Attachment A: Structural Assessment Form for Acute Care Settings

Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

## **STRUCTURAL ASSESSMENT**

1. How many hospital beds are in your institution?
2. How many hospital beds are in your unit?
3.Has your unit used the comprehensive unit-based safety program (CUSP) for other quality improvement
initiatives before? OYes ONo
3a. If yes, please describe previous initiatives that have used the CUSP approach.
4.Does your institution have an existing Antibiotic Stewardship Program (ASP)? Yes No
If you answered <u>N0 in the last question, you can stop here.</u> If you answered Yes, please continue.
4a. Does your ASP have a physician lead? Yes No
What percent FTE does the physician lead receive for stewardship activities?
4b. Does your ASP have a pharmacist lead? Yes
○ No
What percent FTE of pharmacist time is devoted towards your ASP?
4c. What are the current activities of your ASP? (Check all that apply)
Develo <mark>pin</mark> g an antibiogram
Developing educational modules
Developing local antibiotic treatment
guidelines Prior-approval of select
antibiotics
Post-prescription review with feedback of select antibiotics
Other (please describe)
4d. Do you report antibiotic days of therapy per 1,000 days present periodically to track antibiotic usage?
○ Yes ○ No
4e. Please describe if there are other outcomes your ASP tracks

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