



The Core Elements of Hospital Antibiotic Stewardship Programs

ANTIBIOTIC STEWARDSHIP PROGRAM ASSESSMENT TOOL



CS273578-A



**Centers for Disease
Control and Prevention**
National Center for Emerging and
Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

Core Elements of Hospital Antibiotic Stewardship Programs: Assessment Tool

The antibiotic stewardship program assessment tool is a companion to *Core Elements of Hospital Antibiotic Stewardship Programs*. This tool provides examples of ways to implement the Core Elements. The Core Elements are intended to be an adaptable framework that hospitals can use to guide efforts to optimize antibiotic prescribing. Thus, not all of the examples listed in the Core Elements (and below) may be necessary and/or feasible in all hospitals.

The assessment tool can be used on a periodic basis (e.g., annually) to document current program infrastructure and activities and to help identify items that could improve the effectiveness of the stewardship program. Consider listing specific details, such as points of contacts or facility-specific guidelines with the date, in the “comments” column as reference for the antibiotic stewardship team.

| CORE ELEMENTS OF HOSPITAL ANTIBIOTIC STEWARDSHIP PROGRAMS: ASSESSMENT TOOL | | ESTABLISHED AT FACILITY | COMMENTS |
|--|--|--|--|
| Hospital Leadership Commitment | 1. [Priority Example] Does facility leadership provide stewardship program leader(s) dedicated time to manage the program and conduct daily stewardship interventions? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | -Provider given time but may have a pt scheduled during that time. Others - known that time is taken but nothing was removed from schedule. |
| | 2. [Priority Example] Does facility leadership provide stewardship program leader(s) with resources (e.g, IT support, training) to effectively operate the program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | would if asked but need to make sure to budget for it |
| | 3. [Priority Example] Does your antibiotic stewardship program have a senior executive that serves as a point of contact or “champion” to help ensure the program has resources and support to accomplish its mission? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Director of Quality & Rm. |
| | 4. [Priority Example] Do stewardship program leader(s) have regularly scheduled meetings with facility leadership and/or the hospital board to report and discuss stewardship activities, resources and outcomes? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | need to better do this discussed @ QAPI slight discussed @ med staff |
| | 5. Does your facility leadership ensure that staff from key support departments and groups have sufficient time to contribute to stewardship activities? (refer to Core Elements for key support staff) | <input type="checkbox"/> Yes <input type="checkbox"/> No | main person doing the audit is salary. |
| | 6. Does facility leadership ensure that antibiotic stewardship activities are integrated into other quality improvement and patient safety efforts, such as sepsis management and diagnostic stewardship? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | not really. |

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|--|--|---|---|
| Hospital Leadership Commitment | 7. Does facility leadership support enrollment and reporting into the National Healthcare Safety Network (NHSN) Antimicrobial Use and Resistance (AUR) Module, including any necessary IT support? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>need to do it.</i> |
| | 8. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Accountability | 1. Does your facility have a leader or co-leaders responsible for program management and outcomes of stewardship activities? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>Provider Pharmacist</i> |
| | a. If a non-physician is the leader of the program, does the facility have a designated physician who can serve as a point of contact and support for the non-physician leader? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA | |
| | 2. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Pharmacy Expertise | 1. Does your facility have a pharmacist(s) responsible for leading implementation efforts to improve antibiotic use? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 2. Does your pharmacist(s) leading implementation efforts have specific training and/or experience in antibiotic stewardship? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 3. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Action: Implement Interventions to Improve Antibiotic Use | 1. [Priority Example] Does your facility perform prospective audit and feedback for specific antibiotic agents? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <i>Pharmacist does Review somewhat but not consistently. most is done p the fact.</i> |
| | 2. [Priority Example] Does your facility perform preauthorization for specific antibiotic agents? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 3. [Priority Example] Does your facility have facility-specific treatment recommendations, based on national guidelines and local pathogen susceptibilities, to assist with antibiotic selection for common clinical conditions? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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ESTABLISHED AT FACILITY

COMMENTS

**Action:
Implement Interventions to Improve Antibiotic Use**

4. Does your facility have specific interventions (e.g., ensuring correct discharge duration of therapy) to ensure optimal use of antibiotics for treating the most common infections in most hospitals?

a. Community-acquired pneumonia

Yes
 No

was developed - stopped auditing
currently look @ upper resp infection

b. Urinary tract infections

Yes
 No

Did look @ UTI's for a short period but stopped

c. Skin and soft tissue infections

Yes
 No

5. Does your facility have specific interventions in place to ensure optimal use of antibiotics in the following situations?

Providers do use up to date pretty routinely

a. Sepsis

Yes
 No

b. *Staphylococcus aureus* infection

Yes
 No

c. Stopping unnecessary antibiotic(s) in new cases of *Clostridioides difficile* infection (CDI)

Yes
 No

but they do consider this

d. Culture-proven invasive (e.g., blood stream) infections

Yes
 No

e. Review of planned outpatient parenteral antibiotic therapy (OPAT)

Yes
 No

6. Does your facility have a policy that requires prescribers to document in the medical record or during order entry a dose, duration and indication for all antibiotic prescriptions?

Yes
 No

It isn't a written policy but the system requires it for the order to go through.

7. Does your facility have a formal procedure for all prescribers to conduct daily reviews of antibiotic selection until a definitive diagnosis and treatment duration are established (i.e. time out)?

Yes
 No

not formal procedure.

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|--|--|--|--|
| Action: Implement Interventions to Improve Antibiotic Use | 8. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 9. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 10. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 11. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Tracking Antibiotic Use and Outcomes | 1. [Priority Example] Does your antibiotic stewardship program track antibiotic use by submitting to the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Option? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Do submit DOT through IHA qual. f. group. |
| | 2. [Priority Example] Does your antibiotic stewardship program monitor prospective audit and feedback interventions by tracking the types of interventions and acceptance of recommendations? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 3. [Priority Example] Does your antibiotic stewardship program monitor preauthorization interventions by tracking which agents are being requested for which conditions? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 4. [Priority Example] Does your stewardship program monitor adherence to facility-specific treatment recommendations? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | for upper resp. infect. But had to stop when go onto another area. |
| | 5. Does your stewardship program monitor adherence to a documentation policy (dose, duration and indication)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | For the indication under review @ the time. |
| | 6. Does your antibiotic stewardship program monitor the performance of antibiotic timeouts to see how often these are being done and if opportunities to improve use are being acted on during timeouts? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 7. Does your antibiotic stewardship program routinely perform medication use evaluations to assess courses of therapy for select antibiotics and/or infections to identify opportunities to improve use? | <input type="checkbox"/> Yes <input type="checkbox"/> No | For upper resp. infect. would be done if for PN in the past. |

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| Tracking Antibiotic Use and Outcomes | 8. Does your antibiotic stewardship program assess how often patients are discharged on the correct antibiotics for the recommended duration? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 9. Does your antibiotic stewardship program track antibiotic resistance by submitting to the NHSN Antimicrobial Resistance (AR) Option? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 10. Does your antibiotic stewardship program track CDI in context of antibiotic use? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>We do review of + CDI don't rec. document in audit</i> |
| | 11. Does your facility produce an antibiogram (cumulative antibiotic susceptibility report)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>We use Lewisston PRb.</i> |
| | 12. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reporting Antibiotic Use and Outcomes | 1. Does your antibiotic stewardship program share facility and/or individual prescriber-specific reports on antibiotic use with prescribers? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>Verbal in med staff on general - & individual on a monthly basis</i> |
| | 2. Does your antibiotic stewardship program report adherence to treatment recommendations to prescribers (e.g., results from medication use evaluations, etc)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>only for the current indication under review</i> |
| | 3. Has your facility distributed a current antibiogram to prescribers? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 4. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Education | 1. Does your stewardship program provide education to prescribers and other relevant staff on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <i>for the current indication.</i> |
| | 2. Does your stewardship program provide education to prescribers as part of the prospective audit and feedback process (sometimes called "handshake stewardship")? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | 3. Other example(s): | <input type="checkbox"/> Yes <input type="checkbox"/> No | |