

Thank you for enrolling your hospital in the "Spotlight on Antimicrobial Stewardship Programs (ASP)" project, supported by the California Department of Public Health (CDPH) Healthcare-Associated Infections (HAI) Program. The intent of the project is to provide guidance to California hospitals as they work to implement and improve their ASPs, and to allow volunteer hospitals to demonstrate their capabilities and progress in ASP implementation.

You will be asked a series of questions aimed to showcase your facility's ASP, indicating if your facility performs specific activities recently defined by the California HAI Advisory Committee as those that constitute an ASP. We also ask that you designate one or more key staff members willing to serve as mentors to other hospitals seeking advice or assistance with ASP implementation. The information you provide will be posted to the HAI Program Antimicrobial Stewardship Program Initiative web page. (You will be asked to review for accuracy prior to posting).

We will update your hospital's information as additional ASP activities are initiated over time. You may also withdraw from the project at any time, and your hospital's information will be deleted from the web page within 10 working days.

Now, let's get started.

## 1. General information

<b>Your name:</b>	<input type="text"/>
<b>Hospital name:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
	<input type="text"/>
<b>City:</b>	<input type="text"/>
<b>County:</b>	<input type="text"/>
<b>Email:</b>	<input type="text"/>
<b>Phone:</b>	<input type="text"/>

## 2. Hospital type

- |  |  |
|--|--|
| <input type="checkbox"/> Community hospital            | <input type="checkbox"/> Rural hospital          |
| <input type="checkbox"/> Critical access hospital      | <input type="checkbox"/> Teaching hospital       |
| <input type="checkbox"/> Long-term acute care hospital | <input type="checkbox"/> Major teaching hospital |

Other (please specify)

## 3. Number of acute care beds (currently in use)

## 4. Adoption of ASP policy/procedures - Basic

	Yes	No
Has your hospital developed or adopted an institution-specific antimicrobial stewardship policy and/or procedures?	<input type="radio"/>	<input type="radio"/>
Has your ASP policy/procedure received final hospital approvals?	<input type="radio"/>	<input type="radio"/>
Is the policy in use throughout the hospital?	<input type="radio"/>	<input type="radio"/>
Are you willing to share your ASP policy/procedure on request?	<input type="radio"/>	<input type="radio"/>

Comments:

## 5. ASP committee or workgroup - Basic

	Yes	No
Has your hospital convened a multidisciplinary ASP committee or workgroup?	<input type="radio"/>	<input type="radio"/>
Is your ASP committee or workgroup overseen or supervised by a physician?	<input type="radio"/>	<input type="radio"/>

## 6. Frequency of ASP committee/workgroup meetings

- Monthly
- Quarterly
- Every six months
- Annually
- Not applicable - We do not convene an ASP committee or workgroup on a regular basis

Please describe your ASP committee membership

## 7. ASP support from a formally trained physician or pharmacist - Basic

	Yes	No
Is your ASP supported by a Physician who received formal antimicrobial stewardship training? If yes:	<input type="radio"/>	<input type="radio"/>
.....Was training from a recognized professional organization?	<input type="radio"/>	<input type="radio"/>
.....Was training a component of post graduate education?	<input type="radio"/>	<input type="radio"/>
Is your ASP supported by a Pharmacist who received formal antimicrobial stewardship training? If yes:	<input type="radio"/>	<input type="radio"/>
.....Was training from a recognized professional organization?	<input type="radio"/>	<input type="radio"/>
.....Was training a component of post graduate education?	<input type="radio"/>	<input type="radio"/>

Comments

## 8. ASP as quality improvement - Basic

	Yes	No
Are your ASP activities monitored to assess improvement over time?	<input type="radio"/>	<input type="radio"/>
Are your ASP activities routinely reported to your hospital quality improvement committee(s)?	<input type="radio"/>	<input type="radio"/>

If yes, please indicate which quality improvement committees

## 9. Annual antibiogram - Intermediate

	Yes	No
Does your hospital produce an annual antibiogram?	<input type="radio"/>	<input type="radio"/>
Is your antibiogram developed following Clinical Laboratory Standards Institute (CLSI) guidelines?	<input type="radio"/>	<input type="radio"/>
Do you distribute the antibiogram to all medical staff?	<input type="radio"/>	<input type="radio"/>
Do you provide follow-up education about the new antibiogram to medical staff?	<input type="radio"/>	<input type="radio"/>

Comments

## 10. Consistent approach to managing common infection syndromes - Intermediate

	Yes	No
Has your hospital adopted institutional guidelines for the management of common infection syndromes? If yes, indicate which of the following have been adopted.	<input type="radio"/>	<input type="radio"/>
Order sets?	<input type="radio"/>	<input type="radio"/>
Clinical pathways?	<input type="radio"/>	<input type="radio"/>
Empiric antimicrobial therapy guide?	<input type="radio"/>	<input type="radio"/>

Other (please specify)

## 11. Monitoring antibiotic use - Intermediate

	Yes	No
Does your hospital monitor usage patterns of any antimicrobials?	<input type="radio"/>	<input type="radio"/>
Are the monitored antibiotics selected based on a review of the hospital's antimicrobial resistance ecology?	<input type="radio"/>	<input type="radio"/>
Does your hospital monitor antibiotic use by Defined Daily Dose (DDD)?	<input type="radio"/>	<input type="radio"/>
Does your hospital monitor antibiotic use by Days of Therapy (DOT)?	<input type="radio"/>	<input type="radio"/>
Are you currently monitoring antimicrobial usage patterns?	<input type="radio"/>	<input type="radio"/>

How frequently are antimicrobial usage data summarized and reviewed by your hospital's ASP committee

## 12. ASP education of hospital staff - Intermediate

Yes No

Are hospital staff provided regular education about antimicrobial stewardship?  Yes  No

Is antimicrobial stewardship education provided to hospital committees?  Yes  No

If yes to either question, please indicate which staff/committees and the frequency of ASP education

## 13. Antimicrobial formulary - Advanced

Yes No

Does your hospital have an antimicrobial formulary?  Yes  No

Is the antimicrobial formulary reviewed annually?  Yes  No

Are changes to the formulary based on your hospital's antibiogram?  Yes  No

Has your antimicrobial formulary changed in the past 12 months?  Yes  No

Please briefly describe your antimicrobial formulary

## 14. Antimicrobial audits and feedback - Advanced

Yes No

Does your hospital audit antimicrobial prescribing?  Yes  No

Are audits performed prospectively (i.e. in real-time)?  Yes  No

Is feedback provided as a result of antimicrobial prescribing audits?  Yes  No

Are specific interventions suggested as a result of antimicrobial prescribing audits?  Yes  No

Briefly describe your feedback process

## 15. Formulary restriction requiring pre-authorization - Advanced

Yes No

Does your hospital formulary restrict any antimicrobials?  Yes  No

Do any restricted antibiotics require preauthorization in order to fill the prescription?  Yes  No

Which antimicrobials require preauthorization?

Please indicate one or more staff members willing to serve as mentors to other California hospitals. As a mentor, you will be expected to discuss your hospital's program, describe your role in ASP activities, and answer questions about specific ASP activities implemented by your hospital.

**16. Mentor name**

**17. Preferred contact method (enter your email address, phone number, or both)**

**18. Mentor occupation and role on ASP committee (select all that apply)**

- ASP committee chair or lead
- ASP committee member
- Physician
- Pharmacist
- Infectious disease (ID) physician
- ID pharmacist
- Hospital epidemiologist
- Infection preventionist
- Nurse
- Quality improvement/patient safety director
- Infection control committee chair
- Other (please specify)

**19. Mentor 2 name (optional)**

**20. Preferred contact method (enter your email address, phone number, or both)**

**21. Mentor 2 occupation and role on ASP committee (select all that apply)**

- ASP committee chair or lead
- ASP committee member
- Physician
- Pharmacist
- Infectious disease (ID) physician
- ID pharmacist
- Hospital epidemiologist
- Infection preventionist
- Nurse
- Quality improvement/patient safety director
- Infection control committee chair
- Other (please specify)

**22. Mentor 3 name (optional)**

**23. Preferred contact method (enter your email address, phone number, or both)**

**24. Mentor 3 occupation and role on ASP committee (select all that apply)**

- ASP committee chair or lead
- ASP committee member
- Physician
- Pharmacist
- Infectious disease (ID) physician
- ID pharmacist
- Hospital epidemiologist
- Infection preventionist
- Nurse
- Quality improvement/patient safety director
- Infection control committee chair
- Other (please specify)

Thank you for your participation. Staff from the HAI Program will be in touch to confirm receipt of your enrollment and ask for clarification as needed. Questions about this questionnaire or the Spotlight on ASP project should be sent to [CDPHHAIprogram@cdph.ca.gov](mailto:CDPHHAIprogram@cdph.ca.gov). If you wish to speak with someone about the project, please send an email with your phone number and the best times to reach you.