International survey on Antimicrobial Stewardship Programs in hospitals

BACKGROUND OF THE SURVEY

The survey is conducted under the **European Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections 2 (EU-JAMRAI 2)**, specifically in Work Package 6 (WP6). This WP focuses on Antimicrobial Stewardship (AMS) in humans, animals, and the environment. With the overall objective to make Europe a best practice region and to support the development and implementation of core elements and core competencies on AMS, task 6.1 addresses AMS in human health. One of the main goals of this activity is to provide a common European framework on AMS in the human field.

This is a set of three surveys on the Antimicrobial Stewardship Programmes (ASP). Each of them will focus on a level of care: hospital, primary care and long-term care facilities.

This survey refers to Hospital ASP

AIM OF THE SURVEY

To **identify the core elements and core competencies** outlined in the current National Action Plans (NAP) on Antimicrobial Resistance or equivalent National Strategies or Programmes, referring to **HOSPITAL AMS** across Europe.

National Action Plans on Antimicrobial Resistance (NAPs), or equivalent National Strategies or Programmes are guidance **frameworks** developed by governments' official institutions or health authorities to address the challenges of Antimicrobial Resistance (AMR). NAPs are an essential element in the fight against AMR and should encompass key elements considered in countries to optimise the use of antimicrobials by promoting the development of ASP ensuring their implementation in the field of human healthcare.

This survey will help map out the current content and scope of hospital ASP in European countries envisaged in NAPs from various perspectives. These include governance and institutional support, implementation, human and technical resources, surveillance, evaluation, interventions, such as education and training and coordination strategies between different healthcare levels and ensuring continuity of care among others.

The results of this survey will be used to identify common and differing elements of hospital ASP as an initial step for developing a common framework for hospital ASP in European countries.

Subsequently, the global relevance and feasibility will be evaluated and a structured consensus procedure followed to include core elements and competencies for the hospital setting. This is aimed at harmonizing and promoting best practices in hospital ASP in European countries.

PRACTICAL INSTRUCTIONS

Please complete this survey by **Tuesday 30th September.**

Note that for clarification purposes you may find explanatory notes (*) under certain questions.
Please refer any questions related to this survey to: aemps.jamrai@aemps.es

SECTION 1. Institution Contact Information

Information of the responding person to the survey on behalf of the NAP coordinating institution.

1. Full Name:
*

2. Country *

- ◯ Austria
- ◯ Belgium
- ◯ Bulgaria
- ◯ Croatia
- ◯ Republic of Cyprus
- ◯ Czech Republic
- ◯ Denmark
- ◯ Estonia
- ◯ Finland
- ◯ France
- ◯ Germany
- ◯ Greece
- ◯ Hungary
- ◯ Iceland
- ◯ Ireland
- ◯ Italy
- ◯ Latvia
- ◯ Lithuania
- ◯ Luxembourg
- ◯ Malta
- ◯ Netherlands
- ◯ Norway
- ◯ Poland
- ◯ Portugal
- ◯ Romania
- ◯ Slovakia
- ◯ Slovenia
- ◯ Spain
- ◯ Sweden
- ◯ Ukraine

3. Contact details (email address):
*

Escriba una dirección de correo electrónico

4. Academic qualification:
*

5. Current role:
*

6. Name of the Institution represented:
*

7. Name of institution/health authority that coordinates the NAP:
*

8. If you don't work in the institution/health authority that coordinates the NAP, indicate your position in relation with the coordination of the NAP:
*

SECTION 2. General information regarding your National Action Plan on AMR.

9. **Does your country have a NAP or equivalent National Strategies or Programmes with specific information regarding hospital core AMS elements?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

10. If your NAP guidance document or equivalent National Strategy or Programme is publicly available, please provide URL:

If your NAP guidance document or equivalent National Strategy or Programme is not publicly available, please provide the latest version of the official documents (PDF version or other...) to aemps.jamrai@aemps.es

Escriba una dirección URL

11. **Does your NAP include provisions to encourage financial support for hospital ASP activities (e.g., funding for salaries, training, etc.)?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

12. **Does your NAP, government official institution or health authority develop a set of professional competencies for healthcare professionals (*) on hospital ASP?** *

(*) By professional group (pharmacist, microbiologist, etc) and/or speciality (surgery, preventive, etc)

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

13. If your NAP, government official institution or health authority has a guidance document of professional competencies for healthcare professionals on hospital ASP and is publicly available, please provide URL:

If your NAP guidance document or equivalent National Strategy or Programme is not publicly available, please provide the latest version of the official documents (PDF version or other...) to aemps.jamrai@aemps.es

Escriba una dirección URL

14. **Does your NAP or other government official institution have a set of reference indicators (*) for hospital ASP assessment publicly available (e. g. antimicrobial consumption, microbiological data, clinical outcomes, process indicators) publicly available?** *

(*) A reference indicator is used to evaluate various aspects of antimicrobial use and its impact (structure, process and/or outcome indicators). These indicators help in tracking progress, identifying areas for improvement, and ensuring optimal use of antimicrobials.

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

15. If your NAP or government official institutions has developed hospital AMS indicators, please provide links to these documents:

If they are not publicly available, please provide the latest version of the documents (PDF version or other...) to aemps.jamrai@aemps.es

SECTION 3. Survey

Information regarding hospital Antimicrobial Stewardship Programmes (ASP) in your National Action Plans on Antimicrobial Resistance or equivalent National Strategies or Programmes

This survey is divided in 6 domains:

DOMAIN 1. GOVERNANCE OF THE ASP: HOSPITAL LEADERSHIP COMMITMENT

DOMAIN 2. HUMAN AND TECHNICAL RESOURCES

DOMAIN 3. ACTIONS: INTERVENTIONS TO OPTIMISE ANTIMICROBIAL USE

DOMAIN 4. EDUCATION, PRACTICAL TRAINING, COMPETENCE DEVELOPMENT AND COMMUNICATION

DOMAIN 5. RESULT ANALYSIS AND REPORTING

DOMAIN 6. EVALUATION OF IMPLEMENTATION AND ACCREDITATION/ CERTIFICATION

DOMAIN 1. GOVERNANCE OF THE ASP: HOSPITAL LEADERSHIP COMMITMENT

Refers to the institutional support for the ASP by the hospital management or institution management (local/regional level)

16. **Does your NAP or equivalent National Strategies or Programmes recommend that hospital management formally commit to the ASP and prioritize it as a key programme within the institution?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

17. **Does your NAP or equivalent National Strategies or Programmes recommend that hospitals have a specific AMS team?** *

- ◯ Yes, for all hospitals in the country
- ◯ Yes, for hospitals of a minimum size or capacity
- ◯ No
- ◯ Unclear in documentation

18. **Does your NAP or equivalent National Strategies or Programmes recommend appointing and involving a hospital manager to ensure the programme has sufficient resources and support to accomplish its mission?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

19. **Does your NAP or equivalent National Strategies or Programmes recommend embedding the ASP to an organizational multidisciplinary structure responsible for AMS (e.g., a committee focused on appropriate antimicrobial use, pharmacy committee, patient safety committee or other relevant structure)?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

20. **Does your NAP or equivalent National Strategies or Programmes recommend hospitals to facilitate leadership, engagement and accountability for AMS interventions by providing AMS team members dedicated time to manage the programme and conduct interventions?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

21. **Does your NAP or equivalent National Strategies or Programmes recommend the inclusion of budgeted financial support for AMS activities in hospitals (e.g., support for salary, training, etc.)?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

22. **Does your NAP or equivalent National Strategies or Programmes recommend that hospitals should have a structured local ASP framework tailored to local context and needs?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

DOMAIN 2. HUMAN AND TECHNICAL RESOURCES

The ability to carry out quality AMS depends on the availability of adequate resources: trained personnel with time allocated to AMS, surveillance systems to provide data about antimicrobial consumption, microbiological data, clinical outcomes, safety issues, etc. and the integration of this information into data analysis systems.

23. **Does your NAP or equivalent National Strategies or Programmes define the core composition, roles and responsibilities of a hospital AMS multidisciplinary team trained and experienced in infectious diseases?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

24. If yes, list the professional profile that constitutes the core team composition (multiple answer): *

- ☐ Physician with expertise in infectious diseases and antimicrobial resistance
- ☐ Pharmacist with expertise in infectious diseases and antimicrobial resistance
- ☐ Microbiologist with expertise in infectious diseases and antimicrobial resistance
- ☐ Nurses with expertise in infectious diseases and antimicrobial resistance
- ☐ Otras

25. **Does your NAP or equivalent National Strategies or Programmes recommend appointing a leader for the core hospital AMS team, responsible for the ASP management and AMS activities?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

26. If yes, identify the professional profile proposed as the leader for the AMS teams (multiple answer): *

- ☐ Physician with expertise in infectious diseases and antimicrobial resistance
- ☐ Pharmacist with expertise in infectious diseases and antimicrobial resistance
- ☐ Microbiologist with expertise in infectious diseases and antimicrobial resistance
- ☐ Nurses with expertise in infectious diseases and antimicrobial resistance
- ☐ Otras

27. **Does your NAP or equivalent National Strategies or Programmes NAP define or recommend the allocation of dedicated time (e.g., number of full time equivalent) for AMS tasks for members of the AMS team?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

28. **Does your NAP or equivalent National Strategies or Programmes recommend having a 24/7 availability of any hospital AMS team members for expert consultation?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

29. If yes, (multiple answer): *

- ☐ Physician with expertise in infectious diseases and antimicrobial resistance
- ☐ Pharmacist with expertise in infectious diseases and antimicrobial resistance
- ☐ Microbiologist with expertise in infectious diseases and antimicrobial resistance
- ☐ Nurses with expertise in infectious diseases and antimicrobial resistance
- ☐ Otras

30. **Does your NAP or equivalent National Strategies or Programmes recommend that hospitals have local and regularly updated guidance for AMS based on/according to new evidence and local susceptibility for specific syndromes?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

31. If yes, which of these apply: *

- ◯ There is a national reference guidance that can be adapted or adopted by hospitals.
- ◯ There is not national reference guidance. NAP recommends hospitals to develop a local guideline.

32. **Does your NAP or equivalent National Strategies or Programmes recommend hospitals to establish a standardized procedure for defining the inclusion/exclusion of antimicrobials in the antimicrobial formulary (e.g. a list of antimicrobials available in the hospital)? specifying whether the drugs are unrestricted, restricted or permitted for specific conditions** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

33. **Does your NAP or equivalent National Strategies or Programmes recommend that hospitals monitor local antimicrobial susceptibility rates for a range of key bacteria (local resistance maps)?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

34. **Does your NAP or equivalent National Strategies or Programmes recommend hospitals to provide timely diagnostic results to support the management of the most common infections within the hospital?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

35. If yes, (multiple answer) *

- ☐ Imaging services
- ☐ Microbiological Lab
- ☐ Biochemistry and Clinical Analysis Lab
- ☐ Rapid Diagnostic Tests for Infectious Diseases
- ☐ Otras

36. **Does your NAP or equivalent National Strategies or Programmes recommend hospitals to implement tools to monitor the quality of antimicrobial prescribing and antimicrobial use in the inpatients?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

37. **Does your NAP or equivalent National Strategies or Programmes recommend hospitals to have electronic medical records to document patient clinical data, indications, and prescribed antimicrobials?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

38. If yes, it includes (multiple answer): *

- ☐ Sociodemographic data
- ☐ Clinical conditions
- ☐ Medication prescriptions (indication, name of the drug, dosage, duration, route and interval of administration)
- ☐ Vaccination data
- ☐ Microbiological data
- ☐ Biochemistry and Clinical Analysis Lab
- ☐ Otras

39. **Does your NAP or equivalent National Strategies or Programmes recommend hospital AMS team members to have timely access to the clinical information of patients?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

40. If yes, it includes (multiple answer): *

- [ ] Microbiological data
- [ ] Antimicrobial treatments
- [ ] Biochemistry and Clinical Analysis Lab
- [ ] Image results
- [ ] Antimicrobial test allergies
- [ ] Prescriptions

DOMAIN 3. ACTIONS: INTERVENTIONS TO OPTIMISE ANTIMICROBIAL USE

These refer to the activities, interventions or practices developed to improve the appropriate use of antimicrobials.

41. **Does your NAP or equivalent National Strategies or Programmes recommend hospitals to annually provide local resistance data for updating antimicrobial treatment guidelines?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

42. **Does your NAP or equivalent National Strategies or Programmes recommend the use of computerized/automated tools to support reporting, diagnostic or therapeutic decision (e.g clinical decision support systems (CDSSs (*))?** *

(*) CDSSs are consider to be tools to support diagnostic or therapeutic decision-making by providing information about a given clinical context, patient characteristics and access to up-to-date clinical practice guidelines (CPGs) among others at the point of care

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

43. **Does your NAP or equivalent National Strategies or Programmes recommend hospital prescribers to record the route, dose, duration/review date and indication for all antimicrobial prescriptions in the medical records?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

44. **Does your NAP or equivalent National Strategies or Programmes recommend the use of hospital-specific support programmes to ensure the audit of antimicrobial treatment courses for the optimal use of specific antimicrobials?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

45. If yes, please indicate which antimicrobials (multiple answer): *

- [ ] Antibiotics with high environmental risk
- [ ] Antibiotics with high economic impact
- [ ] Prolonged use antibiotics duration
- [ ] Otras

46. **Does your NAP or equivalent National Strategies or Programmes recommend the use of hospital-specific support programmes to ensure the audit of clinical management of antimicrobial treatment in specific severe conditions**? *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

47. If yes, please indicate in which specific conditions (multiple answer): *

- [ ] Pneumonia
- [ ] Bacteraemia
- [ ] Central nervous system infections
- [ ] Osteoarticular infections
- [ ] Multi-resistant infections
- [ ] *Clostridioides difficile* infection (CDI)
- [ ] Surgical prophylaxis
- [ ] Otras

48. **Does your NAP or equivalent National Strategies or Programmes recommend the AMS team to perform routinely antimicrobial post-prescription audits and provide feedback to prescribers?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

49. **Does your NAP or equivalent National Strategies or Programmes recommend collaboration between AMS and IPC programmes?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

50. **Does your NAP or equivalent National Strategies or Programmes recommend specific guidance on coordination strategies between healthcare settings (e.g. hospital and primary care)?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

51. **Does your NAP or equivalent National Strategies or Programmes recommend to have AMS consulting programmes between healthcare levels (e.g. hospital, primary care, LCTF)?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

DOMAIN 4. EDUCATION, PRACTICAL TRAINING, COMPETENCE DEVELOPMENT AND COMMUNICATION

Educational programmes play a crucial role in providing and updating knowledge, particularly in the context of ASP. These programmes require careful planning and development of training activities. Additionally, they should be integrated into daily practice.

Healthcare professionals involved in AMS activities should acquire specific competencies. ASP should facilitate access and support for training on optimized antibiotic use. This could include basic and continuous education of clinical staff, clinical case discussions, classes and regular sharing of information, reminders and AMS e-learning resources.

Resources need to be allocated to support educational workshops and training programmes on AMS with educational material and a compilation of e-learning AMS resources.

52. **Does your NAP, governments' official institutions or health authorities recommend establishing the competency framework for the hospital AMS team members?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

53. If yes, which members of the hospital AMS team have a defined national competency framework? *

- ☐ Physician with expertise in infectious diseases and antimicrobial resistance
- ☐ Pharmacist with expertise in infectious diseases and antimicrobial resistance
- ☐ Microbiologist with expertise in infectious diseases and antimicrobial resistance
- ☐ Nurses with expertise in infectious diseases and antimicrobial resistance
- ☐ Otras

54. **Does your NAP or equivalent National Strategies or Programmes offer national training programmes or a series of educational resources for professionals on how to optimize antimicrobial prescribing in hospitals?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

55. **Does your NAP or equivalent National Strategies or Programmes recommend as a hospital objective the need for professionals to receive regular training in antimicrobial prescribing and stewardship?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

56. If yes, (multiple answer) *

- [ ] For AMS team members
- [ ] For medical prescribers
- [ ] For all prescribers
- [ ] For all healthcare professionals (physicians, pharmacists, microbiologists, nurses, etc.)
- [ ] Otras

57. **Does your NAP or equivalent National Strategies or Programmes recommend AMS training activities to develop AMS competencies in specialty trainee residents'/postgraduate (*) training curricula?** *

(*) It refers to a qualified physician (one who holds the degree of MD, DO, MBBS/MBChB), veterinarian (DVM/VMD, BVSc/BVMS), dentist (DDS or DMD), podiatrist (DPM) or pharmacist (PharmD) who practices medicine, veterinary medicine, dentistry, podiatry, or clinical pharmacy, respectively, usually in a hospital or clinic, under the direct or indirect supervision of a senior medical clinician registered in that specialty such as an attending physician or consultant.

- ◯ Yes, but only for medical doctors such as ID, internal medicine, etc
- ◯ Yes, but only for all prescribers (no other healthcare professionals)
- ◯ Yes, and these include medical and surgical doctors, microbiologist, and pharmacists.
- ◯ No
- ◯ Unclear in documentation

58. **Does your NAP or equivalent National Strategies or Programmes recommend peer-to-peer consultancies as a key hospital AMS intervention?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

59. **Does your NAP or equivalent National Strategies or Programmes recommend hospitals improve awareness and understanding of AMR through effective communication, implementing antimicrobial stewardship interventions?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

60. **Does your NAP or equivalent National Strategies or Programmes recommend hospitals to ensure effective communication with patients and prescribers regarding appropriate antimicrobial use and managing patient expectations?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

DOMAIN 5. RESULT ANALYSIS AND REPORTING

A comprehensive analysis of the results of the ASP is needed to identify areas for improvement, target populations, and trends. This will help in planning for future actions. Sharing reports on both the AMS activities, interventions, and the results obtained from this practice with professionals and managers has been shown to be an effective tool for improvement

61. **Does your NAP or equivalent National Strategies or Programmes have a set of reference national key indicators to monitor the results of the hospital ASP?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

62. If yes, indicate which key indicators are developed? *

- ☐ Antimicrobial consumption indicators
- ☐ Microbiology indicators
- ☐ Clinical outcome indicators
- ☐ Process indicators

63. **Does your NAP or equivalent National Strategies or Programmes recommend reporting the results of the indicators for the hospital ASP?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

64. If yes, indicate **level of disaggregation** per indicator (national/regional/hospital) *

Antimicrobial consumption indicators

- ☐ national
- ☐ regional
- ☐ local (hospital level)
- ☐ Otras

65. If yes, indicate **level of disaggregation** per indicator (national/regional/hospital) *

Microbiology indicators

- [ ] national
- [ ] regional
- [ ] local (hospital level)
- [ ] Otras

66. If yes, indicate **level of disaggregation** per indicator (national/regional/hospital) *

Clinical outcome indicators (e.g: increased hospital stay; ICU admission; mortality, etc.)

- [ ] national
- [ ] regional
- [ ] local (hospital level)
- [ ] Otras

67. If yes, indicate **level of disaggregation** per indicator (national/regional/hospital) *

Process indicators (e.g: number of training activities carried out; number of consultancies, number of bacteremia reviewed; number of hours dedicated by AMS team)

- [ ] national
- [ ] regional
- [ ] local (hospital level)
- [ ] Otras

68. If yes, indicate **minimum periodicity** your NAP or equivalent National Strategies or programmes recommend per indicator (annually/bi-annually/quarterly/monthly) *

Antimicrobial consumption indicators

- [ ] annually
- [ ] bi-annually
- [ ] quarterly
- [ ] monthly
- [ ] Otras

69. If yes, indicate **minimum periodicity** your NAP or equivalent National Strategies or programmes recommend per indicator (annually/bi-annually/quarterly/monthly) *

Microbiology indicators

- [ ] annually
- [ ] bi-annually
- [ ] quarterly
- [ ] monthly
- [ ] Otras

70. If yes, indicate **minimum periodicity** your NAP or equivalent National Strategies or programmes recommend per indicator (annually/bi-annually/quarterly/monthly) *

Clinical outcome indicators (e.g: increased hospital stay; ICU admission; mortality, etc.)

- [ ] annually
- [ ] bi-annually
- [ ] quarterly
- [ ] monthly
- [ ] Otras

71. If yes, indicate **minimum periodicity** your NAP or equivalent National Strategies or programmes recommend per indicator (annually/bi-annually/quarterly/monthly) *

Process indicators (e.g: number of training activities carried out; number of consultancies, number of bacteremia reviewed; number of hours dedicated by AMS team)

- [ ] annually
- [ ] bi-annually
- [ ] quarterly
- [ ] monthly
- [ ] Otras

72. **Does your NAP or equivalent National Strategies or Programmes recommend monitoring adherence to reference guidelines (e.g. indication captured in the medical record for all antimicrobial prescriptions; compliance with the recommendations included in the reference guideline)?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

DOMAIN 6. EVALUATION OF IMPLEMENTATION AND ACCREDITATION/ CERTIFICATION

AMS is an integral component of health systems and assessing the implementation of ASP is crucial for ensuring quality care.

73. **Does your NAP or equivalent National Strategies or Programmes define which quality standards are considered minimum for a good AMS program?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

74. **Does your NAP or equivalent National Strategies or Programmes recommend a specific guidance on ASP implementation process?** *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

75. If yes, does your NAP or equivalent National Strategies or Programmes recommend an assessment procedure for this implementation? *

- ◯ Yes
- ◯ No
- ◯ Unclear in documentation

76. **Does your NAP or equivalent National Strategies or Programmes recommend an accreditation/certification system in good AMS practices?** *

- ◯ Yes, but only for prescribers
- ◯ Yes, but only for AMS teams
- ◯ Yes, but only for Centres (hospitals)
- ◯ Yes, all the above
- ◯ No
- ◯ Unclear in documentation

Food for thought

77. Are there any questions missing that should be considered?

78. From the questions above, which three core elements would be essential for your country to be included in the final common European framework for hospital ASP? *

End of the survey

You have reached the end of the survey.

Thank you for your valuable input and participation. We look forward to working together to develop a comprehensive AMS framework for hospitals across Europe.

Your responses will help us prepare for the WS and ensure meaningful discussions.
