|  |
| --- |
| **This survey asks questions about your current ICU practice. For each of these questions, please think about your responses in the context of the ICU where you spend most of your time (i.e., not including working part-time or moonlighting in other ICUs).**  **Please indicate your response by placing an “X” in the appropriate box.** |

**Part 1**

The first group of questions refers to how you use daily sedation interruption (sometimes called daily sedation holidays) for your intubated patients.

1. What percentage of your intubated patients are appropriate for daily sedation interruption based on the best available evidence?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

2. How strong do you believe the evidence is that your intubated patients will benefit from daily sedation interruption?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very strong | Strong | Neither strong nor weak | Weak | Very weak |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

3. In your opinion, how large is the clinical benefit of daily sedation interruption?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very large | Large | Moderate | Small | Very small |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

4. What percentage of your intubated patients have contraindications to receiving daily sedation interruption?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

5. Please state your level of agreement or disagreement with the following statement:

*I will only order/administer sedation interruption if I am certain my intubated patient is an appropriate candidate.*

|  |  |  |  |
| --- | --- | --- | --- |
| Strongly agree | Agree | Disagree | Strongly disagree |
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

**Part 2**

The next group of questions refers to how you use spontaneous breathing trials (SBTs) for your intubated patients who are eligible for liberation from mechanical ventilation (sometimes called “weaning”).

6. How long would you wait to perform an SBT once a patient first appears clinically ready to attempt one?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No wait (immediate SBT) | 12 hours | One day | Two days | Three or more days |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

7. Please state your level of agreement or disagreement with the following statement:

*I will order/administer an SBT even if I think I might have to re-intubate a patient after weaning and extubation.*

|  |  |  |  |
| --- | --- | --- | --- |
| Strongly agree | Agree | Disagree | Strongly disagree |
| ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

**Part 3**

The next group of questions refers to how you use low tidal volume ventilation (LTVV, sometimes called lung protective ventilation) for your patients with acute respiratory distress syndrome (ARDS).

8. What percentage of your patients with ARDS warrant treatment with LTVV based on the best available evidence?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

9. How strong do you believe the evidence is that your patients with ARDS will benefit from LTVV?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very strong | Strong | Neither strong nor weak | Weak | Very weak |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

10. In your opinion, how large is the benefit of LTVV in reducing mortality for your ARDS patients?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very large | Large | Moderate | Small | Very small |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

11. What percentage of your patients with ARDS have contraindications to receiving LTVV?

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

12. Please state your level of agreement or disagreement with the following statement:

*I will only order/administer LTVV if I am certain my patient has ARDS.*

|  |  |  |  |
| --- | --- | --- | --- |
| Strongly agree | Agree | Disagree | Strongly disagree |
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

**Part 4**

The next questions ask about other aspects of your practice. They do not refer only to patients with ARDS or those eligible for liberation from mechanical ventilation.

13. I am bothered if I have to re-intubate a patient after weaning and extubation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Very much | Quite a bit | Somewhat | A little bit | Not at all |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

14. If I start a patient on empirical antibiotics, I will continue them until I am certain the patient does not have an infection.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Always | Usually | Sometimes | Rarely | Never |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

15. It feels like I made a mistake if I have to re-intubate a patient after weaning and extubation.

|  |  |  |  |
| --- | --- | --- | --- |
| Strongly agree | Agree | Disagree | Strongly disagree |
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

16. If I start a patient on empirical antibiotics, I will discontinue them after about 48 hours if there is no clear evidence of infection (e.g., negative blood cultures, no pulmonary infiltrate, etc.).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Always | Usually | Sometimes | Rarely | Never |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

**Part 5**

The next two questions ask about how you view new therapies and diagnostic tests.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Always | Usually | Sometimes | Rarely | Never |
| 17. I wait until a new therapy or diagnostic test has been used for a while by other people before changing my own practice | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| 18. If a new therapy or diagnostic test looks beneficial, I will use it even if more studies are needed to know with certainty that it is better than the current standard of care | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

**Part 6**

Next, we want you to tell us about factors in the ICU where you usually practice that may contribute to delays in prompt diagnosis or treatment.

First, we are going to ask you about patients who may be eligible for daily sedation interruption.

Please state your level of agreement or disagreement with the following statements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree |
| *19. It is easy for me to obtain all the information I need to determine whether a patient is eligible for daily sedation interruption.* | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
| *20. It is easy to make sure a patient is scheduled to receive or has received daily sedation interruption.* | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
| *21. It is easy to order daily sedation interruption.* | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

22. How long does it usually take from the time a patient becomes clinically ready for daily sedation interruption to the time you identify or are notified they are ready for daily sedation interruption?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Less than 6 hours | 6 to just under 12 hours | 12 to just under 24 hours | 24 to just under 48 hours | More than 48 hours |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
|  |  |  |  |  |

For questions 23 to 26, please describe how often the following issues delay patients receiving daily sedation interruption:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very frequently | Frequently | Sometimes | Rarely | Never |
| *23. Providers placing too much emphasis on relative contraindications to daily sedation interruption.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *24. Delay in you being notified that a patient is eligible for daily sedation interruption.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *25. Not promptly recognizing that a patient is eligible for daily sedation interruption even when all data are available and the criteria appear to be met.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *26. The time from ordering daily sedation interruption to your patient receiving it.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

Now we are going to ask you about patients who may be eligible for a spontaneous breathing trial (SBT).

Please state your level of agreement or disagreement with the following statements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree |
| *27. It is easy for me to obtain all the information I need to determine whether a patient is eligible for an SBT.* | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
| *28. It is easy to make sure a patient is scheduled to receive or has received an SBT.* | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
| *29. It is easy to order an SBT.* | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

30. How long does it usually take from the time a patient becomes clinically ready for an SBT to the time you identify or are notified they are ready for an SBT?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Less than 6 hours | 6 to just under 12 hours | 12 to just under 24 hours | 24 to just under 48 hours | More than 48 hours |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

For questions 31 to 34, please describe how often the following issues delay patients receiving an SBT:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very frequently | Frequently | Sometimes | Rarely | Never |
| *31. Providers placing too much emphasis on relative contraindications to an SBT.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *32. Delay in you being notified that a patient is eligible for an SBT.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *33. Not promptly recognizing that a patient is eligible for an SBT even when all data are available and the criteria appear to be met.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *34. The time from ordering an SBT to your patient receiving it.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**Part 7**

Now we are going to ask you about patients who may have ARDS.

Please state your level of agreement or disagreement with the following statements:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Strongly agree | Agree | Disagree | Strongly disagree |
| *35. It is easy for me to obtain all the information I need to determine whether a patient has ARDS.* | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
| *36. It is easy to make sure a patient is receiving LTVV.* | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
| *37. It is easy to order LTVV.* | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

38. How long does it usually take from the time a patient clinically develops ARDS to the time you receive all the information needed to make a diagnosis of ARDS?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Less than 6 hours | 6 to just under 12 hours | 12 to just under 24 hours | 24 to just under 48 hours | More than 48 hours |
| ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

For questions 39 to 43, please describe how often the following issues delay the diagnosis of ARDS and/or the decision to treat a patient with LTVV:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very frequently | Frequently | Sometimes | Rarely | Never |
| *39. Obtaining a chest radiograph and being notified of the results.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *40. Obtaining an arterial blood gas and being notified of the results.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *41. Finding time to review all the patient’s records and decide whether to make a diagnosis of ARDS.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *42. Not promptly recognizing that a patient has ARDS even when all data are available and the criteria appear to be met.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |
| *43. The time from ordering LTVV to your patient receiving it.* | ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 |

**Part 8**

Now we are going to ask questions about communication in your ICU.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Very high quality | High quality | Average | Low quality | Very low quality |
| *44. Rate the quality of collaboration you have with nurses in your ICU.* | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
| *45. Rate the quality of collaboration you have with respiratory therapists in your ICU.* | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

**Part 9**

We want to know how physicians talk to each other to share information and to get advice. We are asking this information for research purposes only; this information is critical to understand professional network structure and dynamics, and to design future interventions to improve the care of mechanically ventilated patients. Remember, all information you give us is confidential.

46. Please write down the names of up to five critical care physicians with whom you work in your ICU whose input you regularly seek to help you make good clinical decisions based on the best available evidence. Also, please indicate how often you seek their input by placing an X in the appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of colleague  (First and last name) | Several times per week | Once per week | Few times per month | Once per month | Less than once per month |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

47. Please write down the names of up to five critical care physicians with whom you work in your ICU who regularly seek your input to help them make good clinical decisions based on the best available evidence. Also, please indicate how often they seek your input by placing an “X” in the appropriate box.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of colleague  (First and last name) | Several times per week | Once per week | Few times per month | Once per month | Less than once per month |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |
|  | ☐ 5 | ☐ 4 | ☐ 3 | ☐ 2 | ☐ 1 |

48. Please write down the names of up to three critical care physicians with whom you work in your ICU who you think tend to be the first to use new therapies or diagnostic tests.

|  |
| --- |
| Name of colleague  (First and last name) |
|  |
|  |
|  |

49. Please write down the names of up to five critical care physicians with whom you work in your ICU who you consider to be your friends.

|  |
| --- |
| Name of colleague  (First and last name) |
|  |
|  |
|  |
|  |
|  |

**Part 10**

50. What is your age?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Under 25 | 25-34 | 35-44 | 45-54 | 55-64 | 65 or older |
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 |

51. What is your gender?

|  |  |
| --- | --- |
| Male | Female |
| ☐ 1 | ☐ 2 |

52. What was your position from July 1, 2013 until June 30, 2014?

|  |  |  |  |
| --- | --- | --- | --- |
| Attending physician | Fellow | Nurse | Respiratory therapist |
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 |

53. From July 2013 until June 2014, were you working in the same ICU as you are currently?

|  |  |
| --- | --- |
| Yes | No |
| ☐ 1 | ☐ 2 |

54. What year did you complete your fellowship training?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Still in training | 2009-2014 | 2004-2008 | 1999-2003 | 1994-1998 | 1989-1993 | 1984-1988 | 1983 or earlier |
| ☐ 1 | ☐ 2 | ☐ 3 | ☐ 4 | ☐ 5 | ☐ 6 | ☐ 7 | ☐ 8 |