Pediatric Outpatient ASP collaborative initial survey

This pediatric outpatient antimicrobial stewardship survey is intended to help us:

Understand pediatric outpatient antimicrobial stewardship programs (ASP) activities and support nationally,

Assess pediatric outptaient ASP needs, and

Elucidate areas among different institutions for future collaborations.

Your completion of this survey and submission of your responses implies your informed consent to participate in this research study.

Please have the person with most knowledge about your pediatric outpatient ASP effort complete this survey. We are requesting only one survey per institution. The survey will take 15-20 minutes to complete.

Basic information

Institution

_____

Primary point of contact for pediatric outpatient antimicrobial stewardship endeavors name and credentials

_____

Primary point of contact email address

_____

Role of responder

○ Pharmacist
○ Physician
○ Data analyst
○ Other

Please describe "other role"

_____

Choose the option that best describes your institution

○ Freestanding children's hospital (with or without affiliated pediatric clinics)
○ Children's hospital within a larger adult/pediatric healthcare system
○ Specialist children's hospital (e.g. children's cancer center)
○ Pediatric/neonatal units within an adult hospital
○ Specialist adult hospital (e.g. cancer hospital) with a pediatric ward
○ Pediatric long-term acute care facility
○ Other

Please describe "other institution type"

_____

What type of outpatient facilities does your institution have? (select all that apply)	☐ Primary care clinics ☐ Emergency department(s) ☐ Urgent care clinics (including a fast tract within an emergency department) ☐ Specialty clinics ☐ Affiliated primary care clinics ☐ Retail clinics ☐ None ☐ Other
How many emergency departments does your institution have?	_____
How many urgent care clinics does your institution have?	_____
Please describe "other outpatient facilities"	_____
What's your institution's primary Electronic Medical Record (EMR) ?	○ Epic ○ Cerner ○ AthenaHealth ○ eClinicalWorks ○ Allscripts ○ NextGen ○ Other ○ I don't know
Please specify "other EMR"	_____
Does your institution use an alternate EMR for outpatient settings (clinics, emergency departments, urgent care clinics)?	○ Yes ○ No ○ I don't know
What alternate EMR does your institution use for outpatient settings?	☐ Epic ☐ Cerner ☐ AthenaHealth ☐ eClinicalWorks ☐ Allscripts ☐ NextGen ☐ Other ☐ I don't know
Please specify "other EMR for outpatient"	_____

Assessment of Pediatric Outpatient Antimicrobial Stewardship Program (ASP)

Does your institution have dedicated FTE support for pediatric ASP?	○ Yes ○ No

How much physician FTE support does your institution provide for pediatric ASP (inpatient AND outpatient)? Note: an individual working full time for a full year is considered 1.0 FTE	○ 0 ○ 0.1 ○ 0.2 ○ 0.3 ○ 0.4 ○ 0.5 ○ 0.6 ○ 0.7 ○ 0.8 ○ 0.9 ○ 1.0 ○ >1.0

How much pharmacist FTE support does your institution provide for pediatric ASP (inpatient AND outpatient)? Note: an individual working full time for a full year is considered 1.0 FTE	○ 0 ○ 0.1 ○ 0.2 ○ 0.3 ○ 0.4 ○ 0.5 ○ 0.6 ○ 0.7 ○ 0.8 ○ 0.9 ○ 1.0 ○ >1.0

Does your institution have a dedicated pediatric outpatient ASP? A dedicated program implies applying the CDC's 4 core elements of outpatient ASP on a regular basis in the institution.	○ Yes ○ We have outpatient projects but no dedicated program ○ No

Are you working on developing a dedicated pediatric outpatient ASP program?	○ Yes ○ No

Does your institution have dedicated FTE support for pediatric outpatient ASP?	○ Yes ○ Shared FTE support for outpatient and inpatient ○ No FTE support for outpatient ASP

Please specify Pharm D FTE support for pediatric outpatient ASP Note: (an individual working full time for a full year is considered 1.0 FTE)	○ 0 ○ 0.1 ○ 0.2 ○ 0.3 ○ 0.4 ○ 0.5 ○ 0.6 ○ 0.7 ○ 0.8 ○ 0.9 ○ 1.0 ○ >1.0

Please specify physician FTE support for pediatric outpatient ASP Note: (an individual working full time for a full year is considered 1.0 FTE)	○ 0 ○ 0.1 ○ 0.2 ○ 0.3 ○ 0.4 ○ 0.5 ○ 0.6 ○ 0.7 ○ 0.8 ○ 0.9 ○ 1.0 ○ >1.0

Please specify other FTE support for pediatric outpatient ASP Note: (an individual working full time for a full year is considered 1.0 FTE)	○ 0 ○ 0.1 ○ 0.2 ○ 0.3 ○ 0.4 ○ 0.5 ○ 0.6 ○ 0.7 ○ 0.8 ○ 0.9 ○ 1.0 ○ >1.0

Please specify "other FTE role/discipline"	_____

Do your use a third-party computer surveillance system (eg. Vigilanz, MedMined, Theradoc, Sentri7) for outpatient ASP?	○ Yes ○ No

Which third-party computer surveillance system do you use for outpatient ASP?	◯ Vigilanz ◯ MedMined ◯ Theradoc ◯ Sentri7 ◯ Pathfinder ◯ Home-grown system ◯ Other
Please describe "other surveillance system"	_____
How much time do you estimate your group dedicates to pediatric outpatient ASP per week?	◯ < 1 h ◯ 1-5 h ◯ 6-10 h ◯ 11-15h ◯ 16-20h ◯ 21-25h ◯ 26-30h ◯ >30h
In which areas are you implementing your pediatric outpatient ASP? (select all that apply)	☐ None ☐ Within my institution ☐ Outside of my institution
In which areas within your institution are you implementing pediatric outpatient ASP? (select all that apply)	☐ Emergency departments ☐ Urgent care clinics ☐ Affiliated primary care clinics ☐ Affiliated specialty clinics ☐ Other
Please describe "other areas within your institution you're implementing pediatric outpatient ASP"	_____
Outside of your institutions, in what areas are you implementing outpatient ASP?	☐ Local pediatric emergency departments ☐ Local pediatric urgent care clinics ☐ Local pediatric primary care clinics ☐ Local adult/pediatric emergency departments ☐ Local adult/pediatric urgent care clinics ☐ Local adult/pediatric primary care clinics ☐ Other
Please describe "other areas outside of your institution"	_____

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Pediatric Outpatient ASP Interventions

What interventions have you done in your pediatric outpatient ASP (select all that apply)?

- ☐ Commitment letters
- ☐ Antibiotic use reports
- ☐ Individual prescriber cards
- ☐ Quality improvement projects
- ☐ Research studies
- ☐ Toolkits/ empiric antimicrobial guidance (including guidelines, algorithms, protocols)
- ☐ Educational activities
- ☐ Electronic Medical Record features (e.g. order sentences, prescription folders, order sets, etc)
- ☐ Antibiotic allergy clarification/de-labeling
- ☐ Collaborations outside of the institution
- ☐ Other
- ☐ None

Please describe "other interventions"

_____

Commitment letters:
Where are commitment letters displayed (select all that apply)

- ☐ Exam rooms
- ☐ Work rooms
- ☐ Waiting rooms
- ☐ Other

Please describe "other locations"

_____

Commitment letters:
Who are commitment letters signed by? (select all that apply)

- ☐ Administrative leadership
- ☐ ASP providers
- ☐ Frontline providers
- ☐ Division leaderships
- ☐ Other

Please describe "commitment letters signed by other"

_____

Antibiotic use reports:
Please choose the type of antibiotic use reports you have (select all that apply)

- ☐ Diagnosis-specific
- ☐ Location-specific
- ☐ Antimicrobial-specific
- ☐ Other

Please describe "other antibiotic use report"

_____

Antibiotic use reports:
What diagnoses are included in the diagnosis-specific reports? (select all that apply)

- ☐ Acute otitis media
- ☐ Community acquired pneumonia
- ☐ Sinusitis
- ☐ Skin and soft tissue infections
- ☐ Urinary tract infections
- ☐ Sexually transmitted infections
- ☐ Viral diagnoses
- ☐ Other

Please describe "other diagnoses captured in your antibiotic use report"

_____

Antibiotic use reports: How often do you run your antibiotic use reports?	○ Weekly ○ Monthly ○ Quarterly ○ Semi-annually ○ Annually ○ Other
Please describe "other frequency you run antibiotic use report"	_____
Antibiotic use reports: Who are the antibiotic use reports shared with? (select all that apply)	☐ No one ☐ Frontline clinicians ☐ Outpatient leadership ☐ ASP group ☐ Hospital Administration ☐ Other
Please describe "other people antibiotic use report is shared with"	_____
Antibiotic use reports: How do you share your antibiotic use reports? (select all that apply)	☐ Email ☐ Meeting ☐ Dashboard ☐ Other
Please describe "other ways you share your antibiotic use report"	_____
Individual prescriber cards: What data points are included on individual prescriber cards? (select all that apply)	☐ Overall antimicrobial prescription rate ☐ Diagnosis-specific antimicrobial prescription rate ☐ Rates of diagnoses ☐ Other
Please describe "other data on individual prescriber cards"	_____
Individual prescriber cards: What diagnoses are tracked on individual prescriber cards? (select all that apply)	☐ Acute otitis media ☐ Community acquired pneumonia ☐ Pharyngitis ☐ Sinusitis ☐ Skin and soft tissue infections ☐ Urinary tract infections ☐ Sexually transmitted infections ☐ Viral diagnoses ☐ Other
Please describe "other diagnoses on individual prescriber cards"	_____
Individual prescriber cards: How often do you evaluate the individual prescriber cards?	○ Weekly ○ Monthly ○ Quarterly ○ Semi-annually ○ Annually ○ Other
Please describe "other frequency for individual prescriber card"	_____

Individual prescriber cards:
How are individual prescriber cards shared with clinicians? (select all that apply)

☐ Email
☐ Meeting
☐ Dashboard
☐ Other

Please describe "other way prescriber cards are shared with clinicians"

_____

Quality improvement:
Briefly describe quality improvement work in your institution related to pediatric outpatient ASP

_____

Quality improvement:
Who is leading the quality improvement projects related to pediatric outpatient ASP in your institution?

◯ ASP
◯ Frontline-providers
◯ Mix of ASP members and frontline providers
◯ Other

Please describe "other leading quality improvement work"

_____

Research:
Briefly describe research projects related to pediatric outpatient ASP in your institution

_____

Guidance:
Describe the type of INTERNAL guidance provided for pediatric outpatient ASP (select all that apply)

☐ Guidelines/ algorithms/protocols
☐ Viral prescriptions pads
☐ Online toolkits
☐ Other

Please describe "other type of guidance"

_____

Guidance:
What diagnoses do you provide INTERNAL guidance for? (select all that apply)

☐ Acute otitis media
☐ Community acquired pneumonia
☐ Sinusitis
☐ Pharyngitis
☐ Skin and soft tissue infections
☐ Urinary tract infections
☐ Sexually transmitted infections
☐ Other

Please describe "other diagnoses with internal guidance"

_____

Guidance:
Do you provide EXTERNAL guidance (outside of your institution)?

◯ Yes
◯ No

Guidance:
Briefly describe EXTERNAL guidance provided for pediatric outpatient ASP

_____

Guidance: Who is external guidance shared with? (select all that apply)	☐ Local pediatric offices ☐ Local family practice offices ☐ Local emergency departments ☐ Local urgent care clinics ☐ Local pharmacies ☐ Nationally ☐ Other
Please describe "other groups external guidance is shared with"	_____
Education: What type of educational activities do you provide for pediatric outpatient ASP? (select all that apply)	☐ Lectures ☐ Case discussions/workshops ☐ Grand rounds ☐ Patient/family education ☐ Online material ☐ Other
Please describe "other educational activities"	_____
Education: Describe the audience if your pediatric outpatient ASP educational activities (select all that apply)	☐ Students/residents ☐ Primary care clinicians ☐ Emergency department clinicians ☐ Urgent care clinics clinicians ☐ Nurses ☐ Pediatric specialists ☐ Patients/families ☐ Other
Please describe "other audience for educational activities"	_____
EMR work: Describe work done in the Electronic Medical Record (select all that apply)	☐ Order sentences ☐ Prescriptions folders ☐ Order sets ☐ Indication for prescription ☐ Soft stops on orders ☐ Hard stops on orders ☐ ID approval requirement for broad-spectrum prescriptions ☐ Other
Please describe "other work done on EMR"	_____
Specify outpatient antimicrobial prescriptions for which you require ID approval	_____
Antibiotic allergy: Please describe antibiotic allergy clarification/de-labeling you have been performing in outpatient ASP (select all that apply)	☐ Formal clarification process ☐ Challenge protocol ☐ Antibiotic allergy delabeling clinic ☐ Other
Please describe "other allergy clarification/delabeling work"	_____

Antibiotic allergy: Who preforms the antibiotic allergy clarification process?	☐ Nurse ☐ Pharmacist ☐ Physician ☐ Other
Please describe "other person performing allergy clarification"	_____
Antibiotic allergy: Who runs the antibiotic allergy delabeling clinic?	○ Infectious diseases ○ Allergy/immunology ○ Both infectious diseases and allergy/immunology ○ Other
Please describe "other specialty running the allergy delabeling clinic"	_____
Collaborations: With which entities do you have pediatric outpatient ASP collaborations outside of your institutions? (select all that apply)	☐ Local health departments ☐ Local offices ☐ Another pediatric institution ☐ Other
Please describe other collaborations outside of your institution"	_____
Collaborations: Please describe activities related to collaborations outside of the institution	_____
What clinical condition(s) do you believe would be a good priority/target for outpatient antimicrobial stewardship intervention(s) at your institution?	_____
What are your barriers to performing outpatient ASP? (choose all that apply)	☐ Administrative support ☐ Financial support ☐ Time ☐ Clinician resistance ☐ Reaching floating providers/ moonlighters ☐ Being able to develop meaningful reports ☐ Other
Please describe "other barriers to pediatric outpatient ASP"	_____
Are you participating in a pediatric outpatient ASP collaborative? (Note: SHARPS-OP is the new collaborative that was initiated through SHARPS in July 2020)	☐ Yes, I joined the SHARPS-OP collaborative ☐ No, but I am interested in joining the SHARPS-OP collaborative ☐ Yes, I am involved in an outpatient ASP collaborative other than SHARPS-OP ☐ No
Please describe "other pediatric outpatient ASP collaborative"	_____

Assessment of SHARPS-OP Collaborative Goals

What are your program's greatest needs related to
pediatric outpatient ASP?

_____

Are there topics you'd like to see discussed in this
collaborative?

_____

What topic(s) would you be willing to discuss/ share
expertise on with the group?

_____

Which of the following are important for you to accomplish through this collaborative?

	Very important	Important	Somewhat important	Neutral	Not important
Help my institution develop a formal outpatient ASP	○	○	○	○	○
Engage in shared learning opportunities	○	○	○	○	○
Share resources among institutions	○	○	○	○	○
Benchmark against other institutions similar to mine	○	○	○	○	○
Create clear metrics/standards for outpatient ASP	○	○	○	○	○
Engage in national research studies	○	○	○	○	○
Collaborate on national quality improvement projects	○	○	○	○	○
Include community pediatricians in ASP interventions	○	○	○	○	○
Include non-pediatricians in ASP interventions	○	○	○	○	○
Evaluate subspecialty antibiotic use	○	○	○	○	○
Partner with national professional societies on large-scale multi-center projects	○	○	○	○	○

Are there any other goals you would hope to achieve through this collaborative?

_____

Final Comments

Please provide any additional comments/suggestions

_____