

Acceptability Survey of ARI Campaign for University of Utah Pediatric Providers

Title: Improving Outpatient Antibiotic Use Through Implementation and Evaluation of Core Elements of Outpatient Antibiotic Stewardship

Introduction: From January 2018 through July 2019 your clinic participated in a study of an intervention designed to improve antibiotic prescribing for acute upper respiratory tract infections (ARI) such as acute sinusitis, acute otitis media, and non-specific upper respiratory tract infections.

The intervention (called ARI Campaign) emphasized the use of a dashboard report (a.k.a. audit-feedback) and academic detailing conducted by Emily Thorell, MD. MSCI.

- The dashboard report included a summary of individual clinic providers' distribution of ARI diagnoses and antibiotic prescribing patterns for treatment of ARI.
- Academic detailing visits consisted of personalized one-on-one or small group educational sessions to discuss antibiotic prescribing for ARIs.

Patient education materials were provided to your clinic team at the start of the intervention. You have been identified as a site champion or peer within the facility who helped facilitate the intervention in a clinic that participated in the study.

Purpose: This survey will solicit your opinions on the ARI Campaign elements and suggestions for improvement. Your responses will be used to refine delivery of the ARI Campaign and gauge provider acceptability of the interventional approach.

Potential identifiable information submitted by you will only be available to the research team, and results shared with local facility investigators or in final reports will be de-identified and reported in aggregate.

Thank you for your consideration to participate!

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1071).

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Instructions: Please answer the following question by selecting the values that best describe your opinions. Brief descriptions of ARI Campaign resources or activities and additional instructions will be provided in bold lettering.

Demographics

1. Which best describes the practice setting you most frequently work in? **Please check the box below.**

- Hospital-based Primary Care
- Emergency Department
- Community-Based Outpatient Clinic

2. Which best describes your professional qualifications? **Please check the box below.**

- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Nurse Practitioner
- Physician Assistant
- MD/DO Resident

3. Which best describes your specialty? **Please check one box below.**

- Internal Medicine
- Emergency Medicine
- Family Practice
- Pediatrics
- Other specialty (describe):

4. What is your age? **(Fill in the Blank)**

5. What is your sex? Male Female

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1: 2: 3: 4: 5: 6: 7
Strongly Disagree Neutral Strongly Agree

12. I was surprised by the findings of my antibiotic prescribing relative to my practice location.

Please circle a number below.

1: 2: 3: 4: 5: 6: 7
Strongly Disagree Neutral Strongly Agree

13. Understanding my prescribing practices through review of my dashboard report improved my antibiotic prescribing practice. **Please circle a number below.**

1: 2: 3: 4: 5: 6: 7
Strongly Disagree Neutral Strongly Agree

14. I feel my diagnostic coding practice improved as I understood my prescribing practices after reviewing my dashboard report. **Please circle a number below.**

1: 2: 3: 4: 5: 6: 7
Strongly Disagree Neutral Strongly Agree

15. The use of a dashboard report is an acceptable method for improving ARI antibiotic prescribing. **Please circle a number below.**

1: 2: 3: 4: 5: 6: 7
Strongly Disagree Neutral Strongly Agree

Engagement with Academic Detailing:

Academic detailing visits conducted by Emily Thorell, MD. consisted of personalized one-on-one or small group educational sessions to discuss antibiotic prescribing for ARIs. These visits were primarily scheduled to coincide around the time you received your first dashboard report, but you may have participated in additional academic detailing visits during the study.

16. Please mark all that apply.

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- I participated in an initial academic detailing discussion on ARI antibiotic prescribing in a one-on-one or small group (≤ 3 providers) setting delivered by a peer clinician.
- I participated in at least one additional follow-up academic detailing discussion on ARI antibiotic prescribing in a one-on-one or small group setting (≤ 3 providers) delivered by a peer clinician.

(If neither box above is marked skip questions 17-22)

17. Communication with the peer clinician during the academic detailing sessions was conversational. **Please circle a number below.**

1:	2:	3:	4:	5:	6:	7
Strongly Disagree			Neutral			Strongly Agree

18. I feel I learned useful information about the diagnosis and management of ARIs during the academic detailing sessions. **Please circle a number below.**

1:	2:	3:	4:	5:	6:	7
Strongly Disagree			Neutral			Strongly Agree

19. The peer clinician who engaged me during the academic detailing session adequately addressed my concerns about antibiotic prescribing issues related to ARIs. **Please circle a number below.**

1:	2:	3:	4:	5:	6:	7
Strongly Disagree			Neutral			Strongly Agree

20. Academic detailing sessions provided additional insight on ARI management that supplemented the dashboard reports. **Please circle a number below.**

1:	2:	3:	4:	5:	6:	7
Strongly Disagree			Neutral			Strongly Agree

21. Academic detailing sessions are an acceptable method to improve ARI antibiotic prescribing. **Please circle a number below.**

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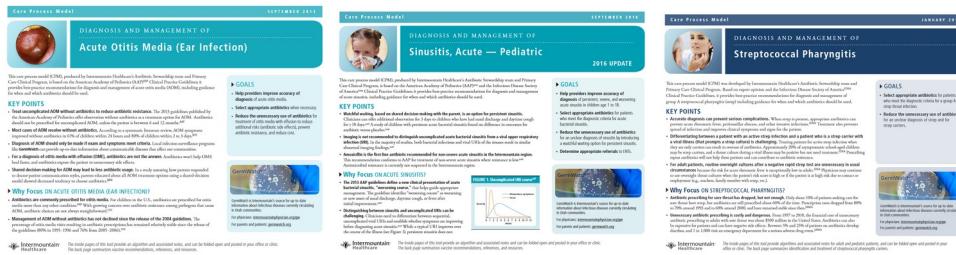
1: Strongly Disagree 2: 3: 4: Neutral 5: 6: 7: Strongly Agree

22. Please provide any additional comments or suggestions for improvement concerning the use of dashboard reports and/or the academic detailing process? **(Short Answer)**

Gauging Additional Intervention Components

Other available ARI Campaign tools included: Intermountain Care Process Model, the ARI Quick Reference Chart in the Dashboard Report, and Patient Education Handouts. Please answer the following questions on the usefulness of these tools.

Intermountain Care Process Model



23. I received a Care Process Model guide or public website link

Yes No (If no skip question 24)

24. I used the Care Process Model Guide when treating patients with ARIs. Please circle a number below.

1: Never 2: 3: 4: Sometimes 5: 6: 7: Always

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30. I feel my antibiotic prescribing practice for ARIs have improved over the past 12-18 months.

Please circle a number below.

1:	2:	3:	4:	5:	6:	7
Strongly Disagree			Neutral			Strongly Agree

31. Please provide any additional comments or suggestions concerning the ARI Campaign.

(Short Answer)

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