

Facility Demographics

Antibiotic stewardship is a set of commitments and actions designed to optimize the treatment of infections while reducing the adverse events associated with antibiotic use. Antibiotic stewardship programs reduce inappropriate antibiotic use by ensuring that patients get the right antibiotic, at the right time and dose for the right duration. The objectives of this survey is to explore the status of and barriers to implementation of antibiotic stewardship programs in long term care in Alaska.

1. What is the name of your facility?

2. What is your facility's address?

3. What is the number of certified beds in your facility?

4. Is your facility linked with a hospital or healthcare system? Choose all that apply.

- Associated with an acute care hospital in Alaska
- Physically connected to an acute-care hospital
- Part of a larger system of healthcare facilities
- None of these- my facility is a standalone
- Other (please specify)

5. Who is completing this survey?

6. What is your job role?

- Infection Preventionist
- Pharmacist
- Medical Director
- Director of Nursing
- Floor Nurse
- Other (please specify)

Available resources

7. How does your facility access pharmacy services?

- We have a relationship with a hospital and use their pharmacist
- We have a relationship with a local commercial pharmacy for consulting
- We have our own pharmacist
- We have a corporate/health system/shared pharmacist we can consult
- We don't consult pharmacists, other than to get prescriptions filled
- Other (please specify)

8. Describe the scheduling and availability of pharmacy services at your facility- how often is a pharmacist on-site? How many hours per month of clinical pharmacist time?

9. How are new antibiotic prescriptions for residents started at your facility?

- At the request of the residents' personal healthcare provider after a visit
- By an in-house provider
- In accordance with standing orders by facility staff
- Other (please specify)

10. Does your facility have access to an infectious disease specialist?

- We have a relationship with one
- We go through a hospital/healthcare system to get an ID consult
- No, we do not
- I don't know
- Other (please specify)

Antibiotic Stewardship Program

11. Does your facility have an antibiotic stewardship program?

- Yes
- Sort of- we've just started one
- No
- We're part of a hospital stewardship program
- I don't know

12. Are providers at your facility interested in antibiotic stewardship?

- Yes, definitely!
- There's some interest
- Our providers might be, but need to know more
- No, there is little interest in antibiotic stewardship here
- Other (please specify)

13. Leadership: Has your facility leadership demonstrated support for antibiotic stewardship in any of the following ways (select all that apply):

- Written statement of leadership support for improving antibiotic use
- Including stewardship-related duties in position descriptions for the medical director, clinical nurse leads, and/or consultant pharmacists
- Leadership monitors whether stewardship policies are followed
- Leadership reviews antibiotic use and/or resistance data
- Leadership communicates with staff in ways that promote stewardship
- None of the above
- Other (please specify)

14. Has your facility made one or more of the following people accountable for completing antibiotic stewardship activities? Select all that apply.

- Medical Director
- Director of Nursing
- Consultant pharmacist
- Infection Preventionist
- Quality Improvement Officer
- No
- Other (please specify)

15. Have those accountable for completing antibiotic stewardship activities had formal training or certification in antibiotic stewardship?

- Yes
- No
- Not applicable

16. Does your facility have access to antibiotic stewardship experts, such as any of the following? Select all that apply.

- Infectious disease specialist
- Consultant pharmacist with infectious disease or antibiotic stewardship training
- Stewardship team at a local hospital
- Specific antibiotic stewardship consultant
- None of the above
- Other (please specify)

17. Does your facility have any of the following policies to improve antibiotic prescribing and use in place? Select all that apply.

- Requirement for prescribers to document a dose, duration, and indication for all antibiotic prescriptions
- A facility-approved algorithms for assessing residents suspected of having an infection
- A facility-approved algorithm for appropriate diagnostic testing (like obtaining cultures) for one or more infectious syndromes
- A facility-specific treatment recommendation or order sets for one or more infectious syndrome
- Pre-approval required for certain antibiotics
- Antibiotic choice limited to agents listed in the formulary
- None of the above
- Other (please specify)

18. Does your facility have any of the following practices in place to improve antibiotic use? Select all that apply.

- Facility-approved algorithms or decision support tools are routinely used to assess residents suspected of having an infection
- Delirium assessment tool is routinely used for residents to aid in differentiating infectious from non-infectious causes of delirium
- Staff routinely communicate antibiotic use, infection, and colonization status when residents are transferred in or out of the facility
- Staff routinely review antibiotic orders in conjunction with culture results and an updated assessment of clinical symptoms within 72 hours of starting antibiotics ("Antibiotic time-out") to determine if de-escalation or stopping antibiotics is indicated
- Staff routinely document clinical assessment with all antibiotic starts
- Staff routinely document whether residents with suspected UTI have signs and symptoms that meet the updated McGeer surveillance definition for UTI
- Staff routinely use antibiotic order sets for common infectious syndromes to improve antibiotic use
- None of the above
- Other (please specify)

19. Does your consultant pharmacist support antibiotic stewardship activities in any of the following ways? Select all that apply.

- Reviews antibiotic courses for appropriateness of administration and indication
- Establishes standards for monitoring for adverse drug events from antibiotic use
- Reviews microbiology culture data to assess and guide antibiotic intervention
- No, none of the above
- Other (please specify)

20. How often does your pharmacist engage in antibiotic stewardship activities with your facility? Select all that apply.

- Never
- Monthly
- Weekly
- On antibiotic order
- Other (please specify)

21. Does your facility monitor any of the following indicators for antibiotic prescribing? Select all that apply.

- Adherence to clinical assessment documentation (i.e. signs and symptoms)
- Adherence to prescribing documentation (dose, duration, and indication)
- Adherence to facility's treatment recommendations or guidelines for specific conditions
- None of the above
- Other (please specify)

22. Does your facility track antibiotic use for one or more agents in any of the following ways? Select all that apply.

- Point-prevalence surveys of antibiotic use
- Rate of new antibiotic starts
- Rate of antibiotic days of therapy (DOT)
- None of the above
- Other (please specify)

23. Does your facility monitor outcomes of antibiotic use in any of the following ways? Select all that apply.

- Rates of *Clostridium difficile* infection
- Rates of antibiotic resistant organisms, such as MRSA or CRE
- Rates of adverse drug events due to antibiotics
- None of the above
- Other (please specify)

24. Does your facility provide any of the following antibiotic stewardship-related data to staff? Select all that apply.

- Measures of antibiotic use at the facility
- Measures of outcomes related to antibiotic use, like *C diff* rates
- Report of facility antibiotic susceptibility patterns (i.e. a facility antibiogram)
- Personalized feedback on antibiotic prescribing practices to individual clinicians
- Measures of documentation of clinical assessment
- None of the above
- Other (please specify)

25. Does your facility provide education about antibiotic use and antibiotic stewardship to any of the following groups? Select all that apply.

- Clinical providers (MDs, NPs, PAs, etc.)
- Nursing staff (RNs, LPNs, CNAs)
- Residents and families
- Other (please specify)

26. How often is antibiotic stewardship education provided to staff? Select all that apply.

- At hire for new staff
- Annually
- Quarterly
- Monthly
- As needed
- Other (please specify)

27. How often is antibiotic stewardship education provided to residents and their families? Select all that apply.

- When new residents arrive
- Annually
- Quarterly
- Monthly
- As needed
- Other (please specify)

Barriers and Needs

28. Which of the following are barriers to antibiotic stewardship at your facility? Select all that apply.

- Lack of access to pharmacy expertise
- Lack of access to infectious disease expertise
- Lack of access to diagnostic/microbiological information
- Lack of interest from leadership
- Lack of interest from providers
- Resident/family concerns
- Difficulty with data collection
- Insufficient staff time to engage in stewardship
- Lack of knowledge about how to do antibiotic stewardship
- Financial cost
- Lack of IT system to support antibiotic stewardship activities
- Other (please specify)

29. Which of the following is the BIGGEST barrier to antibiotic stewardship at your facility?

- Lack of access to pharmacy expertise
- Lack of access to infectious disease expertise
- Lack of access to diagnostic/microbiological information
- Lack of interest from leadership
- Lack of interest from providers
- Resident/family concerns
- Difficulty with data collection
- Insufficient staff time to engage in stewardship
- Lack of knowledge about how to do antibiotic stewardship
- Financial cost
- Lack of IT system to support antibiotic stewardship activities
- Other (please specify)

30. Which of the following resources would help your facility start or continue your stewardship program? Select all that apply.

- Training for nursing staff
- Training for clinical providers
- Assistance in forming a stewardship committee
- Education/outreach to facility leadership
- Resources for patient education
- Assistance with data collection and analysis
- Assistance accessing infectious disease expertise
- Assistance accessing pharmacy expertise
- Assistance developing a work plan for the stewardship program
- Other (please specify)

31. Which of the following resources would be the MOST HELPFUL?

- Training for nursing staff
- Training for clinical providers
- Assistance in forming a stewardship committee
- Education/outreach to facility leadership
- Resources for patient education
- Assistance with data collection and analysis
- Assistance accessing infectious disease expertise
- Assistance accessing pharmacy expertise
- Assistance developing a work plan for the stewardship program
- Other (please specify)

32. Please share with us any other information regarding your facility, stewardship program, and needs you think we should know.