



Nebraska Antimicrobial Stewardship
Assessment and Promotion Program

Antimicrobial Stewardship Self-Assessment Instrument for Long-Term Care Facilities

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

I. Leadership Support		
1. Can your facility demonstrate leadership support for antibiotic stewardship through one or of the following actions?	Yes	No
If yes, indicate which of the following are in place (select all that apply)		
Antibiotic stewardship duties are included in medical director job description	Yes	No
Antibiotic stewardship duties are included in director of nursing job description	Yes	No
Leadership monitors adherence to antibiotic stewardship policies	Yes	No
Antibiotic use and resistance data are reported in the quality assessment and assurance (QAA) meetings	Yes	No
II. Accountability		
2. Has your facility identified leader who is accountable for antimicrobial stewardship activities?	Yes	No
If yes, indicate who is accountable for antimicrobial stewardship activities (select all that apply)		
Medical Director	Yes	No
Director or Assistant Director of Nursing	Yes	No
Consultant Pharmacist / Facility Pharmacist	Yes	No
Other (please specify): _____		
III. Drug Expertise		
3. Does your facility have access to individual(s) with antibiotic stewardship expertise?	Yes	No
If yes, indicate who serves as your antibiotic stewardship expert (select all that apply)		
Consultant pharmacist with training/experience in antibiotic stewardship	Yes	No
Antibiotic stewardship team at partnering hospital	Yes	No
Commercial infectious diseases/antibiotic stewardship consultant group	Yes	No
Other (please specify): _____		
IV. Actions to Improve Antibiotic Use		
4. Does your facility <u>have policies</u> to improve antibiotic prescribing/use?	Yes	No
If yes, indicate which policy is currently active (select all that apply)		
All antibiotic orders must have dose, frequency, duration, and indication	Yes	No
Use of facility-specific algorithms to assess residents for suspected infections	Yes	No
Use of facility-specific algorithms to request diagnostic tests for specific infections	Yes	No
Use of facility-specific treatment recommendations for infections	Yes	No
Antibiotics are reviewed before being added to the medication formulary, if one exists	Yes	No
Other (please specify): _____		
5. Has your facility <u>implemented practices</u> to improve antibiotic use?	Yes	No
If yes, indicate which practices are currently in place (select all that apply)		
Standard assessment/communication tools (SBAR) are used when residents are suspected of having an infection	Yes	No
Antibiotic use information are communicated/received when residents are transferred to/from other health care facilities	Yes	No
Reports summarizing antibiotic susceptibility patterns (e.g., antibiogram) are available and updated periodically	Yes	No
Antibiotic reviews/time-outs are performed for antibiotic orders	Yes	No
At least one infection-specific intervention to improve antibiotic use has been successfully implemented	Yes	No
If yes, indicate for which infection(s): _____		

IV. Actions to Improve Antibiotic Use (continued)		
6. Does your consultant pharmacist support antibiotic stewardship activities?	Yes	No
If yes, indicate activities performed by the consultant pharmacist (select all that apply)		
Reviews antibiotic appropriateness based on agent selected, dosing regimen, duration of therapy AND indication	Yes	No
Establishes standards for clinical/laboratory monitoring for antibiotic-associated adverse drug events	Yes	No
Reviews microbiology culture data to assess and guide antibiotic selection	Yes	No
V. Track Antibiotic Prescription, Use and Resistance		
7. Does your facility monitor one or more measures of antibiotic use?	Yes	No
If yes, indicate which of the following are being tracked (select all that apply)		
Adherence to clinical assessment documentation (including signs/symptoms, vital signs, physical exam findings)	Yes	No
Adherence to include dose, frequency, duration and indication for antibiotic orders	Yes	No
Adherence to facility-specific treatment recommendations for infections	Yes	No
Point prevalence of antibiotic use (e.g., proportion of residents on antibiotic over a given time period)	Yes	No
New antibiotic starts/1000 resident-days	Yes	No
Antibiotic days of therapy/1000 resident-days	Yes	No
Other (please specify): _____		
8. Does your facility monitor one or more outcomes of antibiotic use?	Yes	No
If yes, indicate which of the following are being tracked (select all that apply)		
Rates of <i>Clostridium difficile</i> infections	Yes	No
Rates of antibiotic-resistant organisms (e.g., MRSA, VRE, ESBL Gram negative bacilli)	Yes	No
Rates of antibiotic-associated adverse drug events	Yes	No
Other (please specify): _____		
VI. Report Information to Staff on Improving Antibiotic Use and Resistance		
9. Does your facility share facility-specific reports on antibiotic use and outcomes with clinical providers and nursing staff?	Yes	No
If yes, indicate which of the following are being shared (select all that apply)		
Measures of antibiotic use at the facility	Yes	No
Measures of outcomes related to antibiotic use (i.e., <i>C difficile</i> rates)	Yes	No
Report of facility antibiotic susceptibility patterns within the past 18-24 months (i.e., antibiogram)	Yes	No
Personalized feedback on antibiotic prescribing practices (shared only with individual clinical providers)	Yes	No
Other (please specify): _____		
VII. Education		
10. Does your facility provide educational resources/materials on antibiotic resistance and opportunity to improve antibiotic use?	Yes	No
If yes, indicate which of the following group is provided these educational resources/materials (select all that apply)		
Clinical providers (e.g., MDs, PAs, NPs, pharmacists)	Yes	No
Nursing staff (e.g., RNs, LPNs, CNAs)	Yes	No
Nursing home residents and residents' families	Yes	No
Other (please specify): _____		
VIII. Additional Questions on Antimicrobial Stewardship Challenges		
11. Are there areas of antibiotic misuse in your facility?	Yes	No
If yes, answer one of the following questions		
[If stewardship program has <u>not</u> been established] Antimicrobial stewardship program can help address misuse	Yes	No
[If stewardship program has been established] More antimicrobial stewardship efforts are needed to address misuse	Yes	No
12. Are there barriers to starting or improving the antimicrobial stewardship program?	Yes	No
If yes, list the top three barriers hindering initiation or improvement of the antimicrobial stewardship program		
a) _____		
b) _____		
c) _____		