

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): <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Menu of pathogens from AR Threats Report, 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). <i>If none, enter N/A</i>	List any major product(s) (e.g., SOPs, job aids, manuscripts, posters, trainings, etc.) developed within this budget period. <i>If none, enter N/A</i>	- 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

Item #	Form #	QID	Section Name	Original Question	New Question	Change	Justification
							unnecessary to ask this question at the recipient level - No change to reporting burden
7	1	1.b.	Laboratory Activities	Is there a <u>national or central laboratory</u> which performs quality assurance testing for this project?	Is there a <u>national or central laboratory</u> which provides external quality assessment (EQA) to subnational labs for this project?	<ul style="list-style-type: none"> - Word change in question language <ul style="list-style-type: none"> o Assessment → assurance o Performs → provides o Removed word “testing” o Added “to subnational labs” - QID is changing from 1.b. to just 1. 	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> - Question wording changed 	<ul style="list-style-type: none"> - 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...	<ul style="list-style-type: none"> - Changed - “at which” to “where” - “achieving proficiency in” to “performing”... 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Deleted this section from Form 1 - Section will be added to Form 2 and completed for each individual laboratory site 	<ul style="list-style-type: none"> - 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	Please select the type of personnel that received training	Please select the type of personnel that received training	<ul style="list-style-type: none"> - Option c removed “MOH/NPHL leadership” 	<ul style="list-style-type: none"> - Additional answer options to help with efficiency in

Item #	Form #	QID	Section Name	Original Question	New Question	Change	Justification
			Activities	from this organization (can be in collaboration with partners): <i>(select all that apply)</i> 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)	from this organization (can be in collaboration with partners): <i>(select all that apply)</i> 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 added "Epidemiologist" - Option e changed from "Other" to "MOH/NPHL leadership" - Healthcare Worker and "MOH/NPHL leadership" are now two separate answer options	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 [<i>name of organization</i> 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	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

Item #	Form #	QID	Section Name	Original Question	New Question	Change	Justification
				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			
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 a. National level b. Regional, state or provincial level c. District or local level d. 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:	6. 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 – <ul style="list-style-type: none"> chromAgar Candida; Gram staining; Regan-Lowe B. pertussis testing; Other (please specify);; Unknown AST – <ul style="list-style-type: none"> Broth microdilution; 	9.i. Testing methods performed on project pathogen of interest, Culturing – only in context of project pathogen(s) of interest <ul style="list-style-type: none"> Enteric bacteria culture Invasive bacteria culture N. gonorrhoeae culture Candida sp. Culture Other fungal culture Other bacterial culture 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-

Item #	Form #	QID	Section Name	Original Question	New Question	Change	Justification
				<ul style="list-style-type: none"> Disk diffusion; E test; Multiplex PCR; Vitek 2 Other (please specify);; Unknown <p>Phenotypic –</p> <ul style="list-style-type: none"> API Biochemical tests MADLI-TOF Vitek 2 Other (please specify);; Unknown <p>Genotypic –</p> <ul style="list-style-type: none"> Multiplex RT-PCR Other (specify);; Unknown <p>WGS – this method is still open ended</p>	<ul style="list-style-type: none"> Unknown <p>AST – only in context of project pathogen(s) of interest</p> <ul style="list-style-type: none"> 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 <p>Phenotypic – only in context of project pathogen(s) of interest</p> <ul style="list-style-type: none"> 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 <p>Genotypic – only in context of project pathogen(s) of interest</p> <ul style="list-style-type: none"> PCR RT-PCR/qPCR Cepheid Xpert (e.g. Carba-R) LAMP Hologic Panther Other (specify);; Unknown <p>WGS – only in context of project pathogen(s) of interest</p> <p>What type of sequencing are you doing?</p> <ul style="list-style-type: none"> Whole Genome Sequencing Short-read Long-read Direct Amplicon Sequencing Next Generation Sequencing Sanger Sequencing 		ended response

Item #	Form #	QID	Section Name	Original Question	New Question	Change	Justification
					<ul style="list-style-type: none"> • Other, please specify What instrument(s) are you using? <ul style="list-style-type: none"> • Illumina <ul style="list-style-type: none"> ○ Please specify machine: <ul style="list-style-type: none"> ▪ MiSeq ▪ NextSeq ▪ MiniSeq ▪ Other, please specify: • Pacific Bio (PacBio) <ul style="list-style-type: none"> ○ Please specify machine: <ul style="list-style-type: none"> ▪ Revio ▪ Vega ▪ Onso ▪ Other, please specify: • Oxford Nanopore Technologies <ul style="list-style-type: none"> ○ Please specify machine: <ul style="list-style-type: none"> ▪ MinION ▪ GridION ▪ PromethION ▪ Other, please specify: • Other, please specify 		
20	2	13. & 13.a.i./ii.	Laboratory Network Activities	<p>Is regular external quality assessment performed for AR testing at this project's participant laboratories?</p> <p><i>If yes, please describe:</i></p> <p><i>i. The type and frequency of these QA activities</i></p> <p><i>ii. The total number of participant laboratories currently enrolled. (e.g., PulseNet EQA, 2 bacterial specimens/ year for identification and AST, etc)</i></p>	<p>Is regular external quality assessment performed for AR testing at this project's participant laboratories?</p> <p>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)</p>	<ul style="list-style-type: none"> - 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 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - Moved Section 3: Surveillance Activities from Form 1 to Form 2 so that information can be captured at laboratory site level 	<ul style="list-style-type: none"> - 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

Item #	Form #	QID	Section Name	Original Question	New Question	Change	Justification
							increase slightly depending on number of sites reported on