

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?			
<input type="checkbox"/> Academic acute-care hospital <input type="checkbox"/> Non-academic acute care hospital <input type="checkbox"/> Critical access hospital			
2. What is your job title?			
<input type="checkbox"/> Physician <input type="checkbox"/> Clinical pharmacist <input type="checkbox"/> Other (specify):			
Leadership Support		Yes	No
3. Facility leadership has provided a formal statement of support for antibiotic stewardship (e.g., a policy or statement approved by the board).		<input type="checkbox"/>	<input type="checkbox"/>
4. Facility leadership has communicated their support of stewardship to staff via email, newsletters, events, or other avenues.		<input type="checkbox"/>	<input type="checkbox"/>
5. Salary support has been provided for a physician to (co)lead stewardship efforts.		<input type="checkbox"/>	<input type="checkbox"/>
6. Salary support has been provided for a pharmacist to (co)lead stewardship efforts.		<input type="checkbox"/>	<input type="checkbox"/>

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1154

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7. Formal commitments of staff time to antibiotic stewardship activities have been made.	<input type="checkbox"/>	<input type="checkbox"/>
8. Support has been provided for staff to receive training on antibiotic stewardship.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Funding has been provided for information technology and/or laboratory resources to support antibiotic stewardship efforts.	<input type="checkbox"/>	<input type="checkbox"/>
10. A formalized antibiotic stewardship committee has been convened.	<input type="checkbox"/>	<input type="checkbox"/>
a. Membership in our facility’s formalized antibiotic stewardship committee includes <u>clinician(s)</u> .	<input type="checkbox"/>	<input type="checkbox"/>
b. Membership in our facility’s formalized antibiotic stewardship committee includes <u>pharmacy representation</u> .	<input type="checkbox"/>	<input type="checkbox"/>
c. Membership in our facility’s formalized antibiotic stewardship committee includes <u>nursing</u> .	<input type="checkbox"/>	<input type="checkbox"/>
d. Membership in our facility’s formalized antibiotic stewardship committee includes <u>infection prevention</u> .	<input type="checkbox"/>	<input type="checkbox"/>
e. Membership in our facility’s formalized antibiotic stewardship committee includes <u>microbiology</u> .	<input type="checkbox"/>	<input type="checkbox"/>
f. Membership in our facility’s formalized antibiotic stewardship committee includes <u>information technology (IT)</u> .	<input type="checkbox"/>	<input type="checkbox"/>
11. Facility leadership regularly monitors / is updated on antibiotic use and stewardship efforts in the facility.	<input type="checkbox"/>	<input type="checkbox"/>
12. Antibiotic stewardship activities are integrated into quality improvement and/or patient safety initiatives.	<input type="checkbox"/>	<input type="checkbox"/>
Accountability and Drug Expertise	Yes	No
13. Our facility has a <u>physician</u> leader (or co-leader) responsible for antibiotic stewardship outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
[If 'yes' to Q10] Our facility’s physician (co) leader...		
a. has completed formal training in antibiotic stewardship.	<input type="checkbox"/>	<input type="checkbox"/>

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b. has antibiotic stewardship program efforts in their contract or job description.	<input type="checkbox"/>	<input type="checkbox"/>
c. has designated time for stewardship work.	<input type="checkbox"/>	<input type="checkbox"/>
d. is physically located in our hospital (vs. working remotely).	<input type="checkbox"/>	<input type="checkbox"/>
14. Our facility has a <u>pharmacist</u> leader (or co-leader) responsible for antibiotic stewardship outcomes.	<input type="checkbox"/>	<input type="checkbox"/>
[If 'yes' to Q11] Our facility's pharmacist (co) leader...		
a. has completed formal training in antibiotic stewardship.	<input type="checkbox"/>	<input type="checkbox"/>
b. has antibiotic stewardship program efforts in their job description.	<input type="checkbox"/>	<input type="checkbox"/>
c. has designated time for stewardship work.	<input type="checkbox"/>	<input type="checkbox"/>
d. is physically located in our hospital (vs. working remotely).	<input type="checkbox"/>	<input type="checkbox"/>
Actions to Support Optimal Antibiotic Use	Yes	No
15. Our facility has local treatment guidelines or recommendations for commonly encountered infections such as empiric therapy for community-acquired pneumonia.	<input type="checkbox"/>	<input type="checkbox"/>
16. 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.	<input type="checkbox"/>	<input type="checkbox"/>
17. Our facility requires documentation of diagnosis/indication for all antibiotic orders.	<input type="checkbox"/>	<input type="checkbox"/>
18. 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).	<input type="checkbox"/>	<input type="checkbox"/>
19. 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).	<input type="checkbox"/>	<input type="checkbox"/>
20. Our facility has a policy for the treating team to review antibiotics prescribed after 48-72 hours (i.e., antibiotic time-out).	<input type="checkbox"/>	<input type="checkbox"/>
Tracking and Monitoring Antibiotic Prescribing, Use, and Resistance	Yes	No
Our antibiotic stewardship program...		
21. tracks antibiotic resistance patterns.	<input type="checkbox"/>	<input type="checkbox"/>
22. tracks <i>Clostridium difficile</i> infection rates.	<input type="checkbox"/>	<input type="checkbox"/>
23. monitors antibiotic use in days of therapy per 1000 patient days.	<input type="checkbox"/>	<input type="checkbox"/>

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24. monitors antibiotic use in defined daily doses per 1000 patient days.	<input type="checkbox"/>	<input type="checkbox"/>
25. monitors antibiotic expenditures (i.e., purchasing costs).	<input type="checkbox"/>	<input type="checkbox"/>
26. monitors antibiotic use in some other way (e.g. number of antibiotics starts).	<input type="checkbox"/>	<input type="checkbox"/>
27. monitors antibiotic use at the provider level	<input type="checkbox"/>	<input type="checkbox"/>
28. monitors appropriate prescribing in some way (e.g. monitoring adherence to treatment guidelines).	<input type="checkbox"/>	<input type="checkbox"/>
Reporting Information on Improving Antibiotic Use and Resistance	Yes	No
Our antibiotic stewardship program...		
29. regularly updates facility leadership on antibiotic use and stewardship efforts.	<input type="checkbox"/>	<input type="checkbox"/>
30. provides regular reports to clinical staff on antibiotic use and resistance	<input type="checkbox"/>	<input type="checkbox"/>
31. regularly reports outcomes for interventions to staff.	<input type="checkbox"/>	<input type="checkbox"/>
Education	Yes	No
32. Prescribers, including licensed independent practitioners, get regular education on appropriate antibiotic use <i>and</i> targeted prescriber stewardship activities such as the role of diagnostics.	<input type="checkbox"/>	<input type="checkbox"/>
33. Nursing staff get regular education on appropriate antibiotic use <i>and</i> targeted nurse stewardship activities such as proper urine culture technique.	<input type="checkbox"/>	<input type="checkbox"/>
34. Pharmacists get regular education on appropriate antibiotic use <i>and</i> targeted pharmacist stewardship activities such as de-escalation.	<input type="checkbox"/>	<input type="checkbox"/>
35. Patients get information on antibiotic use and resistance.	<input type="checkbox"/>	<input type="checkbox"/>