

Evaluation of healthcare provider practices related to the diagnosis of ventilator associated pneumonia (VAP)

Ordering

1. In your clinical practice, when do you decide to send respiratory culture on a patient on mechanical ventilation?
2. Do you order respiratory cultures as part of “pan-culturing” or “fever pack” (i.e. broadly sending cultures or doing other diagnostic tests from a wide variety of possible sources to identify the cause of a fever)?
 - a. If yes,
 - i. Any patient
 - ii. Ventilated patients only
 - iii. What is included in a fever pack?
3. What makes you suspect ventilator associated pneumonia?
4. Do you refer to any algorithmic based approach for diagnosing VAP?
5. Do you refer to any guideline for diagnosing and management of VAP?
6. Do you feel comfortable diagnosing VAP?
 - a. Do you think we are over-diagnosing VAP? Why or why not?
 - b. Do you think we are underdiagnosing VAP? Why or why not?
7. How do you prefer to send respiratory tract cultures in ventilated patients?
8. How do you decide which modality to choose (BAL vs Mini BAL vs ETA vs PSB)?
9. Do you prefer one modality over the other? Do you think one has better outcome than the rest? Why or why not?
10. Do you sign off on sputum cultures at the request of nurses or Respiratory therapists?
 - a. If yes, what are the reasons?

Collection

11. Is there a policy in place for appropriate collection of the sample?
12. In your opinion, how long do you think it takes for the sample to reach the lab and do you think that matters?
13. Who is responsible for delivery of sample to the lab?
14. Are different samples managed differently?
15. Have you encountered sample being rejected by the lab? Why or based on what criteria?

Reporting

16. Do you think there is a difference in the reporting of BAL vs Mini BAL/ Sputum culture/endotracheal aspirate samples?
 - a. Yes
 - b. No

17. Does the manner in how the respiratory culture is reported influence your decision to treat with antibiotics? And can you give me an example of a time when it did.
 - a. If the interviewee needs more clarification, can provide an example of reporting "simple respiratory flora vs *alpha hemolytic streptococcus*"
18. Do you send respiratory viral panel PCR?
 - a. If yes, do those results influence the decision to use antibiotics?
19. Quantitative vs Qualitative culture data
 - a. What is the difference?
 - b. Is one better than the other?
 - c. Do you trust one more than the other?

Diagnosis and treatment

20. When do you initiate treatment?
21. What makes you continue antibiotics?
22. What makes you stop empiric antibiotics for VAP?
23. Do you think we over-treat or under-treat for VAP? Why or why not?

Clinical role

ICU attending physician ____

Fellow ____

Resident ____

Nurse ____

Respiratory therapist ____

Clinical pharmacist ____

Physician assistant ____

Nurse practitioner ____

Years in practice

- A. 1-3 years B. 3-5 years C. 5-10 years D. > 10 years

Pulmonary and Critical Care Medicine/Critical Care Medicine/NA ____

Primary place of work

- A. Medical ICU B. Cardiac ICU C. Neuro ICU D. Surgical ICU E. Trauma ICU