible to clinicians
- Database internal to ASP
- No documentation
- Other (please specify)

\* 34. Does your program monitor adherence to AS interventions?

- Yes
- No

\* 35. Does your facility **currently** monitor antibiotic use trends over time?

- Yes
- No

\* 36. Did your facility monitor antibiotic use trends over time **before** the transition to MHS GENESIS?

- Yes
- No
- N/A (have not transitioned to MHS GENESIS)



**Inpatient: Antibiotic use trends questions**

\* 37. Do you stratify data by unit?

- Yes
- No

Comments

*Please clarify here if your current answer above is different than what was done prior to a transition to MHS GENESIS (i.e., "Not currently, but this was done prior to the transition to MHS GENESIS")*

\* 38. Do you stratify data by antibiotic/antibiotic class?

- Yes
- No

Comments

*Please clarify here if your current answer above is different than what was done prior to a transition to MHS GENESIS (i.e., "Not currently, but this was done prior to the transition to MHS GENESIS")*

\* 39. Do you stratify by provider?

- Yes
- No

Comments

*Please clarify here if your current answer above is different than what was done prior to a transition to MHS GENESIS (i.e., "Not currently, but this was done prior to the transition to MHS GENESIS")*



### Inpatient questions

\* 40. How are the antibiotic use data made available to the ASP? (select all applicable responses)

- Data are NOT available to the ASP
- Monthly report
- Quarterly report
- Annual report
- Data available in real-time on dashboard
- Other frequency of report (note the time frame in the Comments section)

Comments

*Note: Please use this field for clarifying comments as well as to annotate if there have been changes in data availability, such as after transitioning to MHS GENESIS.*

\* 41. Does the ASP collect data related to patient outcomes?

- Yes
- No
- Unknown

Comments

\* 42. Do you have an onsite microbiology lab?

- Yes  
 No



### Inpatient: Microbiology lab questions

\* 43. Does the ASP have a regular meeting with the microbiology lab to discuss issues relevant to both groups (e.g., interpretation of susceptibility tests, implementation of new diagnostic tests)?

- Yes  
 No

\* 44. Does your microbiology lab develop an annual antibiogram? (select all applicable responses)

- Yes: Whole hospital  
 Yes: Stratified by unit  
 Yes: Urine isolates  
 Yes: Blood isolates  
 No

\* 45. Does your microbiology lab follow Clinical and Laboratory Standards Institute (CLSI) guidelines for making the antibiogram?

- Yes  
 No

\* 46. Is the antibiogram disseminated to prescribers?

- Yes  
 No



### Inpatient: Final feedback

47. Please add any additional, clarifying comments you would like to include about your facility's inpatient ASP here.

A large, empty rectangular box with a thin black border, intended for the user to provide additional clarifying comments about the facility's inpatient ASP. The box is currently blank.