**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**
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| 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**
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| 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**
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| 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) Laboratoryb) Data Managerc) 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) Laboratoryb) Epidemiologist/Data Managerc) Healthcare Worker d) Field-based personnel (community interviewer) e) MOH/NPHL leadershipf) 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**
 |