**Global Antimicrobial Resistance Laboratory and Response Network Performance Measurement Tool Crosswalk**

| **Item #** | **Form #** | **QID** | **Section Name** | **Original Question** | **New Question** | **Change** | **Justification** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | 1 & 2 | N/A | N/A | Any questions, section headers, or statements containing the word “capacity” | Questions will contain alternative wording such as “activities” | * Word “capacity” removed from tool language | * Refined language to better reflect program implementation activities |
| 2 | 1 | N/A | Recipient Information | N/A | Please select option(s) that best describes this organization (Select all that apply):   * Non-governmental Organization (NGO) * Government Organization * Academic Institution * Other | * New question added * Recipients will now select the option(s) that best describe the type of recipient organization completing the form * There will be an “Other, please specify:” option as well | * Will be helpful to capture the types of institutions we are partnering with in order to understand more about the network’s scope and reach in global AR * **No change to reporting burden** |
| 3 | 1 | N/A | Recipient Information | GARLRN Funded Strategy | Funded Strategy | * Removed GARLRN acronym | * Saves space on survey form * **No change to reporting burden** |
| 4 | 1 | N/A | Recipient Information | Please list all project pathogens (by strategy area): (Open-ended) | Please select the pathogen(s) of interest for this project   * Menu of pathogens from [AR Threats Report](https://www.cdc.gov/antimicrobial-resistance/media/pdfs/2019-ar-threats-report-508.pdf), plus Haemophilus influenzae and Neisseria meningitidis * Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Recipients will now select all that apply from a menu of pathogens. * There will be an “Other, please specify:” option as well | * Enables mostly standardized responses across all recipients * Reduces response burden for recipients * Saves time during analysis of data * **Reporting burden decreases by providing checklist of options that wouldn’t need to be manually typed in open-ended response** |
| 5 | 1 | 3 | Project Implementation | **List any major product(s)** (e.g., SOPs, job aids, manuscripts, posters, trainings, etc.) **developed within this budget period and specify location** (if applicable).  *If none, enter N/A* | List any major product(s) (e.g., SOPs, job aids, manuscripts, posters, trainings, etc.) developed within this budget period.  *If none, enter N/A* | * Removed “and specify location (if applicable)” | * No longer necessary for recipients to specify location for this response. * **Reporting burden decreases** |
| 6 | 1 | 1.a. | Laboratory Activities | Is regular external quality assurance assessment performed for AR testing at this project’s participant laboratories? | N/A | * Deleted question 1.a. from Form 1 * Question will be moved to Form 2, QID #13 | * The data is more relevant and insightful when collected for each individual laboratory site, therefore it is unnecessary to ask this question at the recipient level * **No change to reporting burden** |
| 7 | 1 | 1.b. | Laboratory Activities | Is there a national or central laboratory which performs quality assurance testing for this project? | Is there a national or central laboratory which provides external quality assessment (EQA) to subnational labs for this project? | * Word change in question language   + Assessment 🡪 assurance   + Performs 🡪 provides   + Removed word “testing”   + Added “to subnational labs” * QID is changing from 1.b. to just 1. | * Question wording changed to reflect accurate language for subject matter * **No change to reporting burden** |
| 8 | 1 | 1.a.ii. | Laboratory Activities | Describe the specimen submission criteria (frequency and type of specimens submitted), per country | Describe EQA (pathogens included, number of isolates or samples submitted, and frequency), by country. | * Question wording changed | * Wording consolidated for easy interpretation of question * **No change to reporting burden** |
| 9 | 1 | 2.a., 3.a., 4.a., 5.a., 6.a. | Laboratory Activities | What is the total number of labs at which training or other capacity building activities for achieving proficiency in …. | What is the total number of labs where training or other activities for performing… | Changed   * “at which” to “where” * “achieving proficiency in” to "performing”… | * More accurate/understandable wording * **No change to reporting burden** |
| 10 | 1 | 2.b., 3.b., 4.b., 5.b., 6.b. | Laboratory Activities | b. Describe the education and training standards held to determine proficiency in [name of testing method]. | N/A | * Removed sub-question b from questions 2-6 | * **Reporting burden decreases** |
| 11 | 1 | 1-4 | Surveillance Activities | Form 1, Section 3, Questions 1-4 | Form 2, Section 3, Questions 1-4 | * Deleted this section from Form 1 * Section will be added to Form 2 and completed for each individual laboratory site | * The data is more relevant and insightful when collected for each individual laboratory site, therefore it is unnecessary to ask this question at the recipient level * **Reporting burden may increase slightly depending on number of sites reported on** |
| 12 | 1 | N/A | Workforce Development Activities | **Please select the type of personnel that received training from this organization** (can be in collaboration with partners):  *(select all that apply)*  a) Laboratory  b) Data Manager  c) Healthcare Worker (including MOH/NPHL leadership)  d) Field-based personnel (community interviewer)  e) Other (please specify):\_\_\_\_\_\_\_\_\_\_\_\_  f) Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_  g) Trainings that were performed did not document types of personnel in attendance (please provide disaggregated number of personnel)  h) No personnel received training during this budget period (end of form) | **Please select the type of personnel that received training from this organization** (can be in collaboration with partners):  *(select all that apply)*  a) Laboratory  b) Epidemiologist/Data Manager  c) Healthcare Worker  d) Field-based personnel (community interviewer)  e) MOH/NPHL leadership  f) Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_  g) Trainings that were performed did not document types of personnel in attendance (please provide disaggregated number of personnel)  h) No personnel received training during this budget period (end of form) | * Option c removed “MOH/NPHL leadership” * Option c added “Epidemiologist” * Option e changed from “Other” to “MOH/NPHL leadership” * Healthcare Worker and “MOH/NPHL leadership” are now two separate answer options | * Additional answer options to help with efficiency in responding and in data analysis * **Reporting burden may increase slightly depending on how many types of personnel received training by recipient during this reporting period** |
| 13 | 1 | 5., 5.a., 5.b. | Workforce Development Activities | **Has competency testing been performed among the trained [**insert personnel type**] personnel?** | **N/A** | * Removed question 5 and follow up questions 5.a. and 5.b. | * Question would have been difficult to answer and not critical for data analysis * **Reporting burden decreases** |
| 14 | 2 | N/A | N/A | Form Instructions:  The following questions are related to project implementation with partners as well as referral network and surveillance practices at EACH hospital, health care facility (HCF) and/or laboratory that is participating in [*name of organization* autofill]'s Global AR Lab & Response Network project.  Please complete **FORM 2 for EACH partner, HCF/hospital, or laboratory**.  Recipients with projects in multiple countries or engaged with multiple partners or HCFS/hospitals/laboratories will be asked to specify country and partner/facility name on each form.  ***Please do not complete this form for:*** *Non-intervention labs or non-capacity building labs; labs at which no project activities are implemented* | Form Instructions:  The following questions are related to project implementation with partners, as well as referral network and surveillance practices at EACH hospital, health care facility (HCF) and/or laboratory that is participating in the recipient’s Global AR Lab & Response Network project.  Please complete **FORM 2 for EACH partner, HCF/hospital, or laboratory** that is engaged for this project.  Recipients with projects in multiple countries or engaged with multiple partners/ HCFS/ hospitals/ laboratories will complete FORM 2 for each one. | * Wording changes to instructions | * Wording changed to enhance clarity of instructions and to avoid confusion for recipients * **No change to reporting burden** |
| 15 | 2 | 2 | Partner or Laboratory Site Information | Select the option that best describes the laboratory or healthcare facility site(i.e., where is this partner based?)**:** | Select the option that best describes the level of the health system that the laboratory or healthcare facility site supports   * 1. National level   2. Regional, state or provincial level   3. District or local level   4. Other (Please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Removed option “d. Private facility or laboratory type” * Added two sub questions based on responses provided during piloting of tool | * Determined it might be helpful to focus on level of service in the lab or healthcare facility site. And ask in a separate question about status as private or public facility as well as university affiliated * **No change to reporting burden** |
| 16 | 2 | 2.a. | Partner or Laboratory Site Information | N/A | 2.a. Is this lab or healthcare site part of an academic institution? Y/N | * Two sub-questions will now follow question 2 | * These questions are meant to capture the sites that might be categorized as a private HCW organization or lab or facility site that is part of an academic institution * **No change to reporting burden** |
| 17 | 2.b. | 2.b. Is this lab or healthcare site part of a private organization |
| 18 | 2 | 6. | Project Implementation Phase | 6. Select the phase that best describes where this site or partner currently is in implementation of project: | 1. Select the implementation phase that best describes this partner’s and/or site’s stage in the project, as it currently stands: | * Reworked original wording of question | * Changes based on feedback and latest data analysis, which showed different interpretations of the prompt when answering * **No change to reporting burden** |
| 19 | 2 | 9. | Laboratory Network Activities | 9.i. Testing methods performed on project pathogen of interest  **Culturing** –   * chromAgar Candida; * Gram staining; * Regan-Lowe B. pertussis testing; * Other (please specify):; * Unknown   **AST** –   * Broth microdilution; * Disk diffusion; * E test; * Multiplex PCR; * Vitek 2 * Other (please specify):; * Unknown   **Phenotypic** –   * API * Biochemical tests * MADLI-TOF * Vitek 2 * Other (please specify):; * Unknown   **Genotypic** –   * Multiplex RT-PCR * Other (specify):; * Unknown   **WGS** – this method is still open ended | 9.i. Testing methods performed on project pathogen of interest,  **Culturing** – only in context of project pathogen(s) of interest   * Enteric bacteria culture * Invasive bacteria culture * N. gonorrhoeae culture * Candida sp. Culture * Other fungal culture * Other bacterial culture * Other (please specify): ; * Unknown   **AST** – only in context of project pathogen(s) of interest   * Broth microdilution (e.g. Sensititre); * Disk diffusion; * Gradient test/E test; * Agar dilution; * Vitek 2 * Other automated device (e.g. Phoenix, Microscan) * Other (please specify):; * Unknown   **Phenotypic** – only in context of project pathogen(s) of interest   * API (manual) * MALDI-TOF (e.g. Bruker, Vitek MS) * Vitek 2 * Chromogenic Media (e.g. CHROMagar) * Colormetric Tests (e.g. Carba NP, Blue-Carba) * Lateral Flow Assay (e.g. Carba 5) * mCIM * Serotyping * Other biochemical tests * Other (please specify): ; * Unknown   **Genotypic** – only in context of project pathogen(s) of interest   * PCR * RT-PCR/qPCR * Cepheid Xpert (e.g. Carba-R) * LAMP * Hologic Panther * Other (specify):; * Unknown   **WGS** – only in context of project pathogen(s) of interest  **What type of sequencing are you doing?**   * Whole Genome Sequencing * Short-read * Long-read * Direct Amplicon Sequencing * Next Generation Sequencing * Sanger Sequencing * Other, please specify   **What instrument(s) are you using?**   * Illumina   + Please specify machine:     - MiSeq     - NextSeq     - MiniSeq     - Other, please specify: * Pacific Bio (PacBio)   + Please specify machine:     - Revio     - Vega     - Onso     - Other, please specify: * Oxford Nanopore Technologies   + Please specify machine:     - MinION     - GridION     - PromethION     - Other, please specify: * Other, please specify | - Additional answer options provided in follow up questions for each testing method being completed to ensure standardized response. Also, additional question asking about type of WGS instrument used in. | * Enables mostly standardized responses across all recipients * Saves time during analysis of data * **Reporting burden decreases by providing checklist of options that wouldn’t need to be manually typed in open-ended response** |
| 20 | 2 | 13. & 13.a.i./ii. | Laboratory Network Activities | Is regular external quality assessment performed for AR testing at this project’s participant laboratories?  *If yes, please describe:*   * + 1. *The type and frequency of these QA activities*     2. *The total number of participant laboratories currently enrolled.*   (e.g., PulseNet EQA, 2 bacterial specimens/ year for identification and AST, etc) | Is regular external quality assessment performed for AR testing at this project’s participant laboratories?  13.a. If yes, please describe the type and frequency of these QA activities (*e.g., PulseNet EQA, 2 bacterial specimens/ year for identification and AST, etc)* | * Moved this question from Form 1 to Form 2, Section 2: Laboratory Network Activities to capture information at the laboratory site level * Removed question 13.a.ii.; only 13.a. remains | * The data is more relevant and insightful when collected for each individual laboratory site. In-depth conclusions cannot be drawn as easily from asking this question at the recipient level * **Reporting burden may increase slightly depending on number of sites reported on** |
| 21 | 2 | 1-4 | Surveillance Activities | *See Section 3 in Form 2 for all questions* | *Same as original questions* | * Moved Section 3: Surveillance Activities from Form 1 to Form 2 so that information can be captured at laboratory site level | * The data is more relevant and insightful when it reflects the surveillance practices of each individual laboratory site. In-depth conclusions cannot be drawn from asking this question at the recipient level * **Reporting burden may increase slightly depending on number of sites reported on** |