**Hospital Antibiotic Stewardship Core Element Assessment**

**Instructions**: The purpose of this assessment tool is to understand the ways in which your facility has implemented CDC’s Core Elements of Hospital Antibiotic Stewardship Programs (available at <http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>). Please coordinate with your stewardship team, as needed, to respond to the items below.

1. Please complete basic information about your hospital and your title.
2. For each of the 7 core elements, please read through each statement below and indicate whether the statement applies to your facility by selecting **Yes** or **No** for each item.

|  |
| --- |
| **Respondent Information**  |
| 1. In what hospital setting do you work?

[ ] Academic acute-care hospital[ ] Non-academic acute care hospital[ ] Critical access hospital |  |
| 1. What is your job title?

[ ] Physician[ ] Clinical pharmacist[ ] Other (specify): |  |
| Leadership Support | **Yes** | **No** |
| 1. Facility leadership has provided a formal statement of support for antibiotic stewardship (e.g., a policy or statement approved by the board).
 |[ ] [ ]
| 1. Facility leadership has communicated their support of stewardship to staff via email, newsletters, events, or other avenues.
 |[ ] [ ]
| 1. Salary support has been provided for a physician to (co)lead stewardship efforts.
 |[ ] [ ]
| 1. Salary support has been provided for a pharmacist to (co)lead stewardship efforts.
 |[ ] [ ]
| 1. Formal commitments of staff time to antibiotic stewardship activities have been made.
 |[ ] [ ]
| 1. Support has been provided for staff to receive training on antibiotic stewardship.
 |[x] [ ]
| 1. Funding has been provided for information technology and/or laboratory resources to support antibiotic stewardship efforts.
 |[ ] [ ]
| 1. A formalized antibiotic stewardship committee has been convened.
 |[ ] [ ]
| * 1. Membership in our facility’s formalized antibiotic stewardship committee includes clinician(s).
 |[ ] [ ]
| * 1. Membership in our facility’s formalized antibiotic stewardship committee includes pharmacy representation.
 |[ ] [ ]
| * 1. Membership in our facility’s formalized antibiotic stewardship committee includes nursing.
 | [ ]  | [ ]  |
| * 1. Membership in our facility’s formalized antibiotic stewardship committee includes infection prevention.
 | [ ]  | [ ]  |
| * 1. Membership in our facility’s formalized antibiotic stewardship committee includes microbiology.
 | [ ]  | [ ]  |
| * 1. Membership in our facility’s formalized antibiotic stewardship committee includes information technology (IT).
 | [ ]  | [ ]  |
| 1. Facility leadership regularly monitors / is updated on antibiotic use and stewardship efforts in the facility.
 | [ ]  | [ ]  |
| 1. Antibiotic stewardship activities are integrated into quality improvement and/or patient safety initiatives.
 | [ ]  | [ ]  |
| Accountability and Drug Expertise | **Yes** | **No** |
| 1. Our facility has a physician leader (or co-leader) responsible for antibiotic stewardship outcomes.
 | [ ]  | [ ]  |
| [If ‘yes’ to Q10] Our facility’s **physician** (co) leader…  |  |  |
| * 1. has completed formal training in antibiotic stewardship.
 | [ ]  | [ ]  |
| * 1. has antibiotic stewardship program efforts in their contract or job description.
 | [ ]  | [ ]  |
| * 1. has designated time for stewardship work.
 | [ ]  | [ ]  |
| * 1. is physically located in our hospital (vs. working remotely).
 | [ ]  | [ ]  |
| 1. Our facility has a pharmacist leader (or co-leader) responsible for antibiotic stewardship outcomes.
 | [ ]  | [ ]  |
| [If ‘yes’ to Q11] Our facility’s **pharmacist** (co) leader…  |  |  |
| 1. has completed formal training in antibiotic stewardship.
 | [ ]  | [ ]  |
| 1. has antibiotic stewardship program efforts in their job description.
 | [ ]  | [ ]  |
| 1. has designated time for stewardship work.
 | [ ]  | [ ]  |
| 1. is physically located in our hospital (vs. working remotely).
 | [ ]  | [ ]  |
| Actions to Support Optimal Antibiotic Use | **Yes** | **No** |
| 1. Our facility has local treatment guidelines or recommendations for commonly encountered infections such as empiric therapy for community-acquired pneumonia.
 | [ ]  | [ ]  |
| 1. Our facility targets select diagnoses for active interventions to optimize antibiotic use, such as intervening on duration of therapy for patients with community-acquired pneumonia according to clinical response, etc.
 | [ ]  | [ ]  |
| 1. Our facility requires documentation of diagnosis/indication for all antibiotic orders.
 | [ ]  | [ ]  |
| 1. Our facility has a policy or formal procedure for a physician or pharmacist to review antibiotic orders for specified drugs before they can be dispensed (i.e., prior approval).
 | [ ]  | [ ]  |
| 1. Our facility has a policy or formal procedure for the stewardship team to review antibiotics after prescription and give input to the treating team (post-prescription review or audit with feedback).
 | [ ]  | [ ]  |
| 1. Our facility has a policy for the treating team to review antibiotics prescribed after 48-72 hours (i.e., antibiotic time-out).
 | [ ]  | [ ]  |
| Tracking and Monitoring Antibiotic Prescribing, Use, and Resistance | **Yes** | **No** |
| Our antibiotic stewardship program… |  |  |
| 1. tracks antibiotic resistance patterns.
 | [ ]  | [ ]  |
| 1. tracks *Clostridium difficile* infection rates.
 | [ ]  | [ ]  |
| 1. monitors antibiotic use in days of therapy per 1000 patient days.
 | [ ]  | [ ]  |
| 1. monitors antibiotic use in defined daily doses per 1000 patient days.
 | [ ]  | [ ]  |
| 1. monitors antibiotic expenditures (i.e., purchasing costs).
 | [ ]  | [ ]  |
| 1. monitors antibiotic use in some other way (e.g. number of antibiotics starts).
 | [ ]  | [ ]  |
| 1. monitors antibiotic use at the provider level
 | [ ]  | [ ]  |
| 1. monitors appropriate prescribing in some way (e.g. monitoring adherence to treatment guidelines.
 | [ ]  | [ ]  |
| Reporting Information on Improving Antibiotic Use and Resistance | **Yes** | **No** |
| Our antibiotic stewardship program… |  |  |
| 1. regularly updates facility leadership on antibiotic use and stewardship efforts.
 | [ ]  | [ ]  |
| 1. provides regular reports to clinical staff on antibiotic use and resistance
 | [ ]  | [ ]  |
| 1. regularly reports outcomes for interventions to staff.
 | [ ]  | [ ]  |
| Education | **Yes** | **No** |
| 1. Prescribers, including licensed independent practitioners, get regular education on appropriate antibiotic use *and* targeted prescriber stewardship activities such as the role of diagnostics.
 | [ ]  | [ ]  |
| 1. Nursing staff get regular education on appropriate antibiotic use *and* targeted nurse stewardship activities such as proper urine culture technique.
 | [ ]  | [ ]  |
| 1. Pharmacists get regular education on appropriate antibiotic use *and* targeted pharmacist stewardship activities such as de-escalation.
 | [ ]  | [ ]  |
| 1. Patients get information on antibiotic use and resistance.
 | [ ]  | [ ]  |