

## Antibiotic Stewardship in Louisiana Healthcare Facilities

The Louisiana Office of Public Health Healthcare-Associated Infections Prevention Program is conducting a statewide survey of healthcare facilities to determine antibiotic stewardship practices and capacities including, collaboration between key partners within your facility, antibiotic review programs, and capacity to test for resistance. This survey should take about 15 minutes.

You may need to collaborate with your facility's infectious disease physician, pharmacist, or laboratory director to answer some of these questions. If your facility has a formal, written antibiotic stewardship plan, it may be helpful to have it available before beginning this survey.

Your participation is extremely valuable. Our goal in performing this survey is to get a better understanding of antibiotic stewardship programs and capacities so that we can better tailor education and support to combat antimicrobial resistance in Louisiana.

We will make our final summary available on our website and notify all participating facilities.

### Respondent Information:

Name	
Phone	
E-mail Address	
Hospital Name	
Street Address	

### Section 1. Antibiotic Stewardship

1. Does your facility have a formal, written statement of support from leadership that supports efforts to improve antibiotic use?  
 Yes  
 No
2. Does your facility receive any financial support for antibiotic stewardship activities?  
 Yes  
 No
3. Is there a physician leader responsible for program outcomes of stewardship activities at your facility?  
 Yes  
 No
4. Does your facility have an infectious disease physician available for consults 24/7?  
 Yes  
 No
5. Is there a pharmacist leader responsible for working to improve antibiotic use at your facility?  
 Yes  
 No

6. Do the pharmacists function as clinical pharmacists or strictly order entry?
- Clinical pharmacists
  - Order entry
7. Does your facility have satellite pharmacies?
- Yes
  - No
8. Does your facility have a physician or pharmacist review courses of therapy for specified antibiotic agents?
- Yes
  - No
- 8a. If yes, which staff member is responsible for the review of specified antibiotic agents?
- Physician
  - Pharmacist
  - Both
  - Other (specify): \_\_\_\_\_
9. Do any of the staff below work with the stewardship leaders to improve antibiotic use? (Check all that apply)
- Clinicians
  - Infection prevention and healthcare epidemiology
  - Quality improvement
  - Microbiology
  - Information technology
  - Nursing
  - Other (specify): \_\_\_\_\_
10. Does your stewardship program provide education to clinicians and other relevant staff on improving antibiotic prescribing?
- Yes
  - No
- 10a. If yes, how frequent is staff education of antibiotic stewardship? Select all that apply.
- Annually
  - Quarterly
  - Other (specify): \_\_\_\_\_
- 10b. Which staff members are offered antibiotic stewardship education? Select all that apply.
- Nurses
  - Physicians
  - Residents
  - Pharmacists
  - All
  - Other (specify): \_\_\_\_\_

11. How often do infection control, pharmacy, and microbiology meet to discuss the effectiveness of the program?
- Monthly
  - Quarterly
  - Semiannually
  - Annually
  - Never
  - Other (please specify): \_\_\_\_\_
12. Does your facility track rates of *Clostridium difficile* infection?
- Yes
  - No
- 12a. If yes, through which surveillance tool? Select all that apply.
- Surveillance package, e.g. EPIC, SafetySurveillor
  - National Healthcare Safety Network (NHSN)
  - Other (specify): \_\_\_\_\_
13. Does your facility track rates of Carbapenem-resistant Enterobacteriaceae (CRE)?
- Yes
  - No
- 13a. If yes, through which surveillance tool? Select all that apply.
- Surveillance package, e.g. EPIC, SafetySurveillor
  - National Healthcare Safety Network (NHSN)
  - Other (specify): \_\_\_\_\_
14. Does your facility have a formal procedure for all clinicians to review the appropriateness of all antibiotics 48 hours after the initial orders?
- Yes
  - No
15. Does your facility have a policy that requires prescribers to document in the medical records or during order entry a dose, duration, and indication for all antibiotic prescriptions?
- Yes
  - No
16. Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions?
- Yes
  - No
17. Does your facility have specific antibiotic agents that need to be approved by a physician or pharmacist prior to dispensing?
- Yes
  - No
- 17a. If yes, which families of antibiotics? Select all that apply.
- Cephalosporins, all
  - Cephalosporins, 3<sup>rd</sup> Generation
  - Carbapenems
  - Fluroquinolones
  - Other (specify): \_\_\_\_\_

18. Are the following actions implemented in your facility? (Check all that apply)
- Automatic changes from intravenous to oral antibiotic therapy in appropriate situations
  - Dose adjustments in cases of organ dysfunction
  - Dose optimization to optimize the treatment of organisms with reduced susceptibility
  - Automatic alerts in situations where therapy might be unnecessarily duplicative
  - Time-sensitive automatic stop orders for specified antibiotic prescriptions
19. Does your stewardship program monitor adherence to a documentation policy?
- Yes
  - No
  - Unknown
20. Does your facility produce an antibiogram (cumulative antibiotic susceptibility report)?
- Yes
  - No
- 20a. If yes, does your facility submit your antibiogram to the Louisiana Office of Public Health annually?
- Yes
  - No
21. Does your facility monitor antibiotic use at the unit and/or facility-wide level by one of the following metrics? (Check all that apply)
- By counts of antibiotic(s) administered to patients per day
  - By number of grams of antibiotic use
  - By direct expenditure for antibiotics
  - Other: \_\_\_\_\_
22. Does your facility track antibiotic use on paper or electronically?
- Paper
  - Electronically

## Section 2. Laboratory Capacity

23. Does your facility have an attached laboratory to which it sends all test specimens for identification?
- Yes
  - No
- 23a. If no, does your facility use a reference laboratory for testing all specimens?
- Yes
  - No
- 23b. If your facility uses a reference laboratory, on average, how long does it take to obtain results from the time of specimen collection?
- ≤1 business day
  - 2-3 business days
  - 4-5 business days
  - >5 business days

- 23c. If your facility sends any specimen samples to a reference laboratory, are results usually obtained within the required reporting time periods established by the Sanitary Code – State of Louisiana (within 24 hours for Class A diseases/conditions, within 1 business day for Class B diseases/conditions, and within 5 business days for Class C diseases/conditions)?
- Yes
- No
24. Which laboratory tests are routinely performed when testing specimens thought to be CRE? (Check all that apply)
- PCR
- Hodge Test
- Other (specify): \_\_\_\_\_
25. When testing for CRE, which genes for Carbapenemase/B-lactamase are tested for?
- bla<sub>KPC</sub> (Klebsiella Pneumoniae Carbapenemase)
- bla<sub>NDM-1</sub> (New Delhi metallo-B-lactamase)
- Other (specify): \_\_\_\_\_
26. Does the microbiology laboratory that performs cultures for your facility have an established system for alerting infection prevention staff in a timely manner (i.e., within 24 hours) whenever a CRE isolate is identified?
- Yes
- No
27. Which laboratory tests are routinely performed when testing specimens thought to be *C. difficile*? (Check all that apply)
- PCR
- Toxigenic testing
- Other (specify): \_\_\_\_\_

### Section 3. Environmental Cleaning

28. Is a UV technology system used as part of terminal cleaning of patient care areas?
- Yes
- No
29. Is there special protocol for terminal cleaning of rooms that have housed patients with CRE?
- Yes
- No
30. Is there special protocol for terminal cleaning of rooms that have housed patients with *C. difficile*?
- Yes
- No
31. Are environmental service personnel monitored to ensure adherence to appropriate terminal cleaning procedures?
- Yes
- No

**Section 4. Demographics**

32. How many full-time infection prevention staff are employed at your facility? \_\_\_\_\_

33. How large is your facility (bed size)? \_\_\_\_\_

34. Rank the cases requiring antibiotic treatment you most commonly see, e.g. wounds, surgical site infections? Indicate most frequent with 1.

1)

2)

3)

35. What is date your last antibiogram was generated? \_\_\_\_/\_\_\_\_/\_\_\_\_  
M M D D Y Y Y Y

36. Who manages your antibiogram review process? \_\_\_\_\_

37. Who, in your facility, is following trends in antimicrobial resistance? \_\_\_\_\_



Thank you for participating in the LAOPH Antibiotic Stewardship Survey. If you have additional questions about Antibiotic Stewardship, please visit the CDC website at: <http://www.cdc.gov/getsmart/>.

In addition, please fax or send us a copy of your 2014 antibiogram:

**Attention: Erica Washington**  
**Infectious Disease Epidemiology Section**  
**Fax: 504-568-8290**  
[Erica.Washington@LA.GOV](mailto:Erica.Washington@LA.GOV)

1. Were any of the questions asked during this survey unclear? Do you have any questions regarding this survey? Please explain below.

\_\_\_\_\_  
\_\_\_\_\_

2. Please provide us with contact information for your hospital's Laboratory Director:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_