Nebraska Antimicrobial Stewardship Assessment and Promotion Program

Antimicrobial Stewardship Self-Assessment Instrument for Acute Care Hospitals

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

I. Hospital Leadership Commitment

Does your facility leadership:

1.	Provide program leader(s) dedicated time for program management and daily stewardship interventions?	Yes		No
2.	Provide stewardship program leader(s) with resources (e.g., IT support, training) to effectively operate the program?	Yes		No
3.	Appoint a senior executive that serves as a champion to ensure the program has resources and support to accomplish its mission?	Yes		No
4.	Meet with the stewardship team to report and discuss stewardship activities, outcomes, and resource needs at least annually (including the hospital board)?	Yes		No
5.	Have a formal written leadership support statement that commits resources to support an antimicrobial stewardship program?	Yes		No
6.	Ensure that antibiotic stewardship activities are integrated into quality improvement and patient safety efforts?	Yes		No
7.	Ensure that staff from key support departments (IT, hospital medicine, microbiology) have sufficient time to contribute to stewardship activities?	Yes		No

II. Accountability & III. Drug Expertise

8.	Has your facility identified a leader who is accountable for antimicrobial stewardship program oversight?	Yes	Seeking	No
9.	Are antibiotic stewardship duties included in the leader's job description and annual performance evaluation?	Yes		No

10. If yes, indicate who is accountable for antimicrobial stewardship activities, their role, and percent time in an average week dedicated to stewardship activities at the facility. (Select all that apply).

☐ Physician ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ 100%	Lead	Co-Lead	Support
☐ Pharmacist ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ 100%	Lead	Co-Lead	Support
☐ Other _____ ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-99% ☐ 100%	Lead	Co-Lead	Support

11. What is the highest level of antibiotic stewardship training of the program leaders? (Select all that apply)
    ☐ Infectious Disease Residency or Fellowship
    ☐ Antibiotic Stewardship Certificate Program
    ☐ Online training modules or conference attendance

12.	Does your facility utilize any form of remote stewardship expertise (i.e., tele-stewardship)?	Yes		No
13.	Does your facility have an antibiotic stewardship policy that requires an antibiotic stewardship program or requires the implementation of antibiotic stewardship activities?	Yes		No
14.	Does the facility have an active multidisciplinary Antibiotic Stewardship Committee that meets at least quarterly?	Yes		No
15.	Is on-site pharmacy available? If not available 24/7, name of contract/remote pharmacy _____	24/7	Limited	No
16.	Does the ASP work in collaboration with the Infection Prevention Program?	Yes		No
17.	Does the ASP work in collaboration with the Quality Program?	Yes		No

IV. Action: Implement Interventions to Improve Antibiotic Use

Broad Interventions

18.	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)? If yes, date the guidelines were last updated?_____	Yes, ≥3	Yes, <3	No
19.	Does your facility perform prospective audit and feedback for specific antibiotic agents or specific clinical situations?	Yes	Developing	No
20.	Does your facility perform preauthorization for specific antibiotic agents?	Yes	Developing	No
21.	Does your facility have a formal procedure for all prescribers to conduct regular reviews of antibiotic selection until a definitive diagnosis and treatment duration are established (i.e., time out)?	Yes	Developing	No

Pharmacy-Driven Interventions

22.	a. Are there treatment recommendations to assess and clarify documented penicillin or antibiotic allergy?	Yes	Developing	No
	b. Is penicillin skin-testing available in your facility?	Yes	Developing	No
23.	Does pharmacy have a structured program to review any planned outpatient parenteral antibiotic therapy (OPAT), including evaluation and monitoring of patients discharged on IV antibiotics?	Yes	Developing	No
24.	Does pharmacy review antibiotic prescriptions at discharge to ensure the shortest effective duration of antibiotics is prescribed?	Yes	Developing	No
25.	Is there a pharmacy-driven protocol in place for changes from intravenous to oral antibiotics without a physician's order?	Yes	Developing	No

No.	Question	Yes	Developing	No
26.	Is there a pharmacy-driven protocol in place to adjust antimicrobial doses for organ dysfunction?	Yes	Developing	No
27.	Are there processes to optimize antimicrobial dosage based on pharmacokinetics/pharmacodynamics? If yes, for which antimicrobial agent(s)? _____	Yes	Developing	No
28.	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

No.	Question	Yes	Developing	No
29.	Is there a procedure to stop unnecessary antibiotics in new cases of *Clostridioides difficile* infection (CDI)?	Yes	Developing	No
30.	Have specific interventions been implemented to promote optimal antimicrobial use for common and high-risk 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
- ☐ *Clostridioides difficile* infection (CDI)
- ☐ *S. aureus* bacteremia
- ☐ Sepsis
- ☐ Guidelines for patients at high risk of CDI
- ☐ Other culture-proven invasive infections

Microbiology and Laboratory Diagnostic Interventions

No.	Question	Yes		No
31.	Is an onsite microbiology lab which performs organism identification and susceptibility testing available? If no, where are tests performed? _____	Yes		No
	What is the average results turnaround time for a positive culture?	>3 days	3-5 days	>5 days
32.	Does your facility utilize any rapid blood culture identification technology? If yes, which technology?_____	Yes		No
33.	Does your facility produce and distribute an antibiogram at least annually?	Yes		No
34.	Does the antibiotic stewardship program work in collaboration with microbiology laboratory staff?	Yes		No
35.	The stewardship program works with the micro lab to provide selective reporting of antibiotic susceptibility testing results.	Yes		No
36.	The stewardship program works with the micro lab to place comments in micro reports to improve prescribing.	Yes		No

Nursing Interventions

No.	Question	Yes	Developing	No
37.	Does the antibiotic stewardship program engage bedside nurses in actions to optimize antibiotic use?	Yes	Developing	No
38.	Nurses initiate discussions with the treating team on switching from intravenous to oral antibiotics.	Yes	Developing	No
39.	Nurses initiate daily antibiotic course review discussions with the treating team (i.e., antibiotic time-out).	Yes	Developing	No

V. Tracking Antibiotic Use and Outcomes

Process Measures

No.	Question	Yes	Developing	No
40.	Does your antibiotic stewardship program monitor prospective audit and feedback interventions by tracking the types of interventions and acceptance rate of recommendations?	Yes	Developing	No
41.	Does your antibiotic stewardship program monitor preauthorization interventions by tracking which agents are being requested for which conditions?	Yes	Developing	No
42.	Does your stewardship program monitor adherence to facility-specific treatment recommendations?	Yes	Developing	No
43.	Does your stewardship program monitor adherence to a documentation policy (dose, duration, and indication)?	Yes	Developing	No
44.	Does the ASP monitor compliance with one or more of the specific interventions in place?	Yes	Developing	No

Antibiotic Use and Outcome Measures

No.	Question	Yes	Developing	No
45.	Does your antibiotic stewardship program track CDI in context of antibiotic use?	Yes	Developing	No
46.	How does your facility monitor antimicrobials use at the unit and/or facility-wide level?			

- ☐ Submitting to the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Option
- ☐ Manual tracking by using electronic health record data
- ☐ Using pharmacy purchasing data
- ☐ Other _____

VI. Reporting Antibiotic Use and Outcomes

No.	Question	Yes		No
47.	Does the ASP share facility-specific reports on antimicrobial use with prescribers at least annually?	Yes		No
48.	Is a current antibiogram been distributed to prescribers at your facility at least annually?	Yes		No
49.	Do prescribers receive direct, personalized communication on improving their antimicrobial prescribing (compared to peers)?	Yes		No
50.	Is antibiotic stewardship data communicated to staff (including prescribers, pharmacists, nurses, and hospital leadership) via email, newsletters, pocket-guides, events, or other avenues?	Yes		No
51.	Are antibiotic stewardship outcomes directly reported to quality assurance/performance improvement committees?	Yes		No
52.	List hospital committees where antibiotic stewardship data is reported _____			

VII. Education and Training

Version 1

53.	The healthcare facility provides competency-based education on optimal antibiotic prescribing, antibiotic adverse events, and antibiotic resistance at least annually to: (Select all that apply)			

   ☐ Prescribers
   ☐ Pharmacists
   ☐ Nursing staff
   ☐ Other _____

54. How are patients provided education on important side effects of prescribed antibiotics? (Select all that apply)
   ☐ Discharge paperwork
   ☐ Verbally by nurse
   ☐ Verbally by pharmacist
   ☐ Verbally by physician
   ☐ None of the above

55.	Nurses receive training on appropriate criteria for ordering and sending microbiologic tests (urine cultures, blood cultures, respiratory cultures, or stool for *C. diff* testing).	Yes		No
56.	Does your stewardship program provide education to prescribers as part of the prospective audit and feedback process?	Yes		No
57.	Does facility leadership provide opportunities for hospital staff to obtain further training related to antibiotic stewardship?	Yes		No

VIII. Additional Questions on Antimicrobial Stewardship Challenges

58. What is the primary area of antimicrobial misuse in your facility?
   _____

59. List the top three barriers to improvement of the antibiotic stewardship program
   a) _____
   b) _____
   c) _____