

ASP Survey - PICNIC Group

Please complete the survey below.

Thank you!

Subject: Quality Improvement Project Participation Invitation for Characteristics of Antimicrobial Stewardship Programs at Paediatric Centres Across Canada

Dear Colleague,

Thank you for participating in our quality improvement project on Paediatric Antimicrobial Stewardship Programs (ASPs). This survey will go through the following:

- demographic information for your site
- the ASP structure at your institution
- types of ASP models used within your institution
- the metrics collected and monitored by your ASP
- the process measures utilized by your ASP

Please note, no patient information will be involved in this survey and no sensitive personal health information will be collected. Demographic information is being collected to follow-up on responses and to obtain information on paediatric beds (total patient days and breakdown amongst NICU/PICU/Cardiac ICU/Surgical patient days), number of solid organ transplants, and number of bone marrow transplants at your institution. Upon survey completion, results will available to be shared with participating sites and all individual/institutional names will be removed.

N.B. If you are part of an ASP that covers both paediatric and adult in-patient settings, please limit your answers to the paediatric section of your hospital.

We are asking you to complete the survey by May 25, 2015. We anticipate the survey will take 15 - 20 minutes to complete. If you need to pause the survey you can save your responses and continue later.

If you have any project related questions, please contact Dr. Michelle Science at michelle.science@sickkids.ca or Jacqueline Wong at Jacqueline.wong@sickkids.ca.

Thank you,

Jacqueline Wong
Infectious Diseases Fellow
The Hospital for Sick Children
Toronto, Ontario

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DEMOGRAPHIC INFORMATION

Name of hospital

Location (City, Province)

When was your institution's Antimicrobial Stewardship Program established?
(month, year)

Name of person completing the survey

((this information will only be used for follow-up on responses))

What is your role within ASP?

- Infectious Diseases Physician
- Generalist Physician
- Nurse
- Pharmacist
- Microbiologist
- Infectious Diseases Trainee
- Other

Please specify your role:

Have you had formal ASP training?

- Yes
- No

Please provide details of your ASP training (e.g. name of course/certificate, year completed)

If you are not primarily involved with the ASP program at your institution, could you please provide the contact information for another team member?

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THE ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP) STRUCTURE AT YOUR HOSPITAL

Multidisciplinary ASP team composition & full-time equivalents (FTEs) devoted to ASP.

As it applies to your institution's ASP team, please indicate each team member's number of FTEs (rounded up to the closest value)

	0.1	0.2	0.3	0.4	0.5	0.6	0.7	0.8	0.9	1.0	unkno wn
Pharmacist #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacist #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Diseases Physician #1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Diseases Physician #2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generalist Physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Data Analyst	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IT support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify additional role(s)

Are there ID trainees involved in the ASP?

- Yes
- No
- Unknown

ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP) TRAINING

Is there formal ASP training in your institution?

- Yes
- No

If formal ASP training exists, for which of your ASP team members? (Please select all that apply)

- Infectious Diseases Physician
- Generalist Physician
- Nurse
- Pharmacist
- Microbiologist
- Infectious Diseases Trainee
- Other

Please specify "Other" role

For the Infectious Diseases Physician, please describe the formal training available (e.g. through curriculum, additional certification, etc.)

For the Generalist Physician, please describe the formal training available (e.g. through curriculum, additional certification, etc.)

For the Nurse, please describe the formal training available (e.g. through curriculum, additional certification, etc.)

For the Pharmacist, please describe the formal training available (e.g. through curriculum, additional certification, etc.)

For the Microbiologist, please describe the formal training available (e.g. through curriculum, additional certification, etc.)

For the ID Trainee, please describe the formal training available (e.g. through curriculum, additional certification, etc.)

For the [other_asp_training_detail] please describe the formal training available (e.g. through curriculum, additional certification, etc.)

ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP) REPORTING STRUCTURE

Does your ASP have a formal reporting structure?

- Yes
- No

To whom does your ASP report and how often?

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ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP) MODELS USED AT YOUR INSTITUTION

Within the following areas of your hospital, please specify which ASP models are currently in use.
(select all that apply)

	Prospective audit & feedback	Formulary restriction	Pre-authorization	Clinical guidelines	Order form sets	Information technology solutions	No ASP in this area
Hospital Wide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
 - specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
 - types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
 - types of order sets
 - information technology (IT) solutions (e.g. TheraDoc or home-built database, etc.)

If you would prefer to upload a file with more details, please do so here

	Prospective audit & feedback	Formulary restriction	Pre-authorization	Clinical guidelines	Order form sets	Information technology solutions	No ASP in this area
Paediatric ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
 - specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
 - types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
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	Prospective audit & feedback	Formulary restriction	Pre-authorization	Clinical guidelines	Order form sets	Information technology solutions	No ASP in this area
Neonatal ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
- types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
- types of order sets
- information technology (IT) solutions (e.g. TheraDoc or home-built database, etc.)

If you would prefer to upload a file with more details, please do so here

	Prospective audit & feedback	Formulary restriction	Pre-authorization	Clinical guidelines	Order form sets	Information technology solutions	No ASP in this area
Cardiac ICU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
- types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
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	Prospective audit & feedback	Formulary restriction	Pre-authorization	Clinical guidelines	Order form sets	Information technology solutions	No ASP in this area
Haematology-Oncology Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
- types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
- types of order sets
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If you would prefer to upload a file with more details, please do so here

	Prospective audit & feedback	Formulary restriction	Pre-authorization	Clinical guidelines	Order form sets	Information technology solutions	No ASP in this area
Surgical Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify which surgical services in particular

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
- types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
- types of order sets
- information technology (IT) solutions (e.g. TheraDoc or home-built database, etc.)

If you would prefer to upload a file with more details, please do so here

	Prospective audit & feedback	Formulary restriction	Pre-authorization	Clinical guidelines	Order form sets	Information technology solutions
Other Services (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify which services in particular

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
- types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
- types of order sets
- information technology (IT) solutions (e.g. TheraDoc or home-built database, etc.)

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	Prospective audit & feedback	Formulary restriction	Pre-authorization	Clinical guidelines	Order form sets	Information technology solutions
Other Units (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify which units in particular

Please provide additional details, for example:

- frequency of prospective audit & feedback
- classes of medications involved in formulary restriction
- specific medications require pre-authorization (e.g. carbapenems, liposomal amphotericin B, foscarnet, etc.)
- types of clinical guidelines (e.g. febrile neutropenia, initial empiric antibiotics, anti-fungal use, etc.)
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MONITORING OF ANTIMICROBIAL USAGE

Please specify which of the following monitoring methods are used and where they are used in your institution (select all that apply)

	Hospital Wide	By Service (e.g. NICU, PICU, General Surgery, etc.)	By Unit (e.g. 7 East)
DOT (Days of Therapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antimicrobial Cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antimicrobial Resistance/Antibiograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other #1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other #2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please specify method "Other #1"

Please specify method "Other #2"

For which antimicrobial class is DOT data collected?

- Antibiotics
 Antifungals
 Antivirals
 ((Please select all that apply))

Please select which antibiotics

- all antibiotics
 carbapenems
 piperacillin-tazobactam
 3rd generation cephalosporins
 vancomycin
 quinolones
 other
 ((select all that apply))

Please list other antibiotics

Please select which antifungals

- all antifungals
 echinocandins
 amphotericin
 voriconazole
 posaconazole
 other
 ((select all that apply))

Please list other antifungals

Please select which antivirals

- all antivirals
 gancyclovir
 valgancyclovir
 foscarnet
 cidofovir
 ribavirin
 other
 ((select all that apply))

Please list other antivirals

Please feel free to upload a list of antimicrobial agents if you prefer

MONITORING OF INFECTIONS RELATED TO ANTIBIOTIC USE

	Hospital Wide	By Service (e.g. NICU, PICU, General Surgery, etc.)	By Unit (e.g. 7 East)	Not Monitored
Is C. Difficile associated diarrhea actively monitored? (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list which services monitor C. difficile associated diarrhea _____

Please list which units monitor C. difficile associated diarrhea _____

	Hospital Wide	By Service (e.g. NICU, PICU, General Surgery, etc.)	By Unit (e.g. 7 East)	Not Monitored
Are other antibiotic-use-related infections monitored? (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which infection? _____

Please list which services monitor [other_infection]? _____

Please list which units monitor for [other_infection]? _____

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PROCESS MEASURES UTILIZED BY YOUR INSTITUTION'S ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP)

Which data management system(s) is/are used?

- Clinical surveillance software
 Excel spreadsheet
 Database
 Other
 None
 ((select all that apply))

Please describe the data management system in use _____

MONITORING OF ANTIMICROBIAL STEWARDSHIP PROGRAM

	Hospital Wide	By Service (e.g. PICU, NICU, general surgery, etc.)	By Unit (e.g. 7 East)	Not Monitored
Where is hospital guideline adherence actively monitored? (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How is guideline adherence being monitored? _____

Please list which services monitor adherence to hospital guidelines _____

Please list which units monitor adherence to hospital guidelines _____

	Hospital Wide	By Service (e.g. PICU, NICU, General surgery, etc.)	By Unit (e.g. 7 East)	Not Documented
Are ASP recommendations documented? (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list which services _____

Please list which units _____

Please provide additional details, for example: _____

- List of where recommendations are documented (e.g. patient chart, ASP database, etc.)
- List of types of recommendations (e.g. broaden antimicrobial coverage, narrow to a specific agent, etc)

Hospital Wide

By Service (e.g. PICU, NICU, General surgery, etc.)

By Unit (e.g. 7 East)

Not Monitored

Where is adherence to ASP recommendations monitored?
(select all that apply)

Please list which services

Please list which units

END OF SURVEY

Thank you for completing our survey!

Before you click the "submit" button below, please
feel free to provide any additional details about
your ASP program
