

10565 and 10566 CEM Antimicrobial Stewardship Post Test – March 1, 2010

Working Together: Implementing Interdisciplinary Antimicrobial Stewardship Programs

This knowledge-based activity is located at www.ashpadvantage.com/cemornings

There are 10 questions associated with this self-assessment test.

1. Which of the following is the most common cause of healthcare-associated infections (HAI) in American hospitals?
 - a. Bloodstream infections.
 - b. Pneumonia (lung infections).
 - c. Surgical site infections.
 - d. Urinary tract infections.

2. Which of the following is among the 5-year national prevention targets in the U.S. Department of Health and Human Services action plan to prevent HAI?
 - a. A 30% reduction in *Clostridium difficile* infections.
 - b. A 30% reduction in community-acquired pneumonia.
 - c. A 75% reduction in methicillin-resistant *Staphylococcus aureus* infections.
 - d. A 75% reduction in ventilator-associated pneumonia.

3. Which of the following statements about recent changes in Centers for Medicare & Medicaid Services reimbursement policies for HAI and other hospital-acquired conditions is correct?
 - a. Reimbursement is higher for conditions not present on admission than in the past.
 - b. Reimbursement is lower for conditions not present on admission than in the past.
 - c. Reimbursement is higher than in the past, regardless of whether the condition was present on admission.
 - d. Reimbursement is lower than in the past, regardless of whether the condition was present on admission.

4. Which of the following is a potential human health consequence of increased antimicrobial use in food production animals and aquaculture?
 - a. Decreased risk for food-borne illness in humans due to eradication of pathogens in animals and fish.
 - b. Decreased risk for community-acquired infection in humans due to the transfer of antimicrobials agents from animals or fish to humans.
 - c. Increased risk for food-borne illness and community-acquired infection in humans due to the transfer of antimicrobial-resistant pathogens from animals and fish to humans.
 - d. There is no substantial impact on human health.

5. Which of the following statements about the impact of antimicrobial-resistant infections is correct?
 - a. They increase mortality and hospital length of stay but not costs.
 - b. They increase hospital length of stay and costs but not mortality.
 - c. They increase mortality and costs but not hospital length of stay.
 - d. They increase mortality, hospital length of stay, and costs.

6. Which of the following was an unintended consequence of the use of core measures of the timeliness of antimicrobial use in the emergency department?
 - a. Antibiotic overuse and misuse in patients in whom it was not warranted.
 - b. Delayed initiation of antibiotic therapy in patients with life-threatening infections.
 - c. Failure to use antibiotic therapy in patients with life-threatening infections.
 - d. Premature discontinuation of antibiotic therapy in patients with life-threatening infections.



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7. Which of the following was recommended by the American Academy of Emergency Medicine in a white paper and position statement?
 - a. Measurement of the time to first antibiotic dose (TFAD) in community-acquired pneumonia (CAP) despite evidence of antibiotic overuse and a lack of consistent evidence of improved outcomes.
 - b. Measurement of the TFAD in CAP because of evidence of improved outcomes without antibiotic overuse.
 - c. Discontinuing measurement of the TFAD in CAP because of possible antibiotic overuse and inconsistent evidence of improved outcomes.
 - d. Discontinuing measurement of the TFAD in CAP despite evidence of improved outcomes because of a lack of cost savings.

8. At the Ohio State University Medical Center, the empiric use of broad-spectrum antimicrobial agents that are effective against *Pseudomonas aeruginosa* (e.g., imipenem) is reserved for patients in whom the pathogen is suspected, and ertapenem, which lacks such coverage, is used instead for other patients to:
 - a. Optimize compliance with publicly-reported core measures of quality.
 - b. Avoid collateral damage (selection of resistant pathogens by unnecessary use of broad-spectrum antibiotics).
 - c. Shorten intensive care unit and hospital lengths of stay.
 - d. Minimize mortality and costs.

9. Which of the following is a key consideration in implementing a new laboratory test as part of an antimicrobial stewardship program?
 - a. Whether the test decreases costs.
 - b. Whether the test is gene-based.
 - c. Whether the test is quantitative.
 - d. Whether the test decreases time to optimal therapy.

10. Which of the following is the key to optimizing the treatment of serious multidrug-resistant bloodstream infections in U.S. hospitals?
 - a. Development by vendors of inexpensive laboratory tests for the rapid detection of serious infections.
 - b. Authorization by hospital administrators to invest in rapid laboratory tests that reduce the time to receipt of appropriate antimicrobial therapy for serious infections.
 - c. In-house validation by clinical microbiology personnel of the reliability of laboratory tests that differentiate among pathogens that cause serious infections.
 - d. Communication of laboratory test results for patients with serious infections to prescribers by infectious disease pharmacists.



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