

STRUCTURAL ASSESSMENT

1. How many of the following clinicians work in your practice?

_____ MDs/DOs

_____ NPs/PAs

_____ Nurses

_____ Medical Assistants

_____ Other (please describe) _____

2. Approximately how many patients does your practice see in an average week? _____

3. Does your practice use an electronic health record system? Yes No

3a. If yes, has your practice implemented any prompts in your EHR to assist with antibiotic-decision making? Yes No

4. Has your practice used a team-based safety program (e.g., comprehensive unit-based safety program) to drive improvement activities in the practice in the past? Yes No

4a. If yes, please describe previous initiatives that have used a team-based safety

approach.

5. Do any clinicians in your practice receive any protected time or salary designated specifically for antibiotic stewardship related activities? Yes No

5a. If yes, please describe.

6. Have clinicians in your practice developed local guidelines covering conditions for which antibiotics are commonly prescribed? Yes No

6a. If yes, please describe.

7. Does your practice use any other tools to assist with antibiotic decision-making? Yes No

7a. If yes, please describe.

Attachment B: Structural Assessment Form for Ambulatory Care Settings

8. Have
antibi
8.

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9. Does your practice formally review data on rates of antibiotic prescriptions periodically?

Yes

No

