

Comprehensive Antibigram Toolkit: Phase 4 Prescribing Clinician Feedback Survey

[NURSING HOME NAME] implemented an antibiogram program as of [date]. We are interested in your experiences using the antibiogram. Results of the survey will help determine whether or not we continue to make the antibiogram available and ways that we can improve it to best serve the needs of prescribing clinicians (physicians, nurse practitioners, physician assistants) and nursing home staff.

Prescribing Clinician Information		MD	NP	PA		
Usefulness of Antibigrams	On a scale of 1–5 with “5” indicating “very well”, how well do you feel that you know the antibiotic sensitivity/resistance pattern of common infections in this nursing home?	1	2	3	4	5
	Have you used the antibiogram that the nursing home provided?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	On a scale of 1–5 with “5” indicating “very useful”, how useful has the nursing home antibiogram been for selecting the most effective antibiotic for a particular infection or organism?	1	2	3	4	5
	Have you made any changes to your prescribing practices since you have had access to the nursing home’s antibiogram?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Antibiogram Communication	If you are currently using the nursing home antibiogram, please answer the following:					
	How is the antibiogram communicated to you? (circle all that apply) NH Staff Fax Email Mail Other _____					
	Is this method of communication convenient and efficient?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		
	How could communication of antibiograms be improved?					
Antibiogram Improvements	How could the information contained in this antibiogram be improved?					
	Would you suggest any changes to the format of the antibiogram (organization, size of print, etc.)?					
	If not using the antibiogram, please complete the following statement: I would use antibiograms if					

Thank you for completing our survey.

