ASP Survey - PICNIC Group

Please complete the survey below.

Thank you!

Subject: Quality Improvement Project Participation Invitation for Characteristics of Antimicrobial Stewardship Programs at Paediatric Centres Across Canada

Dear Colleague,

Thank you for participating in our quality improvement project on Paediatric Antimicrobial Stewardship Programs (ASPs). This survey will go through the following:
• demographic information for your site
• the ASP structure at your institution
• types of ASP models used within your institution
• the metrics collected and monitored by your ASP
• the process measures utilized by your ASP

Please note, no patient information will be involved in this survey and no sensitive personal health information will be collected. Demographic information is being collected to follow-up on responses and to obtain information on paediatric beds (total patient days and breakdown amongst NICU/PICU/Cardiac ICU/Surgical patient days), number of solid organ transplants, and number of bone marrow transplants at your institution. Upon survey completion, results will available to be shared with participating sites and all individual/institutional names will be removed.

N.B. If you are part of an ASP that covers both paediatric and adult in-patient settings, please limit your answers to the paediatric section of your hospital.

We are asking you to complete the survey by May 25, 2015. We anticipate the survey will take 15 - 20 minutes to complete. If you need to pause the survey you can save your responses and continue later.

If you have any project related questions, please contact Dr. Michelle Science at michelle.science@sickkids.ca or Jacqueline Wong at Jacqueline.wong@sickkids.ca.

Thank you,

Jacqueline Wong
Infectious Diseases Fellow
The Hospital for Sick Children
Toronto, Ontario

PAGE 1 OF 5

DEMOGRAPHIC INFORMATION

Name of hospital
________________________

Location (City, Province)
________________________

When was your institution's Antimicrobial Stewardship Program established?
(month, year)
________________________

Name of person completing the survey
________________________
((this information will only be used for follow-up on responses))
What is your role within ASP?

○ Infectious Diseases Physician
○ Generalist Physician
○ Nurse
○ Pharmacist
○ Microbiologist
○ Infectious Diseases Trainee
○ Other

Please specify your role:

__________________________________

Have you had formal ASP training?

○ Yes
○ No

Please provide details of your ASP training (e.g. name of course/certificate, year completed)

__________________________________

If you are not primarily involved with the ASP program at your institution, could you please provide the contact information for another team member?

__________________________________
THE ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP) STRUCTURE AT YOUR HOSPITAL

Multidisciplinary ASP team composition & full-time equivalents (FTEs) devoted to ASP. As it applies to your institution's ASP team, please indicate each team member's number of FTEs (rounded up to the closest value)

<table>
<thead>
<tr>
<th>Role</th>
<th>0.1</th>
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<th>0.5</th>
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<th>0.7</th>
<th>0.8</th>
<th>0.9</th>
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</thead>
<tbody>
<tr>
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<td>Pharmacist #2</td>
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<td>Infectious Diseases Physician #2</td>
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<td>Generalist Physician</td>
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<td>Microbiologist</td>
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<td>Data Analyst</td>
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</table>

Please specify additional role(s) ________________________________

Are there ID trainees involved in the ASP? ☐ Yes ☐ No ☐ Unknown

ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP) TRAINING

Is there formal ASP training in your institution? ☐ Yes ☐ No

If formal ASP training exists, for which of your ASP team members? (Please select all that apply)

☐ Infectious Diseases Physician
☐ Generalist Physician
☐ Nurse
☐ Pharmacist
☐ Microbiologist
☐ Infectious Diseases Trainee
☐ Other

Please specify "Other" role ________________________________

For the Infectious Diseases Physician, please describe the formal training available (e.g. through curriculum, additional certification, etc.) ________________________________

For the Generalist Physician, please describe the formal training available (e.g. through curriculum, additional certification, etc.) ________________________________

For the Nurse, please describe the formal training available (e.g. through curriculum, additional certification, etc.) ________________________________
For the Pharmacist, please describe the formal training available (e.g. through curriculum, additional certification, etc.)

For the Microbiologist, please describe the formal training available (e.g. through curriculum, additional certification, etc.)

For the ID Trainee, please describe the formal training available (e.g. through curriculum, additional certification, etc.)

For the [other_asp_training_detail] please describe the formal training available (e.g. through curriculum, additional certification, etc.)

ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP) REPORTING STRUCTURE

Does your ASP have a formal reporting structure?  
- Yes
- No

To whom does your ASP report and how often?

__________________________________________
ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP) MODELS USED AT YOUR INSTITUTION

Within the following areas of your hospital, please specify which ASP models are currently in use. (select all that apply)

<table>
<thead>
<tr>
<th>Prospective audit &amp; feedback</th>
<th>Formulary restriction</th>
<th>Pre-authorization</th>
<th>Clinical guidelines</th>
<th>Order form sets</th>
<th>Information technology solutions</th>
<th>No ASP in this area</th>
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<tbody>
<tr>
<td>Hospital Wide</td>
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<td>Paediatric ICU</td>
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</table>

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
- types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
- types of order sets
- information technology (IT) solutions (e.g. TheraDoc or home-built database, etc.)

If you would prefer to upload a file with more details, please do so here
<table>
<thead>
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<th></th>
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<td>Neonatal ICU</td>
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<th>No ASP in this area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Services</td>
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</table>

Please specify which surgical services in particular

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g., carbapenems, liposomal amphotericin B, foscarnet, etc.)
- types of clinical guidelines (e.g., febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
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<th>Order form sets</th>
<th>Information technology solutions</th>
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<tr>
<td>Other Services (if applicable)</td>
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</table>

Please specify which services in particular
Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
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<th>Order form sets</th>
<th>Information technology solutions</th>
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<tr>
<td>Other Units (if applicable)</td>
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</table>

Please specify which units in particular

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
- types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
- types of order sets
- information technology (IT) solutions (e.g. TheraDoc or home-built database, etc.)

If you would prefer to upload a file with more details, please do so here
### Monitoring of Antimicrobial Usage

Please specify which of the following monitoring methods are used and where they are used in your institution (select all that apply).

<table>
<thead>
<tr>
<th>Method</th>
<th>Hospital Wide</th>
<th>By Service (e.g. NICU, PICU, General Surgery, etc.)</th>
<th>By Unit (e.g. 7 East)</th>
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</thead>
<tbody>
<tr>
<td>DOT (Days of Therapy)</td>
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<tr>
<td>Antimicrobial Cost</td>
<td>☐</td>
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<tr>
<td>Antimicrobial Resistance/Antibiograms</td>
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<tr>
<td>Other #1</td>
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<tr>
<td>Other #2</td>
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</table>

Please specify method "Other #1"
__________________________________

Please specify method "Other #2"
__________________________________

For which antimicrobial class is DOT data collected?

- ☐ Antibiotics
- ☐ Antifungals
- ☐ Antivirals

(Please select all that apply)

Please select which antibiotics

- ☐ all antibiotics
- ☐ carbapenems
- ☐ piperacillin-tazobactam
- ☐ 3rd generation ephalosporins
- ☐ vancomycin
- ☐ quinolones
- ☐ other

(Please select all that apply)

Please list other antibiotics
__________________________________

Please select which antifungals

- ☐ all antifungals
- ☐ echinocandins
- ☐ amphotericin
- ☐ voriconazole
- ☐ posaconazole
- ☐ other

(Please select all that apply)

Please list other antifungals
__________________________________

Please select which antivirals

- ☐ all antivirals
- ☐ gancyclovir
- ☐ valgancyclovir
- ☐ foscarinet
- ☐ cidofovir
- ☐ ribavirin
- ☐ other

(Please select all that apply)

Please list other antivirals
__________________________________
Please feel free to upload a list of antimicrobial agents if you prefer

**MONITORING OF INFECTIONS RELATED TO ANTIBIOTIC USE**

<table>
<thead>
<tr>
<th></th>
<th>Hospital Wide</th>
<th>By Service (e.g. NICU, PICU, General Surgery, etc.)</th>
<th>By Unit (e.g. 7 East)</th>
<th>Not Monitored</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is C. Difficile associated diarrhea actively monitored? (select all that apply)</td>
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</table>

Please list which services monitor C. difficile associated diarrhea

Please list which units monitor C. difficile associated diarrhea

<table>
<thead>
<tr>
<th></th>
<th>Hospital Wide</th>
<th>By Service (e.g. NICU, PICU, General Surgery, etc.)</th>
<th>By Unit (e.g. 7 East)</th>
<th>Not Monitored</th>
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</thead>
<tbody>
<tr>
<td>Are other antibiotic-use-related infections monitored? (select all that apply)</td>
<td>☐</td>
<td>☐</td>
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</table>

Which infection?

Please list which services monitor [other_infection]?

Please list which units monitor for [other_infection]?
PROCESS MEASURES UTILIZED BY YOUR INSTITUTION'S ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP)

Which data management system(s) is/are used?

☐ Clinical surveillance software
☐ Excel spreadsheet
☐ Database
☐ Other
☐ None
((select all that apply))

Please describe the data management system in use

__________________________________

MONITORING OF ANTIMICROBIAL STEWARDSHIP PROGRAM

<table>
<thead>
<tr>
<th>Hospital Wide</th>
<th>By Service (e.g., PICU, NICU, General surgery, etc.)</th>
<th>By Unit (e.g., 7 East)</th>
<th>Not Monitored</th>
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<td>☐</td>
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Where is hospital guideline adherence actively monitored? (select all that apply)

How is guideline adherence being monitored?

__________________________________

Please list which services monitor adherence to hospital guidelines

__________________________________

Please list which units monitor adherence to hospital guidelines

__________________________________

Are ASP recommendations documented? (select all that apply)

☐ Hospital Wide | ☐ By Service (e.g., PICU, NICU, General surgery, etc.) | ☐ By Unit (e.g., 7 East) | ☐ Not Documented |
<table>
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</table>

Please list which services

__________________________________

Please list which units

__________________________________

Please provide additional details, for example:

• List of where recommendations are documented (e.g., patient chart, ASP database, etc.)
• List of types of recommendations (e.g., broaden antimicrobial coverage, narrow to a specific agent, etc.)
<table>
<thead>
<tr>
<th>Hospital Wide</th>
<th>By Service (e.g. PICU, NICU, General surgery, etc.)</th>
<th>By Unit (e.g. 7 East)</th>
<th>Not Monitored</th>
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</tbody>
</table>

Where is adherence to ASP recommendations monitored? (select all that apply)

Please list which services

Please list which units
END OF SURVEY

Thank you for completing our survey!

Before you click the "submit" button below, please feel free to provide any additional details about your ASP program