

AIIMS/ICMR/CDC NETWORK

CHECKLIST FOR HOSPITAL ANTIMICROBIAL STEWARDSHIP PROGRAMS

This assessment tool is to be used to measure the status of major activities in a hospital’s antimicrobial stewardship program. Responses can be used to guide improvements in the program.

Facilities using this checklist should involve one or more knowledgeable staff to determine if the following principles and actions to improve antibiotic use are in place. One checklist should be completed for each institution.

DETAILS OF PERSON COMPLETING THIS CHECKLIST

Name: _____

Title: _____

Date: _____

Facility: _____

Total number of inpatient beds at the facility: _____

Total number of monthly outpatient visits: _____

Total number of monthly discharges: _____

INSTRUCTIONS: For each item below, mark either YES or NO.

A. LEADERSHIP SUPPORT	ESTABLISHED AT FACILITY
Does your facility have a formal, written statement of support from facility administration that supports efforts to improve antibiotic use (antibiotic stewardship)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility receive any budgeted financial support for antibiotic stewardship activities (e.g., support for salary, training, or IT support)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. ACCOUNTABILITY	
Is a staff member directly responsible for coordination and program outcomes of stewardship activities at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your institution have a committee to review processes and outcomes of the stewardship program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your antibiotic stewardship committee meet at least once every 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the minutes of the stewardship committee communicated to all stakeholders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. KEY SUPPORT FOR THE ANTIBIOTIC STEWARDSHIP PROGRAM	
<i>Does any of the staff below participate in the stewardship program to improve antibiotic use?</i>	
Clinical pharmacist or other pharmacy staff	<input type="checkbox"/> Yes <input type="checkbox"/> No

Clinical pharmacologist or pharmacology staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infectious disease physician	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infection prevention and control team/focal persons	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quality improvement staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical microbiologist	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information Technology (IT) department staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical departments heads	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital administration Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. POLICIES TO SUPPORT OPTIMAL ANTIBIOTIC USE <i>Does your facility have a policy that requires prescribers...</i>	POLICY ESTABLISHED
...to document in the medical record a dose and duration for all antibiotic prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...to document in the medical record an indication for each antibiotic prescription?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...to collect and submit relevant clinical specimens before an antibiotic is prescribed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...to list the prescribed antibiotic by its generic name (instead of brand name)	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. POLICIES TO SUPPORT OPTIMAL ANTIBIOTIC PROCUREMENT <i>Does your facility have a policy that requires the pharmacy...</i>	POLICY ESTABLISHED
...to maintain a facility-level antibiotic formulary (i.e a list of the antibiotics that the institution will procure and stock)	<input type="checkbox"/> Yes <input type="checkbox"/> No
...to avoid procurement of unnecessary or duplicative combinations of antibiotics? (eg. cloxacillin and dicloxacillin)	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. BROAD INTERVENTIONS TO IMPROVE ANTIBIOTIC USE <i>Are the following actions to improve antibiotic prescribing conducted in your facility?</i>	ACTION PERFORMED
Is there a procedure for reviewing the appropriateness of all empiric antibiotics 48 hours after the initial orders?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do specified antibiotic agents (e.g., colistin, carbapenems) need to be approved by a senior physician, pharmacologist, or infectious disease specialist prior to administration (i.e., pre-authorization) at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does a physician, pharmacist, or pharmacologist conduct retrospective audit with feedback for courses of therapy for specified antibiotic agents (e.g., colistin, carbapenems) at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. PRESCRIPTION-SPECIFIC INTERVENTIONS TO IMPROVE ANTIBIOTIC USE <i>Does your facility have written guidelines or policies for the following actions?</i>	ACTION PERFORMED
Recommended changes from intravenous to oral antibiotic therapy in appropriate situations (e.g., switch to an appropriate antibiotic with good oral bioavailability such as a	<input type="checkbox"/> Yes <input type="checkbox"/> No

quinolone in the setting of clinical improvement)?	
Dose adjustments in cases of organ dysfunction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dose optimization (pharmacokinetics/pharmacodynamics) for treatment of organisms with reduced susceptibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feedback in situations where therapy might be unnecessarily duplicative (e.g., double anaerobic coverage)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time-sensitive stop orders for specified antibiotics (e.g., colistin, carbapenems, surgical prophylaxis to be stopped after a certain number of days)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. DIAGNOSIS AND INFECTIONS SPECIFIC INTERVENTIONS TO IMPROVE ANTIBIOTIC USE <i>Does your facility provide written guidance for treatment of the following common infections?</i>	ACTION PERFORMED
<i>Among HOSPITALIZED PATIENTS (i.e. INPATIENTS)</i>	
Community-acquired pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthcare-associated pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community-acquired urinary tract infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthcare-associated urinary tract infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin and soft tissue infections (e.g. abscess, cellulitis)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Surgical prophylaxis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Acute gastrointestinal infections	<input type="checkbox"/> Yes <input type="checkbox"/> No
Meningitis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Neonatal sepsis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical sepsis (non-neonates)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maternal intrapartum/postpartum infections	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Among OUTPATIENTS</i>	
Upper respiratory tract infection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Community acquired pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No
Skin and soft tissue infections	<input type="checkbox"/> Yes <input type="checkbox"/> No

Acute gastroenteritis	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexually transmitted infections	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maternal antenatal/intrapartum/postpartum infections	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. PROCESS MEASURES <i>Routine monitoring allows program coordinators to assess the performance of stewardship practices at specified intervals (e.g., the proportion of prescriptions that had a dose documented).</i> Does your stewardship program routinely monitor adherence to...	MEASURE PERFORMED
...documentation of dose in <u>inpatient</u> antibiotic prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...documentation of duration in <u>inpatient</u> antibiotic prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...documentation of clinical indication in <u>inpatient</u> antibiotic prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...facility-specific empiric treatment recommendations for at least one common <u>inpatient</u> infection (infections listed in Section H)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...collecting and submitting cultures before beginning empiric antibiotic therapy for <u>inpatient</u> infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...adjusting antibiotics based on culture results for <u>inpatient</u> infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...documentation of dose in <u>outpatient</u> antibiotic prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...documentation of duration in <u>outpatient</u> antibiotic prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...documentation of clinical indication in <u>outpatient</u> antibiotic prescriptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...facility-specific empiric treatment recommendations for at least one common <u>outpatient</u> infection (infections listed in Section H)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...collecting and submitting cultures before beginning empiric antibiotic therapy for <u>outpatient</u> infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
...adjusting antibiotics based on culture results for <u>outpatient</u> infections?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. ANTIBIOTIC USE AND OUTCOME MEASURES	MEASURE PERFORMED
Does your facility track rates of infections caused by antibiotic resistant pathogens (e.g., bloodstream infections caused by carbapenem-resistant Enterobacteriaceae or colistin-resistant gram-negative bacteria)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility produce an annual cumulative antibiogram for at least one common infection (infections listed in Section H)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your facility monitor antibiotic use (consumption) at the unit level and/or facility-wide level by one of the following metrics:	
By counts of antibiotics administered to patients per day (Days of Therapy; DOT)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By number of grams of antibiotics used (Defined Daily Dose; DDD)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
By overall purchasing cost of antibiotics consumed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. REPORTING INFORMATION TO STAFF ON ANTIBIOTIC USE AND RESISTANCE	MEASURE PERFORMED
Does your stewardship program share unit/department-specific reports on antibiotic use with prescribers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a current antibiogram for common infections been disseminated to prescribers at your facility in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do prescribers routinely receive direct, personalized communication about how they can improve their antibiotic prescribing (e.g., dose adjustments, narrowing antibiotics based on culture results)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do prescribers receive warnings regarding clinically significant interactions between prescribed antibiotics and other medications (e.g., co-trimoxazole and phenytoin toxicity, ototoxicity induced by gentamicin in combination with loop diuretics)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. EDUCATION	MEASURE PERFORMED
Does your stewardship program provide orientation to prescribers for facility-specific antibiotic policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your stewardship program provide refresher training to prescribers for facility-specific antibiotic policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your stewardship program provide unit/department-specific training on antibiotic policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No