



## Antimicrobial Stewardship Self-Assessment Instrument for Outpatient Facilities

**Facility or practice Name:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

### I. Commitment

1. Does your facility or practice have written commitments or policies in support of antibiotic stewardship?  If yes, are these commitments or policies displayed publicly?	Yes		No
	Yes	N/A	No
2. Has your facility or practice identified a leader to direct antibiotic stewardship activities?  If yes, who serves in this role (name, position)?	Yes		No
3. Does your facility or practice include antibiotic stewardship-related duties in job descriptions or evaluation criteria?	Yes		No
4. Does your facility or practice communicate with all clinic staff members to set patient expectations regarding appropriate antibiotic indications?	Yes		No

### II. Action for Policy and Practice

5. Does your facility or practice offer its providers evidence-based diagnostic criteria and treatment recommendations (i.e., based on national or local clinical guidelines) for common infections?  If yes, describe how you are doing this.	Yes	Developing	No
6. Does your facility or practice encourage the use of delayed prescribing practices or watchful waiting, when appropriate (e.g., acute uncomplicated sinusitis, mild acute otitis media)?  If so, describe how you are doing this.	Yes	Developing	No
7. Does your facility or practice provide communications skills training pertaining to antibiotic prescribing for clinicians?	Yes	Developing	No
8. Does your facility or practice require explicit written justification in the medical record for non-recommended antibiotic prescribing (e.g. antibiotics for viral URI)?  If yes, how are you monitoring if this written justification is being documented consistently?	Yes	Developing	No
9. Does your facility or practice utilize clinical decision support processes to improve antibiotic prescribing?  If yes, briefly describe the clinical decision support process(es) used.	Yes	Developing	No
10. Does your facility or practice use call centers, nurse hotlines, or pharmacist consultations as triage systems (e.g., patients call these services for self-care advice for upper respiratory symptoms) to prevent unnecessary clinic visits for mild upper respiratory infections?	Yes	Developing	No

### III. Tracking and Reporting

11. Do you track outpatient antibiotic prescribing in any way either for a population, a diagnosis, or by prescriber?  If yes, how is this tracking accomplished and what information is tracked?	Yes		No

<p>If antibiotic prescribing is tracked, is this data shared with clinicians?</p> <p>Is this data used for quality improvement in antibiotic use?</p> <p>If yes, list an example of a quality improvement project you have undertaken based on this data.</p>	<p>Yes</p> <p>Yes</p>	<p>N/A</p> <p>N/A</p>	<p>No</p> <p>No</p>
<p>12. Do your clinicians or programs participate in any other quality improvement activities focused on tracking and improving antibiotic prescribing?</p> <p>If yes, describe these activities.</p>	<p>Yes</p>	<p style="background-color: #cccccc;"></p>	<p>No</p>
<p>13. Does your facility or practice assess and share performance on quality measures and established goals regarding appropriate antibiotic prescribing from health care plans and payers?</p> <p>If yes, what groups or organizations do you work with in this process (e.g., insurance companies, other payers, etc.)?</p>	<p>Yes</p>	<p style="background-color: #cccccc;"></p>	<p>No</p>
<p><b>IV. Education and Expertise</b></p>			
<p><b>Patient-centered education</b></p>			
<p>14. Does your facility or practice routinely encourage the use of specific communications strategies (e.g. in-visit counseling, educational materials, group classes) to educate patients on when antibiotics are and are not needed?</p>	<p>Yes</p>	<p style="background-color: #cccccc;"></p>	<p>No</p>
<p>15. Does your facility or practice routinely educate patients about the potential harms or side effects of antibiotic treatment?</p>	<p>Yes</p>	<p style="background-color: #cccccc;"></p>	<p>No</p>
<p>16. Does your facility or practice routinely provide patient education materials regarding antibiotic use or the management or symptomatic relief for common infections?</p>	<p>Yes</p>	<p style="background-color: #cccccc;"></p>	<p>No</p>
<p><b>Clinician-centered education</b></p>			
<p>17. Does your facility or practice onboard/train clinicians in a systematic way to educate patients about appropriate use or side effects of antibiotics?</p>	<p>Yes</p>	<p style="background-color: #cccccc;"></p>	<p>No</p>
<p>18. Does your facility or practice provide face-to-face educational training (academic detailing) for clinicians regarding appropriate antibiotic prescribing?</p> <p>If yes, how often is this training provided (annually, semi-annually, etc.)?</p>	<p>Yes</p>	<p style="background-color: #cccccc;"></p>	<p>No</p>
<p>19. Does your facility or practice provide continuing education activities pertaining to antibiotics or communication strategies about appropriate antibiotic prescribing for clinicians?</p> <p>If yes, how often are these continuing education activities provided (annually, semi-annually, etc.)?</p>	<p>Yes</p>	<p style="background-color: #cccccc;"></p>	<p>No</p>
<p>20. Does your facility or practice ensure timely access to persons with expertise (e.g., pharmacists, infectious diseases specialists) to assist clinicians in improving antibiotic prescribing?</p>	<p>Yes</p>	<p style="background-color: #cccccc;"></p>	<p>No</p>
<p><b>V. Additional Questions on Antimicrobial Stewardship Challenges</b></p>			
<p>21. In your opinion, what are the top three areas of antimicrobial misuse or overuse at your facility or practice?</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>			
<p>22. In your opinion, what are the top three barriers to starting or improving antimicrobial stewardship processes at your facility or practice?</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>			