

Hospital
Antimicrobial
Stewardship
Program
Assessment
Checklist



Hospital Antimicrobial Stewardship Program Assessment Checklist

This checklist should be used to determine which aspects of antimicrobial stewarship (AMS) programs are already in place to ensure optimal antibiotic prescribing in your hospital and which areas need to be addressed.

Questions tagged 'C' are considered to be indicative of the presence of essential (core) components of AMS programs and resources needed to support AMS programs. Questions tagged 'S' are considered to be additional (supplementary) indicators of the level of a hospital's AMS situation. The questions included in the checklist are consistent with the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) set of core and supplementary indicators for hospital AMS programs, which was developed by a multidisciplinary expert panel through a modified Delphi process and consensus meeting.^{1,2} They are also consistent with the US Centers for Disease Control and Prevention (CDC) checklist for core elements of hospital AMS programs.³ Similar checklists have been developed by other North American organizations.⁴⁻⁶ Our checklist was developed specifically with the Asian hospital setting in mind.



Hospital leadership support			
C1	Does your hospital have a formal statement of support from hospital leadership that supports AMS activities to improve antibiotic use?	Yes	No
C2	Does your hospital allocate any budgeted financial support for AMS activities (eg, support for salary, training, strengthening microbiology and information technology [IT] services)?	Yes	No
AMS te	am and infectious disease training		
C3	Does your hospital have a physician (or other) leader responsible for AMS activities?	Yes	No
S1	If you answered 'Yes' to C3, does this leader have specialized infectious disease training ?	Yes	No
C4	Does your hospital have a pharmacist working on AMS activities?	Yes	No
S2	If the answer to question C4 is 'Yes', is the pharmacist a clinical pharmacist or does this pharmacist have specialized infectious disease training?	Yes	No
	Do any of the following staff work with physicians or pharmacists antibiotic use:	to impro	ve
C5	Infection control?	Yes	No
C6	Microbiology?	Yes	No
S3	Nursing?	Yes	No
S4	IT?	Yes	No

AMS pr	ogram interventions		
C7	Do specified antibiotics need to be approved by a physician or pharmacist prior to dispensing or within 48 hours of dispensing at your hospital (preauthorization)? AND/OR Does a physician or pharmacist review courses of therapy and provide suggestions for use of specified antibiotics within 48 hours of prescription at your hospital (prospective audit and feedback)?	Yes	No
S5	Does your hospital use computerized decision support systems in relation to antibiotic prescribing?	Yes	No
C8	Does your hospital have facility-specific antibiotic treatment guidelines for commonly treated infections?	Yes	No
If you answered 'Yes' to C8, do you have facility-specific antibiotic treatment guidelines for the following infections:			
S6	Community-acquired pneumonia?	Yes	No
S7	Hospital-acquired pneumonia/ventilator-associated pneumonia?	Yes	No
S8	Skin and soft tissue infections?	Yes	No
S9	Sepsis?	Yes	No
S10	Urinary tract infections?	Yes	No
S11	Intra-abdominal infections?	Yes	No
S12	Does your hospital have guidelines for the de-escalation of broad-spectrum antibiotics, including carbapenems?	Yes	No
S13	Does your hospital have guidelines for IV-to-oral conversion of antibiotics?	Yes	No
S14	If you answered 'Yes' to any of questions S6-S13, are hospital guidelines readily available at the point of care?	Yes	No

AMS m	onitoring and reporting		
C9	Does your hospital monitor use of specific antibiotics by days of therapy (DOT) or defined daily dose (DDD)?	Yes	No
S15	Does your hospital monitor antibiotic expenditure?	Yes	No
S16	Does your hospital monitor compliance with facility-specific treatment guidelines?	Yes	No
C10	Does your hospital regularly publish antimicrobial resistance data and outcomes measures associated with AMS?	Yes	No
S17	Are results of antibiotic audits or reviews shared directly with prescribers ?	Yes	No
C11	Is there a hospital antibiogram?	Yes	No
S18	If the answer to C11 is 'Yes', is the antibiogram regularly updated ?	Yes	No
S19	If the answer to C11 is 'Yes', is the antibiogram easily accessible ?	Yes	No
S20	If the answer to C11 is 'Yes', are there unit-specific antibiograms ?	Yes	No
Hospita	I infrastructure		
S21	Does your hospital have IT capabilities to gather and analyze AMS data?	Yes	No
S22	Does your hospital use electronic health records ?	Yes	No
S23	Does your hospital use computerized physician order entry?	Yes	No
C12	Does your hospital have an in-house microbiology laboratory or access to a timely and reliable microbiology service ?	Yes	No
S24	If the answer to C12 is 'Yes', does your microbiology service make use of rapid diagnostic reporting ?	Yes	No
S25	If the answer to C12 is 'Yes', does your microbiology service use selective susceptibility reporting?	Yes	No

Education			
S26	Does your hospital provide educational activities for clinicians and other relevant staff on improving antibiotic prescribing?	Yes	No
S27	If the answer to S26 is 'Yes', is this mandatory and certified training ?	Yes	No

Scores	
C-score (number of 'Yes' responses to questions tagged 'C')	/12
S-score (number of 'Yes' responses to questions tagged 'S')	/27
Total score	/39



If you answered 'Yes' to all 12 core questions (C-score of 12), your hospital has all of the essential elements of a functioning AMS program in place. However, if you answered 'No' to any of the supplementary questions (S-score <27), you can still improve your AMS program by focusing on the missing supplementary elements.



If you answered 'No' to any of the core questions (C-score <12), you should focus on fulfilling the missing core elements to improve your hospital's AMS program. Although the elements in this checklist all help to improve antibiotic use in hospitals, not all elements may be feasible in all hospitals. Rather than trying to address all missing elements at once, you should initially focus on elements that could be feasibly implemented using available resources and then advance the AMS program from there.

References

- Pollack LA, et al. Transatlantic Taskforce on Antimicrobial Resistance (TATFAR). Summary the
 modified Delphi process for common structure and process indicators for hospital antimicrobial
 stewardship programs. June 12, 2015. Available at: www.cdc.gov/drugresistance/pdf/summary_
 of_tatfar_recommendation_1.pdf. Accessed November 2017.
- 2. Pollack LA, et al. A concise set of structure and process indicators to assess and compare antimicrobial stewardship programs among EU and US hospitals: Results from a multinational expert panel. *Infect Control Hosp Epidemiol* 2016;37:1201-1211.
- Centers for Disease Control and Prevention. Core elements of hospital antibiotic stewardship
 programs. Available at: www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf.
 Accessed November 2017.
- 4. Greater New York Hospital Association United Hospital Fund. Antimicrobial stewardship toolkit: Best practices from the GNYHA/UHF Antimicrobial Stewardship Collaborative. 2011. [Appendix 1] Available at: www.uhfnyc.org/assets/1042. Accessed November 2017.
- 5. Minnesota Antimicrobial Stewardship Steering Group. Minnesota guide to a comprehensive antimicrobial stewardship program. September 19, 2012. Available at: www.health.state.mn.us/divs/idepc/dtopics/antibioticresistance/asp/ac/acmnasp.pdf. Accessed November 2017.
- 6. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Getting started: A gap analysis tool for antimicrobial stewardship programs. Toronto, ON: Queen's Printer for Ontario; 2016. Available at: www.publichealthontario.ca/en/eRepository/Getting%20started%20-%20An%20ASP%20gap%20analysis%20checklist.pdf. Accessed November 2017.

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