

## Antimicrobial Stewardship Program Survey Instrument

- 1.) Please select your occupational role.
  - a. Attending Physician
  - b. Fellow Physician
  - c. Resident Physician
  - d. Nurse Practitioner
  - e. Physician Assistant
  
- 2.) Please select your gender.
  - a. Female
  - b. Male
  - c. Other
  - d. Prefer not to answer
  
- 3.) In what area of the hospital do you primarily work?
  - a. NICU/ICS
  - b. PICU/PCU
  - c. CICU/CCU
  - d. Oncology
  - e. General Pediatrics
  - f. Surgery
  - g. Emergency Department
  - h. SDU
  - i. Pulmonary
  - j. GI
  - k. ED
  - l. Neurology
  - m. Other
  
- 4.) How many years have you been working at CHOP?  
[Free Text]

The CHOP Antimicrobial Stewardship Program (ASP) is a quality improvement/patient safety program comprised of a physician medical director, clinical pharmacists, and data analysts dedicated to optimizing the use of antibiotics at CHOP through clinical pathway and guideline development, guidance on antibiotic choice, duration, dose, and route ("ID approval"), and monitoring antibiotic use at CHOP. The Stewardship Program is distinct from the ID consult service, which is a team of fellows and attendings who diagnose, manage, and follow patients with complex infections.

- 5.) Prior to reading this descriptions, how familiar were you with the specific structure and goals of the ASP?
  - a. Very familiar
  - b. Familiar
  - c. Not familiar
  - d. Unsure
  
- 6.) Have you ever been confused about the role of the ASP and the ID consult service?
  - a. Yes
  - b. No
  - c. Unsure
  
- 7.) How often do you call or interact with the ASP?
  - a. Frequently
  - b. Infrequently
  - c. Never
  
- 8.) Have you ever used the ASP to determine if you need an ID consult or not?
  - a. Yes
  - b. No
  - c. Unsure
  
- 9.) Please select the ways you would prefer to receive communication around each Antimicrobial Stewardship Program activity (you can choose more than one for each activity)
  - a. Antimicrobial Approval
    - i. Text Message
    - ii. Phone Call
    - iii. Other (Please Describe)
  
  - b. Treatment Guidance (ex. Dose, Duration, Route, Antibiotic Selection)
    - i. Text Message
    - ii. Phone Call
    - iii. Other (Please Describe)
  
  - c. New Policies, Pathways or Guidelines
    - i. Text Message
    - ii. Email
    - iii. Phone Call
    - iv. Intranet Website
    - v. In EPIC at Point of Care
    - vi. Smartphone App
    - vii. In Person
    - viii. Update a conference or other regularly held meeting
    - ix. Social media
    - x. Other (Please Describe)

10.) Please select how frequently you use the following resources to inform your antimicrobial prescribing using the following choices:

- Very Frequently
- Frequently
- Occasionally
- Rarely
- Never

- a. Hospital Pathways
- b. Stewardship Pager
- c. ID Consult Pager
- d. Non-ASP Pharmacists
- e. ASP Intranet Website
- f. Sanford Guide
- g. Redbook
- h. Other textbooks or study guides
- i. UptoDate/Dynamed
- j. Google/General Web Search
- k. Wikipedia
- l. Peers
- m. Other

11.) The CHOP ASP has compiled resources to help inform your prescribing that are on the ASP website. How often do you use this resource?

- a. Always
- b. Sometimes
- c. Never
- d. I did not know this resource existed

12.) Please rate how useful you find the following antimicrobial approval mechanisms using the following choices:

- Useful
- Neutral
- Not Useful
- Unsure/NA

- a. ASP Note in EPIC
- b. Phone interactions with stewardship pharmacists
- c. Phone interactions with stewardship ID fellows
- d. End Dates for antimicrobials in EPIC
- e. Order Sets
- f. Pathways
- g. Preapproved Indications in EPIC

How can the above approval mechanisms be improved?

12.) Please select whether you think the following statements about the preapproved antimicrobial indications in EPIC are True or False

- a. The preapproved indications in EPIC reduce the number of valuable conversations with the Antimicrobial Stewardship team

- b. The preapproved indications in EPIC allow too permissive use of antimicrobials
- c. I have trouble finding the preapproved indications in EPIC
- d. There are too few preapproved indications in EPIC
- e. The preapproved indications in EPIC are not specific enough
- f. The duration of the preapproved indications in EPIC are incorrect
- g. I don't like the automatic stop dates

How can the preapproved indications in EPIC be improved?

13.) I engage in workarounds to get the antibiotics I want even if they are against ASP recommendations

- Very Frequently
- Frequently
- Occasionally
- Rarely
- Never

14.) Why might you engage in workarounds to ASP recommendations?

15.) For the following statements select one of the following answer choices

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

The ASP provides knowledge and education that helps improve my antibiotic use.

The ASP helps facilitate appropriate use of antimicrobials.

The ASP improves quality of patient care.

The ASP takes my clinical judgment seriously

The ASP improves my clinical decision-making.

The ASP is professional and cordial when discussing approvals.

I trust the recommendations made by ASP pharmacists.

I trust the recommendations made by ASP ID fellows.

I find the recommendations made by the ID pharmacists in the ASP to be credible and fair.

I find the recommendations made by the ID fellows in the ASP credible and fair.

The ASP interferes with my clinical decision-making.

The ASP reduces my efficiency at work.

I can get in touch with the ASP team in a timely fashion at night.

I can get in touch with the ASP team in a timely fashion during the day.

I can get in touch with the ASP team in a timely fashion on weekends.

I would prefer more face to face interaction with the ASP team.

I would like to receive occasional education sessions from the ASP team.

I prefer to receive approval for antibiotics in an automated way than talking to someone from ASP.

I prefer recommendations to be indication based rather than drug based (for example, instead of picking vancomycin and looking at dropdown indications [e.g. sepsis, MRSA], picking sepsis and getting a list of drugs]

16.) Do you have any additional comments?