ASAP

Nebraska Antimicrobial Stewardship Assessment and Promotion Program

Antimicrobial Stewardship Self-Assessment Instrument for Acute Care Hospitals

Facility Name: _____ **Date Completed:** _____

I. Leadership Support			
1. Does your facility have a formal written leadership support statement that commits resources to improve antimicrobial use [e.g., antimicrobial stewardship program (ASP)]?	Yes		No
2. Has the facility assigned tasks or roles for various personnel associated with the ASP?	Yes		No
3. Does your facility budget financial support for ASP activities?	Yes		No
II. Accountability			
4. Is there a physician leader responsible for outcomes of ASP activities at your facility?	Yes	Seeking	No
III. Drug Expertise			
5. Is there a pharmacist leader responsible for improving antimicrobial use at your facility?	Yes		No
IV. Actions to Support Optimal Antimicrobial Use			
Broad Interventions			
6. Does your facility have policy requiring prescribers to document antimicrobial agent, dosing regimen, duration, and indication in medical record or during order entry process?	Yes	Developing	No
7. Does your facility have facility-specific treatment guidelines, based on national guidelines and local susceptibility, to assist with antibiotic selection for common infections (e.g., CAP, UTI, SSTI)?	Yes, ≥3	Yes, <3	No
8. Is there a formal process for clinicians to review appropriateness of antimicrobials 48-72 hours after initiation (e.g., antibiotic time-out)?	Yes	Developing	No
9. Do specific antimicrobials need to be approved by a physician or pharmacist prior to dispensing at your facility (e.g., pre-authorization)?	Yes	Developing	No
10. Does your physician or pharmacist review courses of therapy for specific antimicrobial agents (e.g., prospective audit with feedback)?	Yes	Developing	No
Pharmacy-Driven Interventions			
11. Is onsite pharmacy available? If not available 24/7, name of contract/remote pharmacy : _____	24/7	Limited hours	No
12. Are there processes to switch antimicrobials from IV to PO in appropriate situations?	Yes	Developing	No
13. Are there processes to adjust antimicrobial doses for organ dysfunction?	Yes	Developing	No
14. Are there processes to optimize antimicrobial dosage based on pharmacokinetics/pharmacodynamics? If yes, these processes apply to which antimicrobial agent(s)? _____	Yes	Developing	No
15. Are there automatic alerts in EMR for prescribed antimicrobials that might be duplicative in spectrum of activity (e.g., two agents with anaerobic coverages) or in pharmacologic class (e.g., two cephalosporins)	Yes	Developing	No
16. Are there time-sensitive automatic stop orders for specified antimicrobials (e.g., antimicrobials for surgical prophylaxis discontinued after one dose)	Yes	Developing	No
Diagnosis and Infection-Specific Interventions			
17. Has specific intervention been implemented to promote optimal antimicrobial use for common infections?	Yes		No

If yes, indicate for which of infection(s):

Community-acquired pneumonia	Hospital-acquired pneumonia	Ventilator-associated pneumonia
Urinary tract infections	Skin and soft-tissue infections	Surgical prophylaxis
Clostridium difficile infection (CDI)	Targeted therapy for *S aureus* bacteremia	Sepsis
Guidelines for patients at high risk of CDI	Other culture-proven invasive (e.g., bloodstream) infections	

IV.	Actions to Support Optimal Antimicrobial Use			

Microbiology and Laboratory Diagnostic Interventions

18.	Is an onsite microbiology lab which performs organism identification and susceptibility testing available?	Yes		No
	If no, where are tests performed? _____			
	What is the average results turnaround time?	<3 days	3-5 days	>5 days
19.	Does your facility produce an antibiogram?	Yes		No
	If yes, how frequently is the antibiogram produced?			
	Less frequent than annually Annually More frequent than annually			

V.	Tracking Antibiotic Prescribing, Use and Resistance			

Process Measures

20.	Does the ASP monitor adherence to antibiotic prescribing policy (agent, dosing regimen, duration, indication)	Yes	Developing	No
21.	Does the ASP monitor adherence to facility-specific treatment recommendations?	Yes	Developing	No
22.	Does the ASP monitor compliance with one or more of the specific interventions in place?	Yes	Developing	No

Antibiotic Use and Outcome Measures

23.	Does your facility track rates of CDI?	Yes	Developing	No
24.	Does your facility monitor antimicrobials use at the unit and/or facility-wide level?	Yes	Developing	No
	By days of antimicrobials administered to patients (Days of Therapy or DOT)?	Yes		No
	By grams of antimicrobials used (Defined Daily Dose or DDD)?	Yes		No
	By direct expenditure of antimicrobials (purchasing costs)?	Yes		No

VI.	Reporting Information to Staff on Improving Antibiotic Use and Resistance			
25.	Does the ASP share facility-specific reports on antimicrobial use with prescribers?	Yes		No
26.	Has a current antibiogram been distributed to prescribers at your facility?	Yes		No
27.	Do prescribers receive direct, personalized communication on how to improve their antimicrobial prescribing (compared to their peers)?	Yes		No
28.	Is information pertaining to infection surveillance (e.g., CDI, MRSA, VRE, ESBL Gram negative bacilli) reported to front-line providers?	Yes		No
29.	Does ASP interface with the Infection Prevention Program?	Yes		No
30.	Does the ASP interface with the hospital Quality program?	Yes		No

VII.	Education			
31.	Does the ASP provide formal education to clinicians and other staff on improving antimicrobial prescribing?	Yes		No

VIII.	Additional Questions on Antimicrobial Stewardship Challenges			
32.	Are there areas of antimicrobial misuse in your facility?	Yes		No
	If yes, answer one of the following questions:			
	[If ASP has not been established] ASP can help address antimicrobial misuse	Yes		No
	[If ASP has been established] More efforts from the ASP are needed to address antimicrobial misuse	Yes		No
33.	Are there barriers to starting or improving the ASP?	Yes		No
	If yes, list the top three barriers hindering initiation or improvement of the ASP			
	a) _____			
	b) _____			
	c) _____			

Developed based on CDC Checklist for Core Elements of Hospital Antibiotic Stewardship Programs   *Last updated 1/29/2018*

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