**Supplement Table 1. Infectious Diseases Society of America Emerging Infections Network adult practice data for survey respondents.**

|  |  |  |
| --- | --- | --- |
|  |  | **N (%)** |
| **Practice region** | **New England** | **45 (8)** |
|  | **Mid Atlantic** | **85 (15)** |
|  | **East North Central** | **81 (14)** |
|  | **West North Central** | **61 (11)** |
|  | **South Atlantic** | **104 (18)** |
|  | **East South Central** | **22 (4)** |
|  | **West South Central** | **36 (6)** |
|  | **Mountain** | **25 (4)** |
|  | **Pacific** | **97 (17)** |
|  | **Puerto Rico** | **1 (0.2)** |
|  | **Canada** | **5 (5)** |
| **Years of experience since infectious diseases fellowship** | **< 5 y** | **101 (18)** |
|  | **5-14 y** | **196 (35)** |
|  | **15-24 y** | **86 (15)** |
|  | **≥ 25 y** | **178 (32)** |
| **Employment** | **Hospital/clinic** | **204 (36)** |
|  | **Private/group practice** | **140 (25)** |
|  | **University/medical school** | **198 (35)** |
|  | **VA and military** | **37 (7)** |
| **Primary hospital type** | **Community** | **151 (27)** |
|  | **Non-university teaching** | **142 (25)** |
|  | **University** | **198 (35)** |
|  | **VA hospital or DOD** | **40 (7)** |
|  | **City/county** | **31 (6)** |

**Supplement Figure 1. ASP improved overall appropriateness of antibiotic prescribing in the last 2 years.**



Note. ASP=Antimicrobial Stewardship Program. EIN=Emerging Infection Network. Numeric values represent percentages. Non-displayed values are as follows: 0.26% of ASP and 1.5% of non ASP EIN members strongly disagreed; 1.3% of ASP and 3.0 of non ASP EIN members disagreed. Missing responses=9 responses. P-value < 0.001.

**Supplement Figure 2. The stewardship program in my hospital is too focused on reducing antimicrobial costs in a way that may interfere with providing appropriate care.**



Note. ASP=Antimicrobial Stewardship Program. EIN=Emerging Infection Network. Analysis was restricted to adult EIN members. Numeric values represent percentage of respondents. Non-displayed values are as follows: 1.3% of ASP and 3.7% of non-ASP EIN members were not sure. Missing responses=5. P-value=0.018.

A copy of the disseminated emerging infections network survey is provided below.

**EMERGING INFECTIONS NETWORK QUERY**

**Perspectives on Antimicrobial Stewardship Programs**

Name:

**1. Does the hospital where you primarily work have an antimicrobial stewardship program (ASP)?**

 \_\_ Yes \_\_ No, *please* STOP HERE

**2a. Do you participate in this ASP?**

 \_\_ Yes \_\_ No

**2b. If yes, what is your role?**

 \_\_ Medical Director \_\_ Co/Associate Director \_\_Member of ASP committee \_\_ Other

**3. The ASP improved overall appropriateness of antibiotic prescribing in the last 2 years.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_ Strongly agree | \_\_ Agree | \_\_ Neutral | \_\_ Disagree | \_\_ Strongly disagree | \_\_ *Not sure* |

**4. The stewardship program at my hospital is too focused on reducing antimicrobial costs in a way that may interfere with providing appropriate care in the last 2 years.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| \_\_ Strongly agree | \_\_ Agree | \_\_ Neutral | \_\_ Disagree | \_\_ Strongly disagree | \_\_ *Not sure* |

**5. Please indicate your level of concern with the following issues and your facility’s ASP:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Issue | Veryconcerned | Somewhatconcerned | Neutral | Not concerned |
| Unintended consequences of ASP guidance (increased morbidity, readmissions) | \_\_ | \_\_ | \_\_ | \_\_ |
| ASP makes clinical diagnoses and recommendations without “seeing” patients | \_\_ | \_\_ | \_\_ | \_\_ |
| Disagreement in antimicrobial management between ASP and ID consultants | \_\_ | \_\_ | \_\_ | \_\_ |
| ASP decreases efficiency for prescribers | \_\_ | \_\_ | \_\_ | \_\_ |
| ASP delays initiation of antibiotics | \_\_ | \_\_ | \_\_ | \_\_ |
| ASP decreases prescriber autonomy | \_\_ | \_\_ | \_\_ | \_\_ |

Other issues:

**6. ASPs should steward (manage) the antibiotic choices of their ID colleagues.**

 \_\_ Yes \_\_ No \_\_ Not sure

**7. Collectively, the physicians/clinicians in each of these groups at my institution prescribe antibiotics according to ASP principles** (e.g. right drug, right dose, right duration at right time)**…**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | StronglyAgree | Agree | Neutral | Disagree | Strongly Disagree  | *Not sure* |
| Critical care | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Surgical Specialties | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Hospitalists | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Infectious Diseases | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Oncology | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Neonatology (for peds) | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |

 **Please answer questions 8-11 only if you participate in your facility’s ASP.**

**8. Do you think the ASP has changed antibiotic prescribing practices in the following areas?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Area | Greatly improved | Somewhat improved | No impact | Somewhat worsened | Greatly worsened | *Not sure* |
| Antibiotic de-escalation | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Unnecessarily prolonged antibiotic duration | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Unnecessary surgical prophylaxis | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Appropriateness of discharge antibiotic prescribing | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| IV to PO conversion | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Adherence to national guidelines | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |

**9. Please indicate your level of concern with the following issues and your facility’s ASP:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Issue | Veryconcerned | Somewhatconcerned | Neutral | Not concerned |
| Value not recognized by leadership | \_\_ | \_\_ | \_\_ | \_\_ |
| Lack of support from ID colleagues | \_\_ | \_\_ | \_\_ | \_\_ |
| Funding for physician effort | \_\_ | \_\_ | \_\_ | \_\_ |
| Funding for other (non-MD) resources  | \_\_ | \_\_ | \_\_ | \_\_ |

**10. Do you think the ASP has affected any of the following outcomes in your primary institution?**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Area | Greatly improved | Somewhat improved | No impact | Somewhat worsened | Greatly worsened | *Not sure* |
| Adverse drug events | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Antibiotic resistance | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Hospital-onset *C. difficile* | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |
| Treatment failures | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ | \_\_ |

**11a. What type(s) of financial support do you receive for your ASP services?**

 \_\_ No support

 \_\_ Percent of my FTE; what percent? \_\_\_\_\_\_

 \_\_ Contracted service for the hospital; what percent of total compensation is this? \_\_\_\_\_

 \_\_ Other:

**11b. Does the financial support you receive reflect the amount of time you spend on stewardship?**

 \_\_ Yes \_\_ No \_\_ Not sure

**12. What future work should be done to improve antimicrobial stewardship programs?**

*Thank you for completing this survey!*