

ERASE- *C. diff.* ANTIMICROBIAL STEWARDSHIP SURVEY
INTERVENTION SITES

Enclosed is a brief survey about your hospital's recent efforts to combat *C-difficile* infection by introduction of an antimicrobial stewardship program. This project, ***ERASE C-diff***, is funded by U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ) through AHRQ's ACTION Program. Its goal is to learn about the optimal ways to decrease *C-difficile* infection through antimicrobial stewardship programs. We are interested in understanding your perceptions of *C-difficile* in your facility, the effect of your earlier environmental practices and your experiences with antimicrobial stewardship program implementation. On behalf of CDC and AHRQ, the research team from Greater New York Hospital Association (GNYHA) and Boston University School of Public Health (BUSPH) would appreciate your participation in this survey. All responses will be anonymous - neither your name nor identifying information is requested on the survey form and answers will be kept confidential to the extent permitted by law, including AHRQ's confidentiality statute, 42 USC 299c-3(c); data will only be reported in the aggregate. Thus, there is no way that your supervisor (or anyone else here) will ever know how you answered the survey questions. Please place your completed survey in the enclosed envelope and return it to the person outside the meeting room who gave you the survey. Thank you in advance; your opinions and views are important, and we look forward to receiving your responses. If you have any questions about this project or about the survey, please contact Maria Woods of GNYHA at 212-259-0767 or Mari-Lynn Drainoni of BUSPH at 617-414-1417.

Public reporting burden for this collection of information is estimated to average 7 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRO, 540 Gaither Road, Room # 5036, Rockville, MD 20850.
--

OMB-Attachment D

ERASE- *C. diff.* ANTIMICROBIAL STEWARDSHIP SURVEY¹

Please indicate your agreement or disagreement with the following statements about your institution.
(This survey is designed to be administered pre- and post-intervention and to both intervention and control institutions)

ANTIMICROBIAL RESISTANCE: SCOPE OF THE PROBLEM AND KEY CONTRIBUTORS

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
1. Antibiotic resistance is a problem in this institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Patient rooms are cleaned according to hospital cleaning protocol once a <i>C. difficile</i> patient has been discharged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Adherence to hand hygiene protocols is excellent at this institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Adherence to isolation and contact precautions is excellent at this institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. This institution does NOT do enough to control the development of <i>C. difficile</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. This institution provides adequate staff education regarding <i>C. difficile</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. A patient is likely to develop a <i>C. difficile</i> infection during their stay at this institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Antibiotic Prescribing Practices

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
8. Microbiology lab results are efficiently communicated to the treating physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I regularly refer to the susceptibility/sensitivity patterns at this institution (e.g., an antibiogram) when prescribing antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If medically appropriate, intravenous antibiotics should be stepped down to an oral alternative after 3 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Restrictions on antibiotics impair my ability to provide good patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Antibiotics are overused at this institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. A majority of patients admitted to this institution will be prescribed at least one antibiotic during their hospital stay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Many of my patients receive 5 or more days of antibiotics during their stay at this institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Few of my patients are discharged from this institution on antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When discharged to a nursing home or long term care facility, most of my patients are on IV antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OMB-Attachment D

ANTIMICROBIAL STEWARDSHIP PROGRAMS

(A formal program that monitors and manages the appropriate use of antibiotics).

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
17. Antimicrobial stewardship programs can improve patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Antimicrobial stewardship programs reduce the problem of antimicrobial resistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Antimicrobial stewardship programs can impact this institution's <i>C. difficile</i> rates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. This institution has an effective antimicrobial stewardship program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. This institution does NOT provide adequate training on antimicrobial prescribing and use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Additional staff education on antimicrobial prescribing is needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Prescribing physicians are the only disciplines who need to understand antimicrobial stewardship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BACKGROUND INFORMATION

1. What is your primary work area or unit in this health care facility? (Please check ONE answer)

- | | | |
|--|---|--|
| <input type="checkbox"/> Many different units/No specific unit | <input type="checkbox"/> Intensive care unit (any type) | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Medicine (non-surgical) | <input type="checkbox"/> Psychiatry/mental health | <input type="checkbox"/> Anesthesiology |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Other (please specify: _____) |
| <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Pharmacy | |
| <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Laboratory | |
| <input type="checkbox"/> Emergency department | | |

2. How long have you worked in this health care facility?

- | | |
|---|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 11 to 15 years |
| <input type="checkbox"/> 1 to 5 years | <input type="checkbox"/> 16 to 20 years |
| <input type="checkbox"/> 6 to 10 years | <input type="checkbox"/> 21 years or more |

3. What is your staff position in this health care facility?

- | | |
|---|---|
| <input type="checkbox"/> Attending/Staff physician | <input type="checkbox"/> Physician assistant |
| <input type="checkbox"/> Resident physician/Interns | <input type="checkbox"/> Nurse practitioner |
| <input type="checkbox"/> Fellows | <input type="checkbox"/> Infection control practitioner |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other (please specify: _____) |

4. How long have you worked in your current specialty or profession?

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 6 to 10 years | <input type="checkbox"/> 16 to 20 years |
| <input type="checkbox"/> 1 to 5 years | <input type="checkbox"/> 11 to 15 years | <input type="checkbox"/> 21 years or more |

¹Antimicrobial Stewardship Survey based on the AHRQ Hospital Survey on Patient Safety Culture.
 <<http://www.ahrq.gov/qual/patientsafetyculture/hospsurindex.htm>>

OMB-Attachment D