



Focus Group Questions to Assess Baseline Knowledge and Perceptions of Antibiotic Use in Participating Unit(s)/Hospital

1. Are you aware of any activities or protocols to tackle inappropriate antibiotic use in your unit or at the hospital level?
2. Nurses have played a major role in reducing central line-associated bloodstream infections and catheter-associated urinary tract infections in acute care hospitals. Up to 30% of antibiotics given in the hospital are inappropriate and 20% of these patients will experience an adverse event (such as renal failure or *C. diff* colitis). Are there ways you can contribute to avoid inappropriate antibiotic starts in your patients?
3. Are there any barriers specific to your unit or patient population for reducing inappropriate antibiotics or cultures?
4. How do you think bedside nurses in this unit can strengthen their daily activities to impact antibiotic decisions?
5. How often do *you* prompt the prescriber (i.e., physician or advanced practitioner) to order a test such as a respiratory (sputum), urine or blood culture, or a chest x-ray? When might this happen?
6. Can you think of a clinical scenario when you felt that an antibiotic start was not necessary? Can you give examples?
7. Unnecessary antibiotics are frequently prescribed to treat respiratory conditions that do not require antibiotics such as viral pneumonia, mucus plugging or pulmonary edema. Are there ever times when patients receive antibiotics without clear evidence of bacterial pneumonia (defined as new lung infiltrate + new oxygen requirement, fever, leukocytosis, purulent secretions) in your unit? When might this happen?
8. How often is the respiratory culture prompted by the respiratory therapist?
9. Most patients that report an allergy to penicillin are not truly allergic and can safely receive a β -lactam antibiotic (i.e. antibiotics with similar side chain structure to penicillin). Did you know that patients with a penicillin-labeled allergy, even if they don't have a real penicillin allergy, have worse health outcomes than patients without a penicillin-labeled allergy? What might help you improve documentation of penicillin allergies?
10. What information or education would nurses on your unit want to enhance their role in antibiotic stewardship? What information would you need and in what form would it be best received (e.g., algorithms, bedside, small group/large group, one day, short, workshop)?