## Participant Experience Survey
## Antibiotic Stewardship Cohort

Thank you for your participation in the AHRQ Safety Program for Improving Antibiotic Use in Telemedicine ("the Safety Program"). The following questions pertain to your experience implementing the AHRQ Safety Program for Telemedicine: Improving Antibiotic Use ("the Safety Program")

1. What is the most important change you implemented to achieve your antibiotic stewardship goals? *(open-ended response)*

2. What did you or your practice measure to determine whether your antibiotic stewardship goals were met? *(open-ended response)*

3. How did you or your practice ensure adequate support to implement the Safety Program? *(open-ended response)*

4. How did clinicians within your practice support implementation of the Safety Program? *(open-ended response)*

5. Are members of your practice aware of the Four Moments of Antibiotic Decision Making?

   ☐ Yes ☐ No

6. Have clinicians been incorporating the Four Moments of Antibiotic Decision Making into their daily clinical practice?

   ☐ Yes ☐ No

   6a. Why or why not? *(open-ended response)*

7. How did non-clinician staff within your practice support implementation of the Safety Program? *(open-ended response)*

8. In addition to the Four Moments Framework, did you implement any other processes or procedures to support your antibiotic stewardship goals? *(open-ended response)*

9. What barriers did you experience while implementing the Safety Program in your practice? (Please select all that apply)
   ☐ Health system-level barriers
   ☐ Practice-level barriers (e.g., leadership not invested in the program)
   ☐ Hesitation among colleagues
   ☐ Resistance among patients
   ☐ Other (please specify)

9a. For each barrier type selected, please give a specific example. *(open-ended response)*

10. What changes have you or your practice made to ensure proper antibiotic prescribing practices are sustained? *(open-ended response)*

11. Which of the following content areas included in the Safety Program were helpful to your daily practice? (*Select all that apply*)

☐ Community-acquired pneumonia
☐ Sinusitis
☐ Acute otitis media
☐ Influenza
☐ Bronchitis
☐ Respiratory tract infection
☐ Urinary tract infections
☐ Skin and soft tissue infections
☐ Sexually transmitted infections
☐ Antibiotic allergy assessment
☐ Other (please specify)

12. Were there specific tools or resources in the Safety Program that you found particularly helpful? Please list these.(*open-ended response*)

13. What additional content would have been helpful to include in the Safety Program? *(open-ended response)*