



Antimicrobial Stewardship Program Assessment Tool for Long-Term Care Facilities

Facility Name: _____

Element	Established at Facility				
I. LEADERSHIP SUPPORT					
1) Does your facility have a formal, written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?	Yes	No	If yes, provide documentation or example		
2) Are duties for antibiotic stewardship specified in job description? Check all that apply.	Yes, for Medical Director	Yes, for Director of Nursing	Yes, for Infection Preventionists	No	
3) Has the facility assigned tasks or roles for various personnel associated with antimicrobial stewardship?	Yes	No			
4) Does your facility allocate financial resources for antibiotic stewardship activities (i.e. allocating dedicated FTE for antibiotic stewardship)? Check all that apply, fill in designated FTE below.	Yes	No			
a) Is there support for salary? Fill in FTE for all that apply.	FTE for Medical Director	FTE for Director of Nursing	FTE for IP specific for AS duties	None	
b) If FTE for Medical Director, what are his/her tasks in relation to ASP?	Please describe				
c) If FTE for Director of Nursing, what are his/her tasks in relation to ASP?	Please describe				
d) If FTE for IP, what are his/her tasks in relation to ASP?	Please describe				
e) Is there support for ASP-related training?	Yes	No	If yes, state who received training; type and source of training		
5) Does facility leadership monitor whether antibiotic stewardship policies are followed?	Yes	No	If yes, describe the monitoring process		
6) Are antibiotic use and resistance data reviewed in quality assurance meetings?	Yes	No			
II. ACCOUNTABILITY					
1) Has your facility identified a lead for antibiotic stewardship activities who is accountable for the stewardship activities? (please check all that apply)	Medical Director	Director or Assistant Director of Nursing	Consultant Pharmacist	Other: Please specify _____	None
a) Who are they accountable to?	Please describe				
III. DRUG EXPERTISE					
1) Does your pharmacy have access to individual(s) with antibiotic stewardship expertise? (if yes, please answer the following questions; if no, please move on to the next section)	Yes	No			
2) Is your facility partnering with an antibiotic stewardship team at a referral hospital to run your facility's antibiotic stewardship program?	Yes	No	If yes, which referral hospital		
3) Is your facility using a consultant pharmacist with training or experience in antibiotic stewardship activities for your own stewardship program?	Yes	No	If yes, describe training, experience, and role of consultant pharmacist at your facility		
4) Is your facility utilizing an external infectious diseases or stewardship consultant to run your stewardship program?	Yes	No	If yes, provide name		
5) Is your facility using its own pharmacist who has ID and/or stewardship training for your own stewardship program?	Yes	No	If yes, describe training		
6) Is your facility utilizing its own physician who has ID and/or stewardship training for your stewardship program?	Yes	No	If yes, describe training		
7) Is your facility utilizing any other stewardship expert not mentioned above?	Yes	No	If yes, specify title, his/her training and /or stewardship experience?		

IV. ACTIONS TO SUPPORT OPTIMAL ANTIBIOTIC USE				
POLICIES				
1) Does your facility have a policy that requires prescribers to document in the medical record or during order entry a dose, duration, and indication for all antibiotic orders?	Yes	In development	No	If yes, please describe
a) If yes, how is this monitored or confirmed?	Please describe			Not monitored or confirmed
2) Does your facility have a policy that requires review of selected antibiotics by the stewardship team?	Yes	In development	No	If yes, please describe
a) If yes, what is the criteria for selecting the targeted antibiotics?	High volume of use	High cost agents	Agents of last resort for MDR	Other; please describe criteria
3) Has your facility developed a facility-specific algorithm for assessing residents with suspected infections?	Yes	In development	No	If yes, please describe
4) Has your facility developed a facility-specific algorithm for appropriate diagnostic testing (e.g. obtaining cultures) for specific infections?	Yes	In development	No	If yes, please describe
a) How are these algorithms in questions #3 and #4 made available?	Please describe			
5) At your facility are the nurses required to contact a provider to obtain a verbal or written order every time they have to send a urine test (for urinalysis or urine culture)?	Yes	No		
6) Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions (e.g., UTI, PNA, SSTI)?	Yes, 3 or more	Yes, less than 3	No	If yes, please state infection type
SPECIFIC INTERVENTIONS TO IMPROVE ANTIBIOTIC USE: Are the following actions to improve antibiotic prescribing conducted in your facility?				
BROAD INTERVENTIONS				
1) Is there a formal procedure in place to review the appropriateness of all antibiotics 48-72 hours after the initial orders (e.g. antibiotic time out)?	Yes	In development	No	
a) If yes, who conducts this review?	Consultant pharmacist	ID consultant	Other:	
b) If yes, please describe review procedure.				
2) Does your facility utilize a standard assessment tool for residents suspected of having an infection?	Yes	In development	No	If yes, provide examples
3) Does your facility utilize a standard communication tool for nurses to use when communicating with a provider for obtaining orders regarding a suspected infection?	Yes	In development	No	If yes, provide examples
4) Does your facility utilize a decision aide tool for certain infections to guide management of that infection (e.g., algorithms guiding when to send lab tests and when to start antibiotics)?	Yes	In development	No	If yes, provide examples
5) Has your facility implemented a process for communicating or receiving antibiotic use information when residents are transferred to/from other healthcare facilities?	Yes	In development	No	If yes, provide examples
6) Has your facility developed reports summarizing the antibiotic susceptibility patterns (e.g., facility antibiogram)?	Yes	In development	No	If yes, provide examples
7) Has your facility implemented a specific intervention to improve antibiotic use for a particular infection?	Yes. Please state infection:	In development	No	If yes, describe intervention
8) Does your facility make sure that all preferred antibiotic agents (based on local susceptibility data) are accessible during off-hours?	Yes	No		
a) If no, how are these agents obtained during off-hours?	Please describe how agents are obtained			
PHARMACIST-DRIVEN INTERVENTIONS				
1) Is an onsite pharmacy available?	Yes, 24/7	Yes, limited hours	No, contracted with (company name):	No, available by consult only
2) Does your facility employ an on-site pharmacist?	Yes. Please specify FTE _____	No		
Does your consultant pharmacist (or in-house pharmacist, if applicable) support any of the following antibiotic stewardship activities:				
3) Review antibiotic courses for appropriateness (including the indication, dose, duration, and route of administration)?	Yes	No		
a) If yes, describe the communication and follow up process if orders are found to be inappropriate.	Describe			
b) What is the frequency of review?	Daily	Weekly	Monthly	Other; please indicate frequency

4) Look for potential adverse consequences from antibiotic administration and drug-drug interactions?	Yes	No			
a) If yes, describe the communication and follow up process if an issue is identified.	Describe				
5) Make dose adjustments for antimicrobials in cases of organ dysfunction?	Yes	No			
a) If yes, describe the communication and follow-up process in place to make sure that doses get ordered correctly next time.	Describe				
6) Establish standards for clinical/laboratory monitoring for adverse drug events from antibiotic use?	Yes	No			
a) If yes, provide examples.	Examples				
7) Review microbiology culture data to assess and guide antibiotic selection?	Yes	No			
a) If yes, describe the communication and follow-up process if bug-drug mismatch is found.	Describe				
b) What is the frequency of review?	Daily	Weekly	Monthly	Other; please indicate frequency	
8) Document and report any irregularities/incidents (along with resident information) to ordering provider, medical director and director of nursing?	Yes	No			
a) If yes, describe how your facility leadership ensures that processes are improved after an irregularity is identified.	Describe				
MICROBIOLOGY AND LABORATORY DIAGNOSTIC INTERVENTIONS					
1) Do you have an on-site microbiology lab which performs organism identification and susceptibility testing?	Yes	No			
a) If no, where are the microbiology services performed?	Please provide name of microbiology lab				
b) What is the average time to get preliminary microbiology results?	<3 days	3 to ≤5 days	5 to ≤7 days	>7 days	
c) What is the average time to get finalized microbiology results?	<5 days	5 to ≤7 days	7 to ≤10 days	>10 days	
2) How frequently is an antibiogram produced for your facility?	More frequently than annually	Annually	Less frequently than annually	Never	
a) How are data made available, or how are the data accessed?	Please describe				
V. TRACKING: MONITORING ANTIBIOTIC PRESCRIBING, USE, AND RESISTANCE					
PROCESS MEASURES AND ANTIBIOTIC USE					
1) Does your facility monitor adherence to a documentation policy (dose, duration, and indication)?	Yes	In development	No		
a) If yes, who monitors adherence?	Medical Director	Director of Nursing	IP	Other (please provide name/role):	
b) If yes, please describe process.	Please describe				
2) Does your facility monitor adherence to clinical assessment documentation (signs/symptoms, vital signs, physical exam findings)?	Yes	In development	No		
a) If yes, who monitors adherence?	Medical Director	Director of Nursing	IP	Other (please provide name/role):	
b) If yes, please describe process.	Please describe				
3) Does your facility monitor adherence to facility-specific treatment recommendations?	Yes	In development	No	Please Describe	
a) If yes, who monitors adherence?	Medical Director	Director of Nursing	IP	Other (please provide name/role):	
b) If yes, please describe process?	Please describe				
4) Does your facility monitor antibiotic days of therapy (DOT)/1,000 resident-days?	Yes	No	Provide report if possible		
5) Does your facility monitor rates of new antibiotic starts/1,000 resident-days?	Yes	No	Provide report if possible		
6) Does your facility monitor defined daily doses (DDD) of antibiotic/ 1000 resident-days?	Yes	No	Provide report if possible		
7) Does your facility monitor antibiotic use by different providers for comparison?	Yes	No	If yes, describe process		

8) Does your facility monitor use of specific antibiotic classes?	Yes	No		
a) If yes, which antibiotic classes?	Please list antibiotic classes			
b) What are the reasons for monitoring these classes?	High volume of use	High costs	Spectrum of activity	Other; please provide reason(s)
9) Does your facility perform point prevalence surveys of antibiotic use?	Yes	No	If yes, please share the result of most recent survey	
10) Are you currently utilizing computer-based surveillance for antibiotic use?	Yes	No	If yes, please describe	
11) Are you currently utilizing computer-based surveillance for healthcare-acquired infections?	Yes	No	If yes, please describe	
12) What are the top 3 areas of antibiotic misuse at your facility (known or estimated)?	1. 2. 3.			
OUTCOME MEASURES				
1) Does your facility track rates of <i>C. difficile</i> infection?	Yes	In development	No	Please share rates
a) What is the testing method and/or algorithm?	Please describe			
2) Does your facility monitor rates of antibiotic resistant organisms?	Yes	No	Provide report, if possible	
a) If yes, please indicate which organisms.	MRSA	CRE	VRE	Other; please provide organism name
3) Does your facility monitor rates of adverse drug reactions due to antibiotics?	Yes	No	Provide report, if possible	
4) Does your facility monitor direct expenditures for antibiotics (purchasing costs)?	Yes	No	Provide report, if possible	
5) Does your facility monitor antibiotic prescription compliance with guidelines?	Yes	No		
a) If yes who performs review to determine compliance	Medical Director	Director of Nursing	IP	Other (please provide name/role):
6) Is procedure in place to address deficiencies in process and/or outcome measures?	Yes	In development	No	
a) If yes, who leads these initiatives for improvements?	Medical Director	Director of Nursing	IP	Other (please provide name/role):
b) If yes, please describe procedures to improve deficiencies.	Please describe			
VI. REPORTING INFORMATION TO STAFF ON IMPROVING ANTIBIOTIC USE AND RESISTANCE				
1) Does your facility share facility-specific reports on antibiotic use with prescribers?	Yes	No	Provide report, if possible	
2) Does your facility share data specific to antibiotic use related outcomes (e.g., <i>C. difficile</i> infection) with providers at your facility?	Yes	No	Provide report, if possible	
3) Has a current antibiogram been distributed to prescribers at your facility within the last 18 months?	Yes	No	Provide report, if possible	
4) Do prescribers ever receive direct, personalized communication about how they can improve their antibiotic prescribing (compared to others)?	Yes	No	Provide antibiogram, if possible	
5) Is information pertaining to infection surveillance reported (e.g., CDI, MRSA, VRE, ESBL) to front-line providers?	Yes	No	If yes, please describe	
VII. EDUCATION				
1) Does your stewardship program provide formal education to clinicians and other staff on improving antibiotic prescribing?	Yes	No	If yes, please describe	
a) If yes, what type of education is offered? (check all that apply)	Educational presentations/lectures	Just-in-time education	Informational pamphlets are offered	Other; please describe
b) If yes, how often is education provided? (check all that apply)	Upon hire	Annually	As needed	Other; please describe
c) If yes, who specifically gets the education?	Providers	Nurses (RNs, LPNs)	CNAs	Other; please describe
2) Does your facility teach residents and family members about antibiotic stewardship? (check all that apply)	Just-in-time education	Informational pamphlets are offered	Other; please describe	No

BARRIERS TO IMPLEMENTATION

What are the barriers to implementation of an effective ASP at your facility? Please check all that apply

Financial considerations/cost	Yes	No	
Opposition from prescribers	Yes	No	
Resistance from administration	Yes	No	
Other clinical initiatives are higher priority	Yes	No	
Personnel shortages	Yes	No	
Lack of clinical expertise: consultant pharmacist lacks stewardship experience	Yes	No	
Lack of clinical expertise: IP lacks stewardship experience	Yes	No	
Lack of clinical expertise: Medical Director lacks stewardship experience	Yes	No	
Lack of clinical expertise: No access to ID physician	Yes	No	
IP does not have enough protected time to work on stewardship	Yes	No	
Medical Director does not have enough time to work on stewardship	Yes	No	
Stewardship not a priority for Medical Director	Yes	No	
Stewardship not a priority for administration	Yes	No	
Stewardship not a priority for consultant pharmacist	Yes	No	
Lack of familiarity with available resources/tools	Yes	No	
Lab not willing or unable to provide antibiogram	Yes	No	
IT support not available	Yes	No	
None of the above	Yes	No	
Other	Please describe		

OTHER COMMENTS / NOTES