Antimicrobial Stewardship Self-Assessment Instrument for Outpatient Facilities

Facility or Practice Name: _____ **Date Completed**: _____

I. Leadership Commitment		
1. Does your facility have dedicated human, financial and/or information technology resources to improve antibiotic prescribing in outpatient settings?	Yes	No
If yes, indicate which aspects of *leadership commitment* are in place (select all that apply)		
a. Dedicated time and financial resources for an outpatient stewardship lead who is accountable for the program management and outcomes	Yes	No
b. A defined reporting structure for the stewardship leads to communicate program activities and outcomes	Yes	No
c. Access to information technology and/or analytic support for outpatient stewardship	Yes	No
d. Written commitments or policies supporting outpatient antibiotic stewardship	Yes	No
e. The stewardship program and activities are clearly defined within health system priorities	Yes	No
f. Regular communication with outpatient clinicians and staff to set appropriate antibiotic use expectations	Yes	No
g. Support for training and education opportunities for stewardship leads and service line leads	Yes	No
II. Accountability		
2. Does your facility have a designated leader or co-leaders responsible for outpatient antibiotic stewardship program development, management and outcomes?	Yes	No
If yes, indicate which aspects of *accountability* are in place (select all that apply).		
a. Who serves in this role (name, position). _____		
b. Antibiotic stewardship-related duties are formally included in job descriptions or annual performance reviews for leads and support staff (e.g., nursing, infection prevention, IT/analysts, clinic-based pharmacists)	Yes	No
c. An outpatient stewardship charter defining health system goals and aligns activities with organizational quality, safety, or operational priorities	Yes	No
d. Clearly defined roles and responsibilities for stewardship leads, service line leads, and support staff	Yes	No
e. Measurable program targets established to track progress (e.g., reducing inappropriate prescribing, increasing guideline-concordant care)	Yes	No
f. Regularly share outpatient stewardship activities and successes with leadership, clinicians, and staff	Yes	No
III. Expertise		
3. Does your outpatient stewardship program combine antibiotic stewardship expertise with outpatient setting-specific expertise?	Yes	No
If yes, indicate which aspects of *expertise* are in place.		
a. Service line or clinic leads identified as stewardship champions	Yes	No
b. Key support staff engaged to ensure effective, data-driven implementation of interventions	Yes	No
c. An outpatient antibiotic stewardship committee to guide planning, implementation, and evaluation	Yes	No
d. Support for and access to training or certificate programs for stewardship leads or champions	Yes	No
IV. Action		
4. Have you implemented at least one intervention to improve antibiotic use in the outpatient setting?	Yes	No
If yes, indicate which stewardship *action(s)* has been taken.		
a. Locally adapted evidence-based diagnostic criteria and treatment recommendations for common infections	Yes	No
b. Clinical decision support tools to guide diagnostic and therapeutic choices	Yes	No
c. Protocols implemented for watchful waiting/observation or delayed prescribing practices for conditions likely to resolve without antibiotics (e.g., acute otitis media, acute uncomplicated sinusitis)	Yes	No
d. Audit-and-feedback interventions at the practice or prescriber level to improve adherence to recommendations	Yes	No
e. Performance incentives for clinicians related to improving antibiotic prescribing	Yes	No
f. Communication skills training for clinicians to support effective antibiotic use discussions	Yes	No
g. Integration of stewardship best practices into call center, nursing hotlines, or pharmacist consultation triage systems to reduce unnecessary visits and antibiotic prescriptions	Yes	No
h. Clinic protocols to systematically de-label inaccurate antibiotic allergies through a review of allergy history, penicillin allergy testing/direct oral challenge, and/or referral to an allergist	Yes	No
i. Clinician or organizational commitments displayed in patient care settings	Yes	No

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j. Partnerships with public health agencies, payers, or peer health systems to support stewardship priorities	Yes	No
V. Tracking		
5. Do you monitor outpatient antibiotic prescribing, stewardship intervention impact or other stewardship-related outcomes? **If yes**, indicate which *tracking* activities are performed.	Yes	No
a. Antibiotic use measured to assess quantity (e.g., volume, rate per visit)	Yes	No
b. Antibiotic use measured to assess quality or appropriateness (e.g., selection, duration, unnecessary use)	Yes	No
c. Electronic tracking of antibiotic prescribing at the clinician, practice, or health system level	Yes	No
d. Tracking of balancing measures (e.g., follow-up visits, admissions), quality indicators (e.g., delayed prescribing strategies, culture-based adjustments), or outcome measures (e.g., *C. difficile* infections, resistance, adverse events)	Yes	No
e. Stratify antibiotic use metrics by patient or clinician characteristics to identify variability in prescribing practices and inform targeted interventions	Yes	No
f. Compare antibiotic use metrics to internal or external benchmarks (e.g., CHARM, HEDIS)	Yes	No
VI. Reporting		
6. Do you regularly report data on antibiotic prescribing or outcomes to clinicians, leadership, or other partners? **If yes**, indicate which *reporting* activities are performed.	Yes	No
a. Electronic reporting of antibiotic use metrics through a stewardship dashboard to evaluate prescribing patterns by clinician, practice, or setting.	Yes	No
b. Distribution of audit-and-feedback reports that include clinician prescribing trends over time, peer benchmarking or identification of outliers (i.e. clinician report cards)	Yes	No
c. Reports summarizing antibiotic use metrics and stewardship program activities shared with leadership, infection prevention staff, quality improvement staff, or other relevant partners	Yes	No
d. Integration of antibiotic use metrics into broader prescriber dashboards or quality/safety initiatives	Yes	No
VII. Education		
7. Does your outpatient stewardship program provide education to healthcare professionals, patients or caregivers on optimal antibiotic use, antibiotic-related adverse events, or antibiotic resistance? **If yes**, indicate which *educational* activities are performed.	Yes	No
a. Clinician training on how to educate/communicate appropriate antibiotic use	Yes	No
b. Service line lead and/or clinic champion training or academic detailing strategies for peer education delivery	Yes	No
c. Provide specific communication strategies (e.g., in-visit counseling, educational materials, group classes) to educate patients when antibiotics are and are not needed	Yes	No
d. Provide patient educational materials regarding antibiotic use, management or symptomatic relief for common infections, or possible harm or side effects from antibiotics	Yes	No
e. Educational activities offering continuing education credits, maintenance of board certification credits, or incorporated into competency assessments/postgraduate curricula	Yes	No
f. Participation in U.S. Antibiotic Awareness Week (USAAW) or similar campaigns to promote community-wide awareness of stewardship priorities	Yes	No

VIII. Additional Questions on Antimicrobial Stewardship Challenges

8. In your opinion, what are the top three areas of antibiotic misuse or overuse at your facility or practice?

   a. _____

   b. _____

   c. _____

9. In your opinion, what are the top three barriers to starting or improving antibiotic stewardship processes at your facility or practice?

   a. _____

   b. _____

   c. _____

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