

# SHARP Intake Questionnaire

Please complete the survey below.

Thank you!

## Hospital

- ☐ (AL) Children's of Alabama
- ☐ (MS) University of Mississippi Medical Center
- ☐ (AR) Arkansas Children's
- ☐ (CA) Rady Children's Hospital San Diego
- ☐ (CA) Lucile Packard Children's Hospital Stanford
- ☐ (CA) Children's Hospital of Los Angeles
- ☐ (CA) University of California San Francisco
- ☐ (CA) Valley Children's Healthcare
- ☐ (CO) Children's Hospital Colorado
- ☐ (CT) Connecticut Children's
- ☐ (DC) Children's National Medical Center
- ☐ (DE) Nemours-Alfred duPont
- ☐ (FL) Nicklaus Children's Hospital
- ☐ (FL) All Children's-St. Petersburg
- ☐ (FL) Nemours Children's Hospital - Orlando
- ☐ (FL) Holtz Children's Hospital
- ☐ (GA) Children's Healthcare of Atlanta
- ☐ (HI) Kapi'olani Medical Specialists
- ☐ (IL) Children's Hospital of Illinois
- ☐ (IL) Lurie Children's Hospital of Chicago
- ☐ (IL) St. Johns Children's Hospital - Springfield
- ☐ (IN) Riley Hospital for Children
- ☐ (KY) Kosair Children's Hospital
- ☐ (MA) Boston Children's
- ☐ (MI) Helen DeVos Children's
- ☐ (MI) University of Michigan
- ☐ (MN) Children's Hospital of Minnesota
- ☐ (MN) Mayo Clinic
- ☐ (MO) St. Louis Children's
- ☐ (MO) Children's Mercy Kansas City
- ☐ (MO) St. Louis University Hospital
- ☐ (MO) MU Women's and Children's Hospital
- ☐ (NC) Levine Children's Hospital
- ☐ (NE) Children's Hospital of Omaha
- ☐ (NJ) Bristol Myer Squib Children's
- ☐ (NJ) St. Barnabas Medical Center
- ☐ (NJ) Saint Peter's University Hospital
- ☐ (NY) Stony Brook Children's Hospital
- ☐ (NY) Buffalo Children's Hospital
- ☐ (NY) Cohen Children's Medical Center
- ☐ (OH) Akron Children's Hospital
- ☐ (OH) Nationwide Children's Hospital
- ☐ (OH) Rainbow Babies and Children's Hospital
- ☐ (OH) Cincinnati Children's
- ☐ (OR) Doernbecher Children's
- ☐ (PA) The Children's Hospital of Philadelphia
- ☐ (PA) Children's Hospital of Pittsburgh
- ☐ (SC) Medical University of South Carolina
- ☐ (TN) Le Bonheur Children's
- ☐ (TN) Monroe Carell Children's Hospital
- ☐ (TN) Vanderbilt University Medical Center
- ☐ (TN) St. Jude Children's Research Hospital
- ☐ (TX) Texas Children's
- ☐ (TX) Driscoll Children's Hospital - Corpus Christi
- ☐ (TX) Cook Children's - Fort Worth
- ☐ (TX) Dell Children's Medical Center
- ☐ (TX) Children's Hospital of San Antonio
- ☐ (TX) McLane Children's Scott & White Hospital
- ☐ (TX) University of Texas - Houston
- ☐ (UT) Primary Children's Hospital
- ☐ (WA) Seattle Children's Hospital
- ☐ (WI) American Family Children's - Madison
- ☐ (WI) Children's Hospital of Wisconsin

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**Responder Information**

Name of the responder \_\_\_\_\_

Email of the responder \_\_\_\_\_

Role of the responder ☐ Pharmacist  
☐ Physician  
☐ Data analyst  
☐ Other

Describe your role \_\_\_\_\_

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**Hospital Information**

Choose the option that best describes your hospital ☐ Freestanding children's hospital (with or without affiliated pediatric clinics)  
☐ Children's hospital contained 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  
☐ Other

Please describe your hospital \_\_\_\_\_

Is your hospital a teaching hospital? ☐ Yes  
☐ No

Please tell us the upper age limit for children admitted to your hospital. \_\_\_\_\_

Total bed count (only pediatric beds if in a hospital that has adult beds) \_\_\_\_\_

Total hospital admissions from 1/1/2015 to 12/31/2015 (only pediatric admissions if in a hospital with adult admissions) \_\_\_\_\_

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**Pediatric Intensive Care**

Does your center provide Pediatric Intensive Care (including invasive ventilation and inotropic support if required)? ☐ Yes  
☐ No

Does your center provide Pediatric Surgical Intensive Care? (you do not have to have a separate unit) ☐ Yes  
☐ No

Total PICU bed count \_\_\_\_\_

Total Cardiac Intensive Care Unit (CICU) bed count \_\_\_\_\_

How many PICU plus CICU (if applicable) admissions did your hospital have from 1/1/2015 to 12/31/2015? \_\_\_\_\_

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**Neonatal Intensive Care**

Does your center provide Neonatal Intensive Care?

- ☐ Yes  
☐ No

Does your center provide Neonatal Surgical Intensive Care? (you do not have to have a separate unit)

- ☐ Yes  
☐ No

Total NICU bed count

\_\_\_\_\_

How many NICU admissions did your hospital have from 1/1/2015 to 12/31/2015?

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**Please provide some information about laboratory and imaging services at your hospital.  
(Please remember these questions are due to the global point prevalence aspect of this study)**

Does your hospital have its own microbiology lab?

- ☐ Yes  
☐ No

Is a majority of the virology testing performed in your microbiology lab?

- ☐ Yes  
☐ No

Is a majority of the mycology testing performed in your microbiology lab?

- ☐ Yes  
☐ No

Does your hospital have radiology services?

- ☐ Yes  
☐ No

Do you have access in your hospital to CT scan?

- ☐ Yes, during daytime working hours  
☐ Yes, all time  
☐ No

Do you have access in your hospital to MRI scan?

- ☐ Yes, during daytime working hours  
☐ Yes, all time  
☐ No

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**Are Results From The Following Diagnostic Services Available Electronically?**

	None	Some	All
Haematology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biochemistry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Microbiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**Assessment of the Antimicrobial Stewardship Program (ASP)- (These questions are to update our SHARPS data regarding all of our hospitals and to assess how our hospitals meet the Core Elements of ASP proposed by the CDC.)**

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Do you have a formal ASP? Y/N- Formal ASP is defined as monitoring antimicrobials and the institution provides financial support for a pharmacist, and/or physician, and/or data analyst?

- ☐ Yes  
☐ No

Is your hospital in the process of developing a formal ASP?

- ☐ Yes  
☐ No

Who does your ASP leaders report to?

- ☐ Quality and Safety  
☐ Infectious Diseases Division  
☐ Infection Control  
☐ I Don't Know  
☐ Other  
(Check all that apply)

Describe the "other" ASP Leader.

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Do you have an ASP policy that is approved by P&T and/or the medical executive committee?

- ☐ Yes  
☐ No

Whom does your ASP serve?

- ☐ Children only  
☐ Children and adults (e.g. joint ASP in a combined adult/pediatric hospital)

Does your hospital have a pharmacist(s) dedicated to ASP?

- ☐ Yes  
☐ No

How many pharmacist FTEs are dedicated to the ASP?

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Of the total pharmacy FTE, how much FTE is allocated to adult ID pharmacist?

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Of the total pharmacy FTE, how much FTE is allocated to pediatric ID pharmacist?

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Of the total pharmacy FTE, how much FTE is allocated to general adult pharmacist?

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Of the total pharmacy FTE, how much FTE is allocated to general pediatric pharmacist?

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Of the total pharmacy FTE, how much FTE is allocated to other types?

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Describe the other pharmacy FTE type.

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Does your hospital have service specific pharmacists who participate in your ASP program?

- ☐ Yes  
☐ No

Describe how service specific pharmacists participate in your ASP program.

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Does your hospital have a physician(s) dedicated to ASP?

- ☐ Yes  
☐ No

How many physician FTEs are dedicated to the ASP?

\_\_\_\_\_

Of the total physician FTE, how much FTE is allocated to adult ID physician?

\_\_\_\_\_

Of the total physician FTE, how much FTE is allocated to pediatric ID physician?

\_\_\_\_\_

Of the total physician FTE, how much FTE is allocated to adult hospitalist?

\_\_\_\_\_

Of the total physician FTE, how much FTE is allocated to pediatric hospitalist?

\_\_\_\_\_

Of the total physician FTE, how much FTE is allocated to other?

\_\_\_\_\_

Describe the other physician FTE type.

\_\_\_\_\_

Does your hospital have a data analyst dedicated to the ASP?

- ☐ Yes  
☐ No

How many data analyst FTEs are dedicated to the ASP?

\_\_\_\_\_

Does your hospital have infection preventionists participate and help with your ASP?

- ☐ Yes  
☐ No

How many infection preventionists FTEs are dedicated to the ASP?

\_\_\_\_\_

Are any of the following groups integrally involved with your ASP?

- ☐ Clinicians outside of ID  
☐ Quality improvement staff  
☐ Microbiology/Virology Staff  
☐ Information Technology staff  
☐ Nurses  
(Check all that apply)

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## ASP Actions

**Please respond to the following questions as they apply to pediatric patients only.**

Do you perform prospective-audit with feedback?

- ☐ Yes  
☐ No

Which of the following drugs do you perform audit with feedback?

- ☐ ----- All Antibiotics  
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- ☐ Narrow spectrum penicillins (e.g. ampicillin)  
☐ Anti-staphylococcal penicillins (e.g. oxacillin)  
☐ Narrow-spectrum beta-lactamase/beta-lactamase inhibitor combinations (e.g. ampicillin-sulbactam)  
☐ Broad-spectrum beta-lactamase/beta-lactamase inhibitor combinations (e.g. piperacillin-tazobactam)  
☐ 1st generation cephalosporins  
☐ 2nd generation cephalosporins  
☐ 3rd generation cephalosporins  
☐ 4th generation cephalosporins (e.g. cefepime)  
☐ 5th generation cephalosporins (e.g. ceftaroline)  
☐ Aztreonam  
☐ Carbapenems  
☐ Aminoglycosides  
☐ Fluoroquinolones  
☐ Macrolides  
☐ Telithromycin  
☐ Clindamycin  
☐ Quinupristin/dalfopristin  
☐ Tetracyclines  
☐ Tigecycline  
☐ Trimethoprim-sulfamethoxazole  
☐ Polymixins (e.g., colistin)  
☐ Daptomycin  
☐ Glycopeptides (e.g. vancomycin)  
☐ Oxazolidinones (e.g. linezolid)  
☐ Fosfomycin  
☐ Fidaxomicin  
☐ Metronidazole  
☐ Rifaximin  
☐ Nitrofurantoin  
☐
- ☐ ----- Systemic Antifungals  
-----
- ☐ Amphotericin B  
☐ Echinocandins  
☐ Fluconazole  
☐ Ketaconazole  
☐ Voriconazole  
☐ Posaconazole  
☐ Isovconazole  
☐ Flucytosine  
☐ Griseofulvin  
☐ Pentamidine  
☐ Terbinafine  
☐
- ☐ ----- Antivirals  
-----
- ☐ Acyclovir  
☐ Cidofovir  
☐ Famciclovir  
☐ Fosamprenivir  
☐ Foscarnet  
☐ Ganciclovir  
☐ Oseltamivir  
☐ Peramivir  
☐ Ribavirin  
☐ Valacyclovir  
☐ Valganciclovir  
☐ Vidarabine  
☐ Zanamavir  
☐
- ☐ ----- Other  
anti-infectives:-----
- ☐ Atovaquone  
☐ Dapsone  
☐ Ivermectin

- ☐ Nitazoxanide
- ☐ Paromomycin
- ☐ Praziquantel
- ☐ Pyrantel pamoate

Do you have a restricted formulary or require prior-authorization of antimicrobials? (e.g., certain drugs can only be used by specific services, not all drugs within a class are available)

- ☐ Yes
- ☐ No



Which of the following drugs do you require prior authorization?

- ☐ ----- All Antibiotics  
-----
- ☐ Narrow spectrum penicillins (e.g. ampicillin)  
☐ Anti-staphylococcal penicillins (e.g. oxacillin)  
☐ Narrow-spectrum beta-lactamase/beta-lactamase inhibitor combinations (e.g. ampicillin-sulbactam)  
☐ Broad-spectrum beta-lactamase/beta-lactamase inhibitor combinations (e.g. piperacillin-tazobactam)  
☐ 1st generation cephalosporins  
☐ 2nd generation cephalosporins  
☐ 3rd generation cephalosporins  
☐ 4th generation cephalosporins (e.g. cefepime)  
☐ 5th generation cephalosporins (e.g. ceftaroline)  
☐ Aztreonam  
☐ Carbapenems  
☐ Aminoglycosides  
☐ Fluoroquinolones  
☐ Macrolides  
☐ Telithromycin  
☐ Clindamycin  
☐ Quinupristin/dalfopristin  
☐ Tetracyclines  
☐ Tigecycline  
☐ Trimethoprim-sulfamethoxazole  
☐ Polymixins (e.g., colistin)  
☐ Daptomycin  
☐ Glycopeptides (e.g. vancomycin)  
☐ Oxazolidinones (e.g. linezolid)  
☐ Fosfomycin  
☐ Fidaxomicin  
☐ Metronidazole  
☐ Rifaximin  
☐ Nitrofurantoin  
☐
- ☐ ----- Systemic Antifungals  
-----
- ☐ Amphotericin B  
☐ Echinocandins  
☐ Fluconazole  
☐ Ketaconazole  
☐ Voriconazole  
☐ Posaconazole  
☐ Isovconazole  
☐ Flucytosine  
☐ Griseofulvin  
☐ Pentamidine  
☐ Terbinafine  
☐
- ☐ ----- Antivirals  
-----
- ☐ Acyclovir  
☐ Cidofovir  
☐ Famciclovir  
☐ Fosamprenivir  
☐ Foscarnet  
☐ Ganciclovir  
☐ Oseltamivir  
☐ Peramivir  
☐ Ribavirin  
☐ Valacyclovir  
☐ Valganciclovir  
☐ Vidarabine  
☐ Zanamavir  
☐
- ☐ ----- Other  
anti-infectives:-----
- ☐ Atovaquone  
☐ Dapsone  
☐ Ivermectin

- ☐ Nitazoxanide
- ☐ Paromomycin
- ☐ Praziquantel
- ☐ Pyrantel pamoate

Do you have condition specific clinical practice guidelines or care process models implemented at your hospital?

- ☐ Yes
- ☐ No

List applicable conditions that have clinical practice guidelines/ care process models.

Does your hospital/ASP have surgical prophylaxis guidelines?

- ☐ Yes
- ☐ No

Does your hospital/ASP have an empiric antimicrobial selection guidance for common infections?

- ☐ Yes
- ☐ No

Does your hospital have an IV to oral switch program?

- ☐ Yes
- ☐ No

Are indications required when an antimicrobial is ordered?

- ☐ Yes
- ☐ No

Do the majority of your clinicians perform antimicrobial time-outs after 48-72 hours of a patient receiving an antimicrobial?

- ☐ Yes
- ☐ No

Does your ASP receive rapid diagnostic results to help make interventions?

- ☐ Yes
- ☐ No

Does your ASP utilize automatic stop-orders?

- ☐ Yes
- ☐ No

Does your ASP/Pharmacy perform therapeutic drug monitoring (TDM) for antimicrobials?

- ☐ Yes
- ☐ No

Which drugs do you perform therapeutic drug monitoring?

- ☐ Vancomycin
  - ☐ Aminoglycosides
  - ☐ Voriconazole
  - ☐ Posaconazole
- (Check all that apply)

Does your ASP perform dose adjustments/optimization?

- ☐ Yes
- ☐ No

Are pharmacists able to make ASP recommendations independent of a physician?

- ☐ Yes
- ☐ No

Does your ASP document their recommendations in the medical chart?

- ☐ Yes
- ☐ No

Is ASP documentation considered an official part of the medical record?

- ☐ Yes
- ☐ No

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**Computer Support****Please respond to the following questions as they apply to pediatric patients only.**

Do you use an ASP module that is within your main electronic health record system? (eg. ASP module developed by Epic)?

- ☐ Yes  
☐ No

Which EHR system is used?

\_\_\_\_\_

Does your hospital have a third party computer surveillance system (eg. Vigilanz, med-mined, Theradoc, Senti7) that can help with ASP and/or Infection Control?

- ☐ Yes  
☐ No

Which System?

- ☐ Vigilanz  
☐ MedMined  
☐ Senti7  
☐ Home-grown system  
☐ Pathfinder  
☐ Theradoc  
☐ Other  
(Check all that apply)

Do you use the system to help with antimicrobial stewardship?

- ☐ Yes  
☐ No

If yes, describe how you use the system for antimicrobial stewardship.

\_\_\_\_\_

Do you have condition specific order sets to influence antimicrobial prescribing?

- ☐ Yes  
☐ No

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**Data Tracking and Reporting****Please respond to the following questions as they apply to pediatric patients only.**

Does your hospital/ASP review antimicrobial use reports on a regular basis (e.g., monthly, quarterly, etc)?

- ☐ Yes  
☐ No

If yes, do you monitor days of therapy per 1000 patient days?

- ☐ Yes  
☐ No

How do you obtain your DOT per 1000 patient days? (click all that apply)

- ☐ PHIS  
☐ eMAR  
☐ computer surveillance system  
☐ other  
(Check all that apply)

Describe the other way you obtain your DOT.

\_\_\_\_\_

Who do you share antimicrobial use data with?

- ☐ No one
  - ☐ Hospital administration
  - ☐ front-line clinicians
  - ☐ P&T
  - ☐ ASP committee
  - ☐ other
- (Check all that apply)

Describe the other way you share antimicrobial data.

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Does your hospital/ASP review metrics related to antimicrobial cost? (e.g., cost per patient day, total antimicrobial pharmacy cost, etc)

- ☐ Yes
- ☐ No

Does your hospital develop an annual antibiogram?

- ☐ Yes
- ☐ No

Does your hospital/ASP monitor hospital acquired C. difficile rates?

- ☐ Yes
- ☐ No

Does your hospital collect the number or incidence of MDROs over a specific time frame (e.g., monthly, annually)?

- ☐ Yes
- ☐ No

Does your hospital monitor antimicrobial related adverse drug reactions?

- ☐ Yes
- ☐ No

Does your hospital/ASP monitor any other clinical outcomes?

- ☐ Yes
- ☐ No

Which other clinical outcomes does your hospital/ASP monitor?

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Which of the following educational activities does your ASP perform? Check all that apply.

- ☐ Annual education to all prescribers (e.g. required online module)
  - ☐ Lectures to trainees
  - ☐ Grand Rounds
  - ☐ Education targeting patients and families
  - ☐ Other
  - ☐ None of the above
- (Check all that apply)

Describe the annual education you provide to all providers.

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Describe the education you provide for patients and families.

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Describe the other education you provide.

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