

**Attachment E: Participant Experience Survey—Antibiotic Use Cohort  
Telemedicine-Only Organizations**

**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
  
5. 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: \_\_\_\_\_)
  
6. Did non-clinician staff within your organization support implementation of the Safety Program?  
 Yes (please explain why: \_\_\_\_\_)  
 No (please explain why not: \_\_\_\_\_)
  
7. 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*)
  
8. 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: \_\_\_\_\_)

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- 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*)