

Instructions to clinical measures

Acute Care Setting

The clinical measures include two key measures related to antibiotic use (see details below). Your answers will be important for the Johns Hopkins and the NORC team to understand how the antibiotic stewardship activities may impact the antibiotic use and related outcomes in your unit. Please note the data you submit should only reflect patients who are admitted to and stay at the unit that is participating in the project. Thank you for taking the time to work on the data extraction and submission.

Clinical measures to be extracted and submitted for acute care settings:

- Days of antibiotic therapy (DOT) per 1,000 days present: A day of antibiotic therapy is defined by any amount of an antibiotic administered to a patient on a single calendar day. Each drug is counted independently. Patient-days are defined as the aggregate number of days patients were admitted to that hospital unit. This is a monthly collected measure from April 2017 to March 2018.
- Rate of *Clostridium difficile* infection (CDI) laboratory identifiable (LabID) events per 10,000 patient days: CDI LabID event is defined as the number of all non-duplicate *C. difficile* toxin-positive laboratory results. Patient-days are defined as the aggregate number of days patients were admitted to that hospital unit. This is a quarterly collection measure from April 2017 to March 2018.

Ambulatory Care Setting

The clinical measures include two key measures related to antibiotic use (see details below). Your answers will be important for the Johns Hopkins and the NORC team to understand how the antibiotic stewardship activities may impact the antibiotic use and related outcomes in your ambulatory care setting. Thank you for taking the time to work on the data extraction and submission.

Clinical measures to be extracted and submitted for ambulatory care settings:

- Antibiotic therapy prescription per 100 patient visits: An antibiotic therapy prescription is defined by any amount of an antibiotic administered to a patient. Each drug is counted independently. Patient-visits are defined as the aggregate number of visits made by any patient to that ambulatory care setting unit. This is a monthly collected measure from April 2017 to March 2018.
- Proportion of antibiotic use by non-antibiotic appropriate respiratory condition: Denominator is total number of patients with ICD-10 codes for non-antibiotic-appropriate respiratory conditions. Numerator is number of those patients who were prescribed antibiotics. Both denominator and numerator only reflect patients who had a visit to that ambulatory care setting unit. This is a monthly collected measure from April 2017 to March 2018.

Long-Term Care Setting

The clinical measures include four key measures related to antibiotic use (see details below). Your answers will be important for the Johns Hopkins and the NORC team to understand how the antibiotic stewardship activities may impact the antibiotic use and related outcomes in your unit. Please note the data you submit should only reflect residents who are housed in the unit that is participating in the project. Thank you for taking time to work on the data extraction and submission.

Clinical measures to be extracted and submitted for long-term care settings:

- Days of antibiotic therapy (DOT) per 1,000 resident-days: A day of antibiotic therapy is defined by any amount of an antibiotic administered to a resident on a single calendar day. Each drug is counted independently. Resident-days are defined as the aggregate number of days residents were housed to that nursing home unit. This is a monthly collected measure from April 2017 to March 2018.
- Rate of new antibiotic starts per 1,000 resident-days: Antibiotic starts is defined as prescriptions written after the resident has been admitted to the long-term care setting. Resident-days are defined as the aggregate number of days residents were housed to that nursing home unit. This is a monthly collected measure from April 2017 to March 2018.
- Number of urine culture collection per 1,000 resident-days: Urine culture collection is defined as the number of urine cultures obtained. Resident-days are defined as the aggregate number of days residents were housed to that nursing home unit. This is a monthly collected measure from April 2017 to March 2018.
- Rate of *Clostridium difficile* infection (CDI) laboratory identifiable (LabID) events per 10,000 resident-days: CDI LabID event is defined as the number of all non-duplicate *C. difficile* toxin-positive laboratory results. Resident-days are defined as the aggregate number of days residents were housed to that nursing home unit. This is a quarterly collection measure from April 2017 to March 2018.

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The confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.