

Supplementary Table S1—Number of Schools Currently Engaging in, Planning to Engage in, or Not Planning to Engage in the AVMA Core Principle Activities.

| Response | Currently Completing Count (%) n=24 | Planning To Do Count (%) n=24 | Do Not Plan To Do Count (%) n=24 |
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| Core Principle 1: Commit to AS | | | |
| Form an AS committee | 12 (50%) | 10 (42%) | 2 (8%) |
| Identify AS Champion(s) | 12 (50%) | 4 (17%) | 8 (33%) |
| Define AS responsibilities for AS Champion(s) and other staff | 6 (25%) | 11 (46%) | 7 (29%) |
| Publicly announce commitment to AS to clients, staff, veterinarians, and other partners | 5 (21%) | 11 (46%) | 8 (33%) |
| Actively promote responsible AU to clients and public | 6 (25%) | 12 (50%) | 6 (25%) |
| Define (and redefine) hospital AS priorities | 8 (33%) | 13 (54%) | 3 (13%) |
| Draft AS policies and implementation plans | 10 (42%) | 12 (50%) | 2 (8%) |
| Establish institutional support (e.g., financial, time) | 3 (13%) | 15 (63%) | 6 (25%) |
| Core Principle 2: Advocate for a System of Care to Prevent Common Diseases | | | |
| Educate clients on the importance of preventative care | 19 (79%) | 2 (8%) | 3 (13%) |
| Design and implement, and then monitor, regularly review, and update detailed written infection prevention and control plans | 19 (79%) | 2 (8%) | 3 (13%) |
| Develop prevention protocols for high-priority conditions | 18 (75%) | 4 (17%) | 2 (8%) |
| Identify barriers to adopting infection prevention strategies (e.g., hand washing) | 15 (63%) | 7 (29%) | 2 (8%) |
| Make infection prevention and control resources and supplies readily available | 17 (71%) | 5 (21%) | 2 (8%) |
| Core Principle 3: Select and Use Antimicrobial Drugs Judiciously | | | |
| Provide clinical guidance for responsible AU, including utilization of consensus-driven guidelines | 14 (58%) | 8 (33%) | 2 (8%) |
| Develop facility-specific prescribing protocols based on published guidelines | 9 (38%) | 9 (38%) | 6 (25%) |
| Have available AU consultations with specialist (e.g., microbiologist, pharmacist, other) | 16 (67%) | 3 (13%) | 5 (21%) |
| Develop protocols for use of clinical diagnostics (e.g., recommendation of only promoting urine cultures after urinalysis for patients with clinical signs) | 6 (25%) | 11 (46%) | 7 (29%) |

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| Review available hospital antimicrobials, and identify opportunities for formulary-level AS action (e.g., prescribing tiers, formulary restriction) | 10 (42%) | 9 (38%) | 5 (21%) |
| Pre-authorization requirement for certain antibiotics | 11 (46%) | 6 (25%) | 7 (29%) |
| Implement workflow interventions to reduce unnecessary AU prescribing (e.g., AU time out, prescribing algorithms, decision support for drug selection in medical records) | 3 (13%) | 13 (54%) | 8 (33%) |
| Promote use of alternative case management and therapeutic options to reduce the need for systemic antibiotics when appropriate | 14 (58%) | 7 (29%) | 3 (13%) |
| Record the indication(s) for antimicrobials in patient medical records and client communications | 11 (46%) | 10 (42%) | 3 (13%) |
| Assess compliance with AS actions/programmatic initiatives | 6 (25%) | 10 (42%) | 8 (33%) |
| Critically assess the need for prophylactic AU, as well as selection and duration | 7 (29%) | 10 (42%) | 7 (29%) |
| Core Principle 4: Evaluate Antimicrobial Drug Use Practices | | | |
| Track overall AU | 8 (33%) | 11 (46%) | 5 (21%) |
| Report overall AU (e.g., to hospital leadership, staff) | 4 (17%) | 14 (58%) | 6 (25%) |
| Track AU prescribing for priority conditions (e.g., lower urinary tract infections, community acquired respiratory tract disease) | 1 (4%) | 15 (63%) | 8 (33%) |
| Report AU prescribing for priority conditions (e.g., to hospital leadership, staff) | 1 (4%) | 16 (67%) | 7 (29%) |
| Review appropriateness of prescribing for priority conditions (e.g., with individual clinicians, at AS committee meetings) | 1 (4%) | 15 (63%) | 8 (33%) |
| Document AMR trends | 15 (63%) | 5 (21%) | 4 (17%) |
| Engage with veterinary diagnostic laboratories to provide facility or regional antibiograms | 16 (67%) | 6 (25%) | 2 (8%) |
| Assess how often samples are submitted for culture and susceptibility testing | 3 (13%) | 12 (50%) | 9 (38%) |
| Core Principle 5: Educate and Build Expertise | | | |
| Communicate with pet owners about AMR and other potential harms of AU (e.g., client handouts, waiting room posters) | 8 (33%) | 12 (50%) | 4 (17%) |
| Provide information to clients about proper medication disposal | 12 (50%) | 8 (33%) | 4 (17%) |

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| Provide all-staff training on hospital AS practice and policy | 5 (21%) | 14 (58%) | 5 (21%) |
| Make continuing education related to AS available to hospital personnel | 9 (38%) | 11 (46%) | 4 (17%) |