# **Participant Experience Survey**

## **Improving Antibiotic Use Cohort**

## **Telemedicine-Only Organizations**

### Thank you for your participation in the AHRQ Safety Program for Telemedicine: Improving Antibiotic Use (“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 organization measure to determine whether your antibiotic stewardship goals were met? *(open-ended response)*
3. How did you or your organization ensure adequate support to implement the Safety Program? *(open-ended response)*
4. Are you aware of the Four Moments of Antibiotic Decision Making?

[ ]  Yes [ ]  No

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

[ ]  Yes (please explain why:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  No (please explain why not:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Did non-clinician staff within your organization support implementation of the Safety Program?

[ ]  Yes (please explain why:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  No (please explain why not:\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Aside from or in addition to the Four Moments Framework, did you implement any other processes or procedures to support your antibiotic stewardship goals? *(open-ended response)*
2. What barriers did you experience while implementing the Safety Program in your practice? (Please select all that apply) For each barrier type selected, please give a specific example. *(open-ended response)*

[ ]  Health system-level barriers (Please give a specific example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  Organization-level barriers (e.g., leadership not invested in the program) (Please give a specific example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  Personal hesitation (Please give a specific example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  Resistance among patients (Please give a specific example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

[ ]  Other (please specify and provide a specific example:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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

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

[ ]  Sinusitis

[ ]  Ear pain

[ ]  Influenza

[ ]  Acute bronchitis/chest cold

[ ]  Symptomatic treatment of upper respiratory tract infections

[ ]  Urinary tract infections

[ ]  Cellulitis

[ ]  Sexually transmitted infections

[ ]  Antibiotic allergy assessment

[ ]  Pharyngitis/sore throat

[ ]  COVID-19

[ ]  RSV

[ ]  Potential harms of antibiotics

[ ]  Other (please specify)

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

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