Supplementary Material

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| Nursing Stewardship Survey Questions |
| Q1. In which care setting do you usually work? |
| Answer Choices |
| 1. Medical-Surgical
 |
| 1. Critical Care Unit
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| 1. Progressive Care/Step-Down Unit
 |
| 1. Emergency Department
 |
| 1. Outpatient/Ambulatory Care Network
 |
| 1. Preoperative/Post Anesthesia Care Unit
 |
| 1. Operating Room
 |
| 1. Inpatient Obstetrics
 |
| 1. Behavioral Health
 |
| 1. Other (please specify)
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| Q2. At which hospital campus do you regularly work? |
| Answer Choices |
| 1. Hospital A
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| 1. Hospital B
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| 1. Hospital C
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| 1. Hospital D
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| 1. Hospital E
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| Q3. Do you routinely care for pediatric patients? |
| Answer Choices |
| 1. Yes
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| 1. No
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| Q4. How many years have you worked at this hospital? |
| Answer Choices |
| 1. Less than 1 year
 |
| 1. 1-5 years
 |
| 1. 5-9 years
 |
| 1. 6-10 years
 |
| 1. More than 10 years
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| Q5. How many years of nursing experience do you have? |
| Answer Choices |
| 1. Less than 1 year
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| 1. 1-5 years
 |
| 1. 3-5 years
 |
| 1. 6-10 years
 |
| 1. More than 10 years
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| Q6. Mark which of the following you have obtained: |
| Answer Choices |
| 1. Associate's degree/diploma
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| 1. Bachelor's degree in Nursing
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| 1. Bachelor's degree outside of Nursing
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| 1. Master's degree in Nursing
 |
| 1. Master's degree outside of Nursing
 |
| 1. Doctoral degree in Nursing
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| 1. Doctoral degree outside of Nursing
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| Q7. Are you certified in your professional practice? For example: CCRN, CPAN, BC, CNOR, CEN, etc. |
| Answer Choices |
| 1. Yes
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| 1. No
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| Q8. I am familiar with the phrase "antimicrobial stewardship." |
| Answer Choices |
| 1. Strongly agree
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| 1. Agree
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| 1. Disagree
 |
| 1. Strongly disagree
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| Q9. Which of the following defines the phrase "antimicrobial stewardship"? |
| Answer Choices |
| 1. Appropriate billing for the use of antimicrobial agents.
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| 1. Infectious diseases consultations for patients on antibiotics.
 |
| 1. Ensuring optimal antimicrobial agent, dose, and duration.
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| 1. Training a limited number of staff who are responsible for ordering antibiotics.
 |
| 1. Tracking adverse events and toxicities associated with antibiotic interactions with other drugs.
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| Q10. I feel that nurses have a role to play in antimicrobial stewardship. |
| Answer Choices |
| 1. Strongly agree
 |
| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
 |
| 1. I'm not sure about what antimicrobial stewardship is.
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| Q11. When my patients are ordered for antibiotics, I initiate discussion regarding antibiotic orders (e.g., dose, route, appropriateness) with the ordering provider: |
| Answer Choices |
| 1. Strongly agree
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| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
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| Q12. It would be helpful if there was dedicated time during the workday where I could discuss my patients' antibiotics with the prescribing team. |
| Answer Choices |
| 1. Strongly agree
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| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
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| Q13. My patient has a culture report that has been finalized. It would be beneficial to my patient if I initiated a discussion with the prescriber to see if antibiotic orders need to be changed. |
| Answer Choices |
| 1. Strongly agree
 |
| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
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| Q14. What do you feel would be the main barriers to regularly initiating a discussion about antibiotics with prescribers when a patient’s culture report is finalized? Mark all that apply. |
| Answer Choices |
| * A discussion like this would not be well received by the prescriber
 |
| * I would want to know more about antibiotics and culture reports before starting a conversation like this
 |
| * I don’t think this should be my responsibility
 |
| * I don’t have time in my workflow for a conversation like this
 |
| * I don't know when a culture report has been finalized
 |
| * N/A -- I do not think there would be any significant barriers to implementing this
 |
| * Other (please specify)
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| Q15. When blood cultures are ordered because my patient has a new fever, I routinely: |
| Answer Choices |
| 1. Use two different sites to obtain blood cultures (i.e., two separate patient sticks used to obtain two sets of cultures)
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| 1. Use one site to obtain blood cultures (i.e., one patient stick used to obtain both sets of blood cultures)
 |
| 1. Drawing blood cultures is not one of my job responsibilities
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| Q16. I routinely obtain at least one set of blood cultures from a peripheral stick when my patient has an indwelling central line or a PICC line. |
| Answer Choices |
| 1. Strongly agree
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| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
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| Q17. I can identify broad spectrum and narrow spectrum antibiotics. |
| Answer Choices |
| 1. Strongly agree
 |
| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
 |
| 1. N/A -- I'm not sure of the difference between broad spectrum and narrow spectrum antibiotics
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| Q18. I regularly experience challenges administering antibiotics on time. |
| Answer Choices |
| 1. Strongly agree
 |
| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
 |
| 1. Often (i.e., most of my patients)
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| Q19. What are the most common challenges you experience administering antibiotics on time? Mark up to three responses. |
| Answer Choices |
| * Patient's allergy status
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| * Lack IV access
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| * Unavailability of antibiotic (e.g., being prepared by pharmacy, awaiting delivery)
 |
| * Competing workload priorities
 |
| * Unaware the antibiotic order was placed (e.g., not logged into the electronic medical record or not informed about the order)
 |
| * Awaiting antibiotic approval by Infectious Disease
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| * Patient unavailable (e.g., patient out of the room for a test/procedure)
 |
| * Other
 |
| * If you selected other, please clarify what additional barriers you encounter regularly:
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| Q20. My patient has a new onset fever, may be septic, and is ordered for multiple antibiotics. I prioritize which antibiotic to give first by: |
| Answer Choices |
| 1. Giving the antibiotic with the shortest administration time first
 |
| 1. Asking the prescriber which antibiotic should be given first
 |
| 1. Giving whichever antibiotic is readily available first
 |
| 1. Administering broad spectrum antibiotics first
 |
| 1. Administering narrow spectrum antibiotics first
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| Q21. Most antibiotics are initially ordered as "STAT" orders. |
| Answer Choices |
| 1. Strongly agree
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| 1. Agree
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| 1. Disagree
 |
| 1. Strongly disagree
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| Q22. When a patient reports an allergy to a medication, I routinely ask the patient what the reaction to the medication was. |
| Answer Choices |
| 1. Strongly agree
 |
| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
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| Q23. A patient reports that he is allergic to penicillin, and states that the last time he had penicillin he developed severe vomiting. I would report this in the medical record as: |
| Answer Choices |
| 1. An allergy
 |
| 1. An intolerance
 |
| 1. I would not document anything because I would not know whether to document this as an allergy or an intolerance
 |
| 1. I would ask a colleague before documenting anything
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| Q24. You are caring for a patient who has begun to have multiple episodes of diarrhea within the last two hours. You suspect the patient might have C. difficile, but you aren't completely sure. Which of the following describes what you would do? Mark all that apply. |
| Answer Choices |
| 1. I would place an isolation cart in front of the patient’s room
 |
| 1. I would notify the provider about the diarrhea
 |
| 1. I would ask the provider to order loperamide (Immodium) for the patient
 |
| 1. I would collect a stool specimen and encourage the provider to order a test for C. difficile
 |
| 1. I would wait for the provider to give me instructions before doing anything
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| Q25. According to hospital policy, when caring for patients with C. difficile, staff are required to wash their hands with chlorhexidine-containing soap (e.g., Exidine) and water. Based on your experience, mark the top TWO barriers to always following this policy: |
| Answer Choices |
| * Belief that use of Purell after caring for a patient with C. difficile is appropriate
 |
| * A sink is not always readily accessible
 |
| * Forgetfulness of policy
 |
| * Chlorhexidine-containing soap (e.g., Exidine) is not available
 |
| * Staff are unaware that the patient has been placed on Special plus contact precautions (i.e., C. difficile precautions)
 |
| * Other (please specify)
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| Q26. When I observe another other staff member not wash their hands after leaving the room of a patient with C. difficile, I feel comfortable speaking up about what the correct procedure is. |
| Answer Choices |
| 1. Strongly agree
 |
| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
 |
| 1. N/A -- I rarely observe this behavior
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| Q27. Mark all that apply. I do not feel comfortable speaking up about the correct procedure because: |
| Answer Choices |
| 1. It's not my business/Not my place to correct
 |
| 1. I do not want to be confrontational
 |
| 1. Someone else reminded them before I could
 |
| 1. I am too busy
 |
| 1. I don't think this behavior will impact patients
 |
| 1. Other (please specify)
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| Q28. I would like to learn more about the role nurses can play in antibiotic stewardship. |
| Answer Choices |
| 1. Strongly agree
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| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
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| Q29. I would like more education about C. difficile infection prevention and control. |
| Answer Choices |
| 1. Strongly agree
 |
| 1. Agree
 |
| 1. Disagree
 |
| 1. Strongly disagree
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| Q30. Through which venue(s) would you be most interested in receiving additional education related to antimicrobial prescribing and resistance? Mark all that apply. |
| Answer Choices |
| * Huddle sessions with infectious disease physician or infection prevention nurse at start of shift
 |
| * Web-based reference resource (eLearning Module)
 |
| * Nursing grand rounds
 |
| * Daily pearls
 |
| * Hand-outs, pocket cards
 |
| * Other (please specify)
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| Q31. Please submit any additional feedback you have. |