

Self-Assessment Test

Implementation of Evidence-based Strategies for Managing Antimicrobial Resistance in Health Systems

This program is located at <http://ashpmedia.org/symposia/cemornings>



This self-assessment test has been provided as a study aid only. At the conclusion of the internet-based program, click on “Take Post-Test” to proceed to the ASHP Learning Center and take the on-line program post-test. You may print your CE statement immediately after successful completion of the post-test.

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

1. The number of hospital-acquired infections annually in U.S. hospitals has been estimated at:
 - a. 7,000.
 - b. 70,000.
 - c. 170,000.
 - d. 1,700,000.
2. Antibiotics differ from antihypertensive agents in that antibiotics:
 - a. Are more costly.
 - b. Are used to treat a symptomatic illness.
 - c. Are associated with more patient nonadherence.
 - d. Affect patients beyond the one for whom the drug is prescribed.
3. Antimicrobial resistance:
 - a. Increases length of hospital stay, health care costs, and mortality.
 - b. Increases length of hospital stay and health care costs, but has no impact on mortality.
 - c. Increases mortality, but has no impact on length of hospital stay or health care costs.
 - d. Has no impact on length of hospital stay, health care costs, or mortality.
4. The Infectious Diseases Society of America “hit list” of top resistant pathogens includes:
 - a. Extended-spectrum β -lactamase (ESBL)-producing *Escherichia coli* (*E. coli*).
 - b. ESBL-producing *Klebsiella pneumoniae*.
 - c. Extreme drug resistant (XDR) *Mycobacterium tuberculosis*.
 - d. Penicillin-resistant *Staphylococcus epidermidis*.
5. Infectious disease-related hospital-acquired conditions that the Centers for Medicare and Medicaid Services considers preventable (“never events”) and for which reimbursement is limited include:
 - a. Complicated intra-abdominal infection.
 - b. Perforated/abscessed appendicitis.
 - c. Vascular catheter-associated infection.
 - d. XDR community-acquired pneumonia.
6. Which of the following statements about antimicrobial stewardship programs is correct?
 - a. They are associated with cost savings only in large medical centers.
 - b. They are associated with cost savings only in small hospitals.
 - c. They are associated with cost savings in small hospitals as well as large medical centers.
 - d. They are not associated with cost savings in small hospitals or large medical centers.



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7. Which of the following types of expertise are most appropriate for an antimicrobial stewardship team?
 - a. Administration, accounts receivable, accounts payable, billing, and financial services.
 - b. Family medicine, internal medicine, obstetrics/gynecology, oncology, and pediatrics.
 - c. Infectious diseases, clinical microbiology, infection control, epidemiology, and information systems.
 - d. Nursing, dietetic services, physical therapy, occupational therapy, and social services.
8. Which of the following is the most common gram-negative cause of complicated intra-abdominal infection?
 - a. *Bacteroides fragilis*.
 - b. *E. coli*.
 - c. *Pseudomonas aeruginosa*.
 - d. *Staphylococcus aureus*.
9. Which of the following antibiotics is currently used for surgical patients with community-acquired complicated intra-abdominal infection at the Ohio State University Medical Center?
 - a. Ampicillin/sulbactam.
 - b. Cefotetan.
 - c. Ertapenem.
 - d. Piperacillin/tazobactam.
10. Which of the following is a Surgical Care Improvement Program (SCIP) measure?
 - a. Prophylactic antibiotics received within 1 hour after non-cardiac surgery end time.
 - b. Prophylactic antibiotics discontinued within 12 hours after non-cardiac surgery end time.
 - c. Prophylactic antibiotics discontinued within 10 days after cardiac surgery end time.
 - d. Prophylactic antibiotics received within 1 hour prior to surgical incision.



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