

# Supplementary File 1. Survey Instrument

## Discharge Antimicrobial Stewardship Survey

**Thank you for participating in the Discharge Antimicrobial Stewardship Survey.**

**We request that you base your responses on your assessment of typical practices at your hospital/institution. If you do not directly know the answer to the question, we encourage you to consult with your ID division colleagues to obtain the most accurate data.**

**There should be one response per institution and data will only be presented in aggregate.**

1. What is your primary role in the division of Infectious Diseases (ID)?

- Medical Director, Antimicrobial Stewardship Program
- Infectious diseases physician affiliated with the Antimicrobial Stewardship Program
- Other infectious diseases physician
- ASP Pharmacist
- Other pharmacist
- Other (please describe)

1a. Please describe your role

\_\_\_\_\_

2. Which of the following best describes your practice setting?

- Free standing academic/university children's hospital
- Non-free standing, academic/university affiliated hospital with pediatric beds
- Free standing community children's hospital
- Community hospital with pediatric beds

3. How many pediatric beds (Pediatric/NICU/PICU) are in your hospital?

- Less than 50
- 50-100
- 101-200
- 201-300
- Greater than 300

### Antimicrobial Stewardship at Discharge

4. Antimicrobial stewardship can encompass a number of formalized activities (e.g. audit/feedback, clinical guidelines, etc.). In which settings does your antimicrobial stewardship program provide oversight or advice? Check all that apply.

- Inpatient
- Outpatient - Clinics
- Outpatient - Emergency Department
- Other (please describe)
- None of the above - we do not have any formal stewardship activities yet.

4a. Please explain the other settings your antimicrobial stewardship activities extends to.

---

5. Does your ASP review any antimicrobial prescriptions at the time of discharge?

- Yes  
 No

---

5a. Which categories of antimicrobial prescriptions does your ASP review at the time of discharge? (Check all that apply)

- IV restricted antimicrobials  
 All IV antimicrobials  
 Oral restricted antimicrobials  
 All oral antimicrobials  
 Other (please describe)

---

5b. Please describe the other categories of medications prescribed at discharge that are reviewed by your ASP

---

6. Which of the following stewardship strategies does your institution use at the time of hospital discharge? (Check all that apply)

- Clinical practice guidelines/ clinical pathways that explicitly recommend appropriate discharge antibiotics for specific conditions (eg, pneumonia, urinary tract infection, skin or soft tissue infection)  
 Electronic decision support (e.g, discharge ordersets, smart tools)  
 Inpatient (non-ASP) pharmacist reviews discharge prescriptions  
 Other (please describe)  
 No additional stewardship strategies are used

---

6a. Please describe in more detail any discharge stewardship strategies that are used at your institution (This includes details regarding categories checked above)

**7. At your institution, how frequently do you think the following issues occur regarding antibiotic prescriptions at the time of discharge? If you have not formally evaluated this issue at your institution, please answer based on your experience/impressions.**

	Rarely (< 10% of the time)	Sometimes (11-49% of the time)	Often (>=50% of the time)
a. Inappropriate drug selection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Incorrect dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Inappropriate route of therapy (PO vs IV)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Incorrect duration of therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Inappropriate formulation (liquid vs. pill)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Patients discharged without a lab toxicity monitoring plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Patients discharged without clinical follow-up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Antibiotic choice did not take into account specific challenges in patient's medical or social situation (e.g. working parent and an every 6 hour dosing regimen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7i. Please describe any other commonly observed problems with antimicrobial prescriptions at the time of discharge.

8. We recognize a number of issues may be present at your institution regarding antibiotic prescriptions at discharge. Please select the top 3 issues you would address using discharge stewardship interventions at your institution. (Select a maximum of 3 choices)

- Inappropriate drug selection
- Incorrect dose
- Inappropriate route of therapy (PO vs IV)
- Incorrect duration of therapy
- Inappropriate formulation (liquid vs. pill)
- Patients discharged without a lab toxicity monitoring plan
- Patients discharged without clinical follow-up
- Antibiotic choice did not take into account specific challenges in patient's medical or social situation (e.g. working parent and an every 6 hour dosing regimen)
- Other (please describe)

8a. Please describe any other high priority issues at your institution that could be addressed by your ASP at discharge.

---

9. Which inpatient clinical services, if any, present a particular concern or may be a high priority at your hospital for discharge stewardship? (Select all that apply)

- None
- General Pediatrics
- Pulmonary / Cystic Fibrosis
- GI
- Renal
- Cardiology
- Oncology
- Stem cell transplant
- Solid organ transplant
- General Surgery
- Cardiothoracic Surgery
- Otolaryngology
- Orthopedics
- Urology
- Other (please describe)

---

9a. Please list any other high priority clinical services:

---