

International survey on Antimicrobial Stewardship Programs in Primary Care

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 Primary Care

According to the World Health Organization (2008). Primary Health Care: Now More Than Ever. Geneva: World Health Organization: "Primary health care is essential health care that is universally accessible to individuals and families in the community, provided by health professionals who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

For this survey, the following definition will serve for clarification: Primary care refers to health care provided by a medical professional (such as a general practitioner, pediatrician, or nurse) with whom a patient has initial contact and by whom the patient may be referred to a specialist.

It is important to note that, for this survey, the term "Primary Care" excludes long-term care facilities, such as nursing homes, even if these are integrated with or closely linked to primary care services in some contexts.

Additionally, through the survey, the term "Primary Care Reference Area/Organizational Unit" will be used. This should be understood as the geographical areas or regions where primary care services are organized and delivered. These areas include healthcare centres or facilities responsible for providing primary care to the designated population or citizens. The structure ensures that primary care services are accessible within the community and aligned with local

Aim of the survey: To identify the core elements and core competencies for primary care AMS across Europe.

Target sources of information to complete the survey: National Action Plans (NAP) on Antimicrobial Resistance (AMR), equivalent National Strategies, Programmes, or other institutional documents not developed under AMR NAPs or strategies. These are guidance frameworks developed by governments' official institutions or health authorities to address the challenges of AMR. NAPs are an essential element in the fight against AMR and should encompass key elements promoting the optimal use of antimicrobials by encouraging the development and implementation of Antimicrobial Stewardship Programmes (ASPs) in the human healthcare field. The results of this survey will be used to identify common and differing elements as an initial step for developing a common framework for Primary Care ASP in European countries. Subsequently, the global relevance and feasibility will be evaluated, followed by a structured consensus procedure to select common core elements and competencies for Primary Care.

Practical instructions: Please complete this survey by **Tuesday 30th September**.

Note that for clarification purposes you will find a glossary at the beginning of the page and explanatory notes (*) under certain questions.

Please refer any questions related to this survey to: aemps.jamrai@aemps.es

INSTITUTION CONTACT INFORMATION

1. Full Name *

2. Country *

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 *

General information regarding your National Action Plan on AMR (AMR-NAP).

Glossary on this section:

AMR: Antimicrobial resistance

AMS: Antimicrobial stewardship

ASP: Antimicrobial Stewardship Programmes

HCP: Healthcare professionals

NAP: National Action Plan

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

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

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

11. Does your NAP or equivalent National Strategies or Programmes include provisions to encourage financial support for Primary Care ASP activities (e.g., funding for salaries, training, etc.)? *

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

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

(*) By professional group (pharmacists, microbiologists, primary care physicians, paediatricians, epidemiologists, etc), and/or speciality (surgery, preventive, etc)

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

13. If your NAP, government official institution or health authority has a guidance document of professional competencies for HCP on Primary Care ASP and is publicly available, please provide URL *

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

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

(*) 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
- ☐ I don't know/unclear in documentation

15. If your NAP or government official institution has developed Primary Care AMS indicators, please provide links to the latest versions *

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

16. **Does your NAP or other government official institution have reference national guidelines for the management of the most common infectious diseases in the community? ***

- ☐ Yes
- ☐ No
- ☐ I don't know

17. If your NAP or government official institution has reference national guidelines for the management of the most common infectious diseases in the community and is publicly available, please provide URL *

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

SURVEY

INFORMATION REGARDING PRIMARY CARE ANTIMICROBIAL STEWARDSHIP PROGRAMMES (ASP) in your National Action Plans on Antimicrobial Resistance or equivalent National Strategies or Programmes.

This survey is divided into 6 domains:

DOMAIN 1. GOVERNANCE OF THE ASP: PRIMARY CARE LEADERSHIP COMMITMENT

DOMAIN 2. HUMAN AND TECHNICAL RESOURCES DOMAIN

DOMAIN 3. ACTIONS: INTERVENTIONS TO OPTIMISE ANTIMICROBIAL USE DOMAIN

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

DOMAIN 5. RESULT ANALYSIS AND REPORTING DOMAIN

DOMAIN 6. EVALUATION OF IMPLEMENTATION AND ACCREDITATION/ CERTIFICATION

DOMAIN 1. Governance of the ASP: Primary Care Leadership Commitment

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

Glossary on this section:

AMS: Antimicrobial stewardship

ASP: Antimicrobial stewardship programmes

GP: General Practitioner

HCP: Healthcare professionals

NAP: National Action Plan

18. **Does the NAP or equivalent National Strategies or Programmes recommend that each Primary Care reference area or organizational unit have its own specific antimicrobial stewardship team? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

19. **At which level are these teams recommended to be established ***

- ☐ Regional
- ☐ Provincial
- ☐ Network level (collaborative groups of healthcare providers (e.g., GPs, clinics, allied HCP) within a specific area working together to deliver coordinated care)
- ☐ Facility level (individual healthcare facilities within the primary care setting, such as a specific clinic, health centre (excluding nursing homes)
- ☐ Practice level (individual medical practices, such as a group of GPs working together within a practice or a single HCP practice setting)
- ☐ Unknown
- ☐ Otras

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

(*) understood as the national/regional/local health service -whichever the case is at your country- in charge of Primary Care

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

21. **Does your NAP or equivalent National Strategies or Programmes recommend appointing and involving a member of the Primary Care management team to ensure the ASP has sufficient resources and support to accomplish its mission? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

22. **Does your NAP or equivalent National Strategies or Programmes recommend embedding the ASP to an organizational multidisciplinary structure responsible for AMS in the Primary Care ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

23. This structure is a *

- ☐ Committee focused on appropriate use of antimicrobials
- ☐ Pharmacy committee
- ☐ Patient safety committee
- ☐ Care quality committee
- ☐ Otras

24. **Does your NAP or equivalent National Strategies or Programmes recommend Primary Care reference areas or organisational units 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
- ☐ I don't know/unclear in documentation

25. **Does your NAP or equivalent National Strategies or Programmes recommend the inclusion of budgeted financial support for AMS activities in Primary Care at national level (e.g. support for salary, training, rapid diagnostic tools, clinical support systems, etc.)? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

26. **Does your NAP or equivalent National Strategies or Programmes recommend that Primary Care reference areas or organizational units should have a structured local ASP framework tailored to local context and needs? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

DOMAIN 2. HUMAN AND TECHNICAL RESOURCES

According to WHO policy guidance on integrated antimicrobial stewardship activities. Geneva: World Health Organization; 2021. (<https://www.who.int/publications/i/item/9789240025530>) 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.

Glossary on this section:

AMS: Antimicrobial stewardship

ASP: Antimicrobial stewardship programme

HCP: Healthcare professionals

NAP: National Action Plan

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

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

28. **List the professional profile that constitutes the core team composition (multiple answers) ***

- ☐ Primary care physician with experience in infectious diseases and antimicrobial resistance
- ☐ Primary care paediatrician with experience in infectious diseases and antimicrobial resistance
- ☐ Primary care pharmacist with experience in infectious diseases and antimicrobial resistance
- ☐ Microbiologist with experience in Primary Care
- ☐ Nurse with experience in infectious diseases and antimicrobial resistance
- ☐ Emergency physician with experience in infectious diseases and antimicrobial resistance
- ☐ Epidemiologist with experience in infectious diseases and antimicrobial resistance
- ☐ Otras

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

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

30. Identify the professional profile proposed as the leader for the AMS teams (multiple answers)

*

- ☐ Primary care physician with experience in infectious diseases and antimicrobial resistance
- ☐ Primary care paediatrician with experience in infectious diseases and antimicrobial resistance
- ☐ Primary care pharmacist with experience in infectious diseases and antimicrobial resistance
- ☐ Microbiologist with experience in Primary Care
- ☐ Nurse with experience in infectious diseases and antimicrobial resistance
- ☐ Emergency physician with experience in infectious diseases and antimicrobial resistance
- ☐ Epidemiologist with experience in infectious diseases and antimicrobial resistance
- ☐ Otras

31. **Does your NAP or equivalent National Strategies or Programmes define or recommend measuring the weekly or monthly dedication (number of hours per week or month) that Primary Care AMS team members spend on AMS-specific activities?** *

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

32. Indicate the dedication of which AMS team members are measured (multiple answers) *

- ☐ Primary care physician with experience in infectious diseases and antimicrobial resistance
- ☐ Primary care paediatrician with experience in infectious diseases and antimicrobial resistance
- ☐ Primary care pharmacist with experience in infectious diseases and antimicrobial resistance
- ☐ Microbiologist with experience in primary care
- ☐ Nurse with experience in infectious diseases and antimicrobial resistance
- ☐ Emergency physician with experience in infectious diseases and antimicrobial resistance
- ☐ Epidemiologist with expertise in infectious diseases and antimicrobial resistance
- ☐ Otras

33. **Does your NAP or equivalent National Strategies or Programmes recommend Primary Care reference areas or organizational unit regularly updated guidance for AMS based on/according to new evidence and local susceptibility for specific syndromes?** *

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

34. Which of these apply *

- ☐ There is a national reference guidance that can be adapted or adopted by Primary Care Areas/Centres
- ☐ There is not national reference guidance. NAP recommends Primary Care Areas to develop a local guideline.

35. **Does your NAP or equivalent National Strategies or Programmes recommend Primary Care reference areas or organizational units to establish standardized procedures for defining the inclusion/exclusion of antimicrobials in the antimicrobial formularies (e.g. a list of antimicrobials available in the Primary Care Centres and emergency rooms)?** *

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

36. **Does your NAP or equivalent National Strategies or Programmes recommend Primary Care HCP to have timely access to diagnostic results to support the management of the most common infections in the community?** *

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

37. Timely access available for (multiple answers) *

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

38. **Does your NAP or equivalent National Strategies or Programmes recommend that reference microbiology laboratories provide Primary Care HCP and management antimicrobial susceptibility data for a range of key bacteria that cause infections in the community (local sensibility maps) ***

☐ Yes

☐ No

☐ I don't know/unclear in documentation

39. **Does your NAP or equivalent National Strategies or Programmes recommend that institutions provide tools to routinely monitor the quantity of antimicrobial prescribing in the community? ***

☐ Yes

☐ No

☐ I don't know/unclear in documentation

40. **Does your NAP or equivalent National Strategies or Programmes recommend that institutions provide tools to routinely monitor the quality of antimicrobial prescribing in the community? ***

☐ Yes

☐ No

☐ I don't know/unclear in documentation

41. **Does your NAP or equivalent National Strategies or Programmes recommend that institutions provide e-prescribing tools to facilitate delayed prescription of antibiotics by Primary Care prescribers? ***

☐ Yes

☐ No

☐ I don't know/unclear in documentation

42. **Does your NAP or equivalent National Strategies or Programmes recommend Primary Care reference areas or organizational units have electronic medical records to document patient clinical data, indications for antimicrobial prescriptions, and description of prescribed antimicrobial treatments (e.g., dose, duration...)? ***

☐ Yes

☐ No

☐ I don't know/unclear in documentation

43. It includes (multiple answers) *

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

44. Does your NAP or equivalent National Strategies or Programmes recommend Primary Care HCP to have timely access to the clinical information of patients? *

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

45. Please select (multiple answers) *

- ☐ Microbiological data
- ☐ Antimicrobial treatments
- ☐ Biochemistry and Clinical Analysis Lab results
- ☐ Image results
- ☐ Antimicrobial test allergies
- ☐ Prescriptions from Primary care and hospitals

DOMAIN 3. ACTIONS: INTERVENTIONS TO OPTIMISE ANTIMICROBIAL USE

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

Glossary on this section:

AMS: Antimicrobial stewardship

CDI: Clostridioides difficile infection

CDSS: Clinical decision support systems

HCAI: Healthcare associate infections

HCP: Healthcare professionals

NAP: National Action Plan

UTI: Urinary tract infection

46. **Does your NAP or equivalent National Strategies or Programmes recommend Primary Care reference areas or organizational units to annually provide local resistance data for updating antimicrobial treatment guidelines? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

47. **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 (*) for Primary Care prescribers, such as e-prescribing guides and prescription alerts? ***

(*) CDSSs are considered 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
- ☐ I don't know/unclear in documentation

48. **Does your NAP or equivalent National Strategies or Programmes recommend the use of specific support programmes to ensure the audit of antimicrobial treatment courses for the optimal use of specific antimicrobials in Primary Care? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

49. Please indicate which antimicrobials (multiple answers): *

- ☐ Antibiotics with high environmental risk
- ☐ Antibiotics with high economic impact
- ☐ Prolonged use of antibiotics duration
- ☐ Otras

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

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

51. Please indicate in which specific conditions (multiple answers) *

- ☐ Pneumonia
- ☐ Complicated UTI, pyelonephritis
- ☐ Multi-resistant infections
- ☐ Clostridioides difficile infection (CDI)
- ☐ Otras

52. 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
- ☐ I don't know/unclear in documentation

53. Does your NAP or equivalent National Strategies or Programmes recommend that each Primary Care reference area or organizational unit have a specific healthcare-associated infection prevention and control (HCAI) team? *

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

54. **Does your NAP or equivalent National Strategies or Programmes recommend establishing coordination between AMS and HCAIs responsible individuals in Primary Care? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

55. **Does your NAP or equivalent National Strategies or Programmes recommend establishing specific coordination between Primary Care and hospital AMS teams for the management of patients with infectious diseases to ensure continuity of care? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

56. **Does your NAP or equivalent National Strategies or Programmes recommend the implementation of ASP interventions in nursing homes carried out by Primary Care HCP? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

57. **Does your NAP or equivalent National Strategies or Programmes recommend establishing a specific coordination strategy in AMS between the Primary Care reference area and community pharmacies to improve the management of infectious diseases in the community? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

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

According to Antimicrobial stewardship programmes in health-care facilities in low- and middle-income countries. A practical toolkit. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/9789241515481>) 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.

HCP 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.

Glossary on this section:

AMS: Antimicrobial stewardship

AMR: Antimicrobial resistance

ASP: Antimicrobial stewardship programmes

HCP: Healthcare professionals

NAP: National Action Plan

58. **Does your NAP, governments' official institutions or health authorities recommend establishing a competency framework that outlines the necessary skills and qualifications for Primary Care AMS team members? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

59. **If yes, which members of the Primary Care AMS team have a defined national competency framework? ***

- ☐ Primary care physician with expertise in infectious diseases and antimicrobial resistance
- ☐ Primary care paediatrician with expertise in infectious diseases and antimicrobial resistance
- ☐ Primary care pharmacist with expertise in infectious diseases and antimicrobial resistance
- ☐ Microbiologist with expertise in infectious diseases and antimicrobial resistance
- ☐ Nurse with expertise in infectious diseases and antimicrobial resistance
- ☐ Emergency physician with expertise in infectious diseases and antimicrobial resistance
- ☐ Otras

60. **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 Primary Care? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

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

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

62. If yes, for which professionals are recommended to receive regular training in antimicrobial prescribing and stewardship? (multiple answers) *

- ☐ For AMS team members
- ☐ For medical prescribers
- ☐ For all prescribers
- ☐ For all HCP (physicians, pharmacists, microbiologists, nurses, etc.)
- ☐ Otras

63. **Does your NAP or equivalent National Strategies or Programmes recommend AMS training activities to develop AMS competencies in Primary Care 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 physicians
- ☐ Yes, for all prescribers (no other HCP)
- ☐ Yes, for physicians, microbiologists, nurses, and pharmacists.
- ☐ Others
- ☐ No
- ☐ I don't know/unclear in documentation

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

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

65. **Does your NAP or equivalent National Strategies or Programmes recommend Primary Care reference areas or organizational units to improve awareness and understanding of AMR through effective communication and implementing AMS interventions among the population? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

66. **Does your NAP or equivalent National Strategies or Programmes recommend Primary Care reference areas or organizational units to ensure effective communication with patients and prescribers regarding appropriate antimicrobial use and managing patient expectations? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/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.

Glossary on this section:

ASP: Antimicrobial stewardship programmes

NAP: National Action Plan

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

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

68. **Indicate which key indicators are developed (multiple answers): ***

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

69. **Does your NAP or equivalent National Strategies or Programmes recommend reporting the results of the indicators to the Primary Care professionals, ASP teams and management? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

70. If yes, indicate **level of disaggregation** per indicator (national/regional/primary care reference area)

Antimicrobial consumption indicators

- ☐ National
- ☐ Regional
- ☐ Primary Care Area or Unit
- ☐ Otras

71. If yes, indicate **level of disaggregation** per indicator (national/regional/primary care reference area)

Microbiology indicators

- ☐ National
- ☐ Regional
- ☐ Primary Care Area or Unit
- ☐ Otras

72. If yes, indicate **level of disaggregation** per indicator (national/regional/primary care reference area)

Clinical outcome indicators (e.g. decrease in the number of consultations for infectious diseases, decrease in hospital admissions for conditions managed in the community).

- ☐ National
- ☐ Regional
- ☐ Primary Care Area or Unit
- ☐ Otras

73. If yes, indicate **level of disaggregation** per indicator (national/regional/primary care reference area)

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

- ☐ National
- ☐ Regional
- ☐ Hospital
- ☐ Otras

74. 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

75. 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

76. 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: decrease in the number of consultations for infectious diseases, decrease in hospital admissions for conditions managed in the community).

- ☐ Annually
- ☐ Bi-annually
- ☐ Quarterly
- ☐ Monthly
- ☐ Otras

77. 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 hours dedicated by AMS team).

- ☐ Annually
- ☐ Bi-annually
- ☐ Quarterly
- ☐ Monthly
- ☐ Otras

78. **Does your NAP or equivalent National Strategies or Programmes recommend documenting the indication for the prescribed antibiotic to monitor the adherence/compliance with community reference guidelines? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/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.

Glossary on this section:

AMS: Antimicrobial stewardship

ASP: Antimicrobial stewardship programmes

NAP: National Action Plan

79. **Does your NAP or equivalent National Strategies or Programmes define which quality standards are considered minimum for a good Primary Care ASP? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

80. **Does your NAP or equivalent National Strategies or Programmes recommend a specific guidance on ASP implementation process in Primary Care? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

81. **Does your NAP or equivalent National Strategies or Programmes recommend an assessment procedure for this implementation? ***

- ☐ Yes
- ☐ No
- ☐ I don't know/unclear in documentation

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

- ☐ Yes, but only for prescribers
- ☐ Yes, but only for ASP teams
- ☐ Yes, but only for Centres (Primary Care facilities)
- ☐ Yes, all the above
- ☐ No
- ☐ I don't know/unclear in documentation

Food for thought

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

84. Are there any questions missing that should be considered or any additional information you would like to share? *

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 Primary Care across Europe.

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

Este contenido no está creado ni respaldado por Microsoft. Los datos que envíe se enviarán al propietario del formulario.

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