



Hospital Antimicrobial Stewardship Program

Assessment

Checklist



AMR&S
WORKING GROUP



Hospital Antimicrobial Stewardship Program Assessment Checklist

This checklist is a companion to *A Practical Guide to Implementing Antimicrobial Stewardship Programs in Asian Hospitals*. It should be used to determine which aspects of antimicrobial stewardship (AMS) programs are already in place to ensure optimal antibiotic prescribing in your hospital and which areas need to be addressed.

Questions tagged 'C' are considered to be indicative of the presence of essential (core) components of AMS programs and resources needed to support AMS programs. Questions tagged 'S' are considered to be additional (supplementary) indicators of the level of a hospital's AMS situation. The questions included in the checklist are consistent with the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) set of core and supplementary indicators for hospital AMS programs, which was developed by a multidisciplinary expert panel through a modified Delphi process and consensus meeting.^{1,2} They are also consistent with the US Centers for Disease Control and Prevention (CDC) checklist for core elements of hospital AMS programs.³ Similar checklists have been developed by other North American organizations.⁴⁻⁶ Our checklist was developed specifically with the Asian hospital setting in mind.

At the end of each section of the checklist, if your answers indicate that your hospital is not performing at an optimal AMS level, you will be directed to the relevant section of the main guide and other materials in this toolkit where you will find recommendations and information on how to improve your hospital's AMS performance.

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Hospital leadership support			
C1	Does your hospital have a formal statement of support from hospital leadership that supports AMS activities to improve antibiotic use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C2	Does your hospital allocate any budgeted financial support for AMS activities (eg, support for salary, training, strengthening microbiology and information technology [IT] services)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'No' to C1 or C2, refer to Step 2 of the main AMS guide and to the leadership and communication guide .			
AMS team and infectious disease training			
C3	Does your hospital have a physician (or other) leader responsible for AMS activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S1	If you answered 'Yes' to C3, does this leader have specialized infectious disease training ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C4	Does your hospital have a pharmacist working on AMS activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S2	If the answer to question C4 is 'Yes', is the pharmacist a clinical pharmacist or does this pharmacist have specialized infectious disease training ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do any of the following staff work with physicians or pharmacists to improve antibiotic use:			
C5	Infection control?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C6	Microbiology?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S3	Nursing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S4	IT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • If you answered 'No' to any of the questions in this section of the table, refer to Step 3 of the main AMS guide. • If you answered 'No' to C3, refer to the leadership and communication guide. • If you answered 'No' to C4, refer to the AMS guide for pharmacists. • If you answered 'No' to S3, refer to the AMS guide for nurses. 			

AMS program interventions			
C7	Do specified antibiotics need to be approved by a physician or pharmacist prior to dispensing or within 48 hours of dispensing at your hospital (preauthorization)? AND/OR Does a physician or pharmacist review courses of therapy and provide suggestions for use of specified antibiotics within 48 hours of prescription at your hospital (prospective audit and feedback)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S5	Does your hospital use computerized decision support systems in relation to antibiotic prescribing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C8	Does your hospital have facility-specific antibiotic treatment guidelines for commonly treated infections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'Yes' to C8, do you have facility-specific antibiotic treatment guidelines for the following infections:			
S6	Community-acquired pneumonia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S7	Hospital-acquired pneumonia/ventilator-associated pneumonia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S8	Skin and soft tissue infections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S9	Sepsis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S10	Urinary tract infections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S11	Intra-abdominal infections?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S12	Does your hospital have guidelines for the de-escalation of broad-spectrum antibiotics, including carbapenems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S13	Does your hospital have guidelines for IV-to-oral conversion of antibiotics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S14	If you answered 'Yes' to any of questions S6–S13, are hospital guidelines readily available at the point of care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • If you answered 'No' to any of the questions in this section, refer to Step 5 in the main AMS guide. • If you answered 'No' to S6–S13, refer to the <u>document on developing hospital-specific guidelines</u>. 			

AMS monitoring and reporting			
C9	Does your hospital monitor use of specific antibiotics by days of therapy (DOT) or defined daily dose (DDD)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S15	Does your hospital monitor antibiotic expenditure ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S16	Does your hospital monitor compliance with facility-specific treatment guidelines?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C10	Does your hospital regularly publish antimicrobial resistance data and outcomes measures associated with AMS?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S17	Are results of antibiotic audits or reviews shared directly with prescribers ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C11	Is there a hospital antibiogram ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S18	If the answer to C11 is 'Yes', is the antibiogram regularly updated ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S19	If the answer to C11 is 'Yes', is the antibiogram easily accessible ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S20	If the answer to C11 is 'Yes', are there unit-specific antibiograms ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<ul style="list-style-type: none"> • If you answered 'No' to C9 or S15–S16, refer to Step 6 of the main AMS guide and the key performance indicators guide. • If you answered 'No' to C10 or S17, refer to Step 8 of the main AMS guide and to the leadership and communication guide. • If you answered 'No' to C11, refer to the antibiogram guide. 			

Hospital infrastructure			
S21	Does your hospital have IT capabilities to gather and analyze AMS data?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S22	Does your hospital use electronic health records ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S23	Does your hospital use computerized physician order entry ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C12	Does your hospital have an in-house microbiology laboratory or access to a timely and reliable microbiology service ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S24	If the answer to C12 is 'Yes', does your microbiology service make use of rapid diagnostic reporting ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S25	If the answer to C12 is 'Yes', does your microbiology service use selective susceptibility reporting ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'No' to any of the questions in this section, refer to Step 2 of the main AMS guide.			
Education			
S26	Does your hospital provide educational activities for clinicians and other relevant staff on improving antibiotic prescribing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
S27	If the answer to S26 is 'Yes', is this mandatory and certified training ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered 'No' to S26 or S27, refer to Step 7 of the main AMS guide and the leadership and communication guide .			

Scores	
• C-score (number of 'Yes' responses to questions tagged 'C')	/12
• S-score (number of 'Yes' responses to questions tagged 'S')	/27
• Total score	/39



If you answered 'Yes' to all 12 core questions (C-score of 12), your hospital has all of the essential elements of a functioning AMS program in place. However, if you answered 'No' to any of the supplementary questions (S-score <27), you can still improve your AMS program by focusing on the missing supplementary elements.



If you answered 'No' to any of the core questions (C-score <12), you should focus on fulfilling the missing core elements to improve your hospital's AMS program. Although the elements in this checklist all help to improve antibiotic use in hospitals, not all elements may be feasible in all hospitals. Rather than trying to address all missing elements at once, you should initially focus on elements that could be feasibly implemented using available resources and then advance the AMS program from there.

References

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3. Centers for Disease Control and Prevention. Core elements of hospital antibiotic stewardship programs. Available at: www.cdc.gov/getsmart/healthcare/pdfs/core-elements.pdf. Accessed November 2017.
4. Greater New York Hospital Association United Hospital Fund. Antimicrobial stewardship toolkit: Best practices from the GNYHA/UHF Antimicrobial Stewardship Collaborative. 2011. [Appendix 1] Available at: www.uhfnyc.org/assets/1042. Accessed November 2017.
5. Minnesota Antimicrobial Stewardship Steering Group. Minnesota guide to a comprehensive antimicrobial stewardship program. September 19, 2012. Available at: www.health.state.mn.us/divs/idepc/dtopics/antibioticresistance/asp/ac/acmnasp.pdf. Accessed November 2017.
6. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Getting started: A gap analysis tool for antimicrobial stewardship programs. Toronto, ON: Queen's Printer for Ontario; 2016. Available at: www.publichealthontario.ca/en/eRepository/Getting%20started%20-%20An%20ASP%20gap%20analysis%20checklist.pdf. Accessed November 2017.

