LEADERSHIP SUPPORT & CHAMPIONS

|  |  |  |
| --- | --- | --- |
| Is there a physician that serves as an antimicrobial stewardship champion? |  Yes No | Name: |
| Is there nursing leadership that serves as an antimicrobial stewardship champion? |  Yes No | Name: |
| Is there a coordinator assigned to oversee antimicrobial stewardship activities? |  Yes No | Name: |
| Is there senior leadership that supports antimicrobial stewardship activities? |  Yes No | Name(s): |
| Are there any barriers to identifying leadership support & champions? |  Yes No | Explain: |

ANTIMICROBIAL STEWARDSHIP COMMITTEE/ TEAM

|  |  |  |
| --- | --- | --- |
| Is there a committee/workgroup team to incorporate antimicrobial stewardship issues |  Yes No | Team Members/Titles: |
| Does the pharmacist have a defined role in antimicrobial stewardship activities? Specifically, do they measure antimicrobial use? |  Yes No | Comments: |
| How often does the committee/ team meet to discuss antimicrobial stewardship issues? | Frequency: | Comments: |
| Does the team develop and communicate roles and responsibilities to stakeholders? |  Yes No | Explain: |
| Do team members have dedicated time allotted to antimicrobial stewardship activities? |  Yes No | Explain: |
| Has the facility explored quality improvement grant funding opportunities that could incorporate antimicrobial stewardship activities? |  Yes No | Explain: |
| Are antimicrobial use summaries and reports regularly reviewed by the committee/team? |  Yes No | Explain/ Frequency: |
| Does nursing leadership communicate antimicrobial stewardship progress to the nursing staff? |  Yes No | Explain/ Frequency: |
| Does the physician champion communicate antimicrobial stewardship progress to the providers? |  Yes No | Explain/ Frequency: |
| Does the physician champion communicate aggregate and/ or individual results to providers? |  yes, aggregate yes, individual No | Explain/ Frequency: |
| Are there any barriers present to the antimicrobial stewardship committee/ team? |  Yes No | Explain: |

EDUCATION ON CLINICAL CHANGE & STEWARDSHIP

|  |  |  |
| --- | --- | --- |
| Is education provided to nursing staff regarding how to recognize, assess, communicate, and document a change in resident’s condition |  Yes No | Who provides this education?/ How is this education provided? |
| Is there regular antimicrobial stewardship education and training to all healthcare personnel, including providers? |  Yes No | Explain this process: |
| Nursing staff utilize education and training tools to accurately recognize, assess, document, and communicate a resident’s change in condition? (Interact/ SBAR/ LOEBs) |  Yes No | Explain this process/ what tools are used: |
| Are there any barriers to education on clinical change and stewardship? |  Yes No | Explain: |

COMMUNICATION

|  |  |  |
| --- | --- | --- |
| Are antimicrobial stewardship messages communicated to all facility staff? |  Yes No | Explain/ frequency: |
| Are antimicrobial stewardship messages communicated to family/visitors? |  Yes No | Explain/ frequency: |
| Are there barriers to communication within the facility or communication with family/visitors? |  Yes No | Explain: |

POLICIES & PROTOCOLS

|  |  |  |
| --- | --- | --- |
| Does the facility have developed policies and protocols in place for clinical practice standards for antimicrobial prescribing? |  Yes No | Explain: |
| Does the facility have developed policies and protocols in place for clinical practice guidelines for infection management (prescribing algorithms, clinical pathways, LOEB) |  Yes No | Explain: |
| Does the facility have developed policies and protocols in place for ordering diagnostic tests? |  Yes No | Explain: |
| Does the facility communicate these policies and protocols to all providers? |  Yes No | Explain: |
| Are there barriers in place in creating and/or implementing protocols and policies? |  Yes No | Explain: |

SURVEILLANCE

|  |  |  |
| --- | --- | --- |
| Does the facility conduct surveillance using standardized infection definitions? |  Yes No | Explain: |
| Does the facility have access to an infection prevention expert? |  Yes No | Explain/ name: |
| Are there barriers present in the facilities surveillance process? |  Yes No | Explain: |

ACTION STEPS

|  |  |  |
| --- | --- | --- |
| Does the facility use process mapping to examine key opportunities to communicate clinical information pertinent to infections and antimicrobial stewardship? |  Yes No | Explain: |
| Does the facility implement a STANDARD process to communicate a change in resident’s condition from nursing assistants to nurses? |  Yes No | Explain: |
| Does the facility implement a STANDARD process to communicate a change in resident’s condition from nursing to providers? |  Yes No | Explain: |
| Does the facility have identified sources of resident information? |  Yes No | Explain (verbal, written, electronic/ location): |
| Does the facility provide education to the staff to inform them of these STANDARD processes? |  Yes No | Explain: |
| Is the implementation of the STANDARD communication process audited (are there tools that are evaluated)? |  Yes No | Explain: |
| Is the completeness and accuracy of the information of the STANDARD communication process audited? |  Yes No | Explain: |
| Is the change in resident’s condition centrally documented? |  Yes No | Where: |
| Does the facility have integrated tools into the electronic health record to provide consistency, care continuity, and centrally documented information? |  Yes No | Explain: |
| IT provides support for antimicrobial stewardship activities and is available to facilitate accessibility of clinical documentation? |  Yes No | Explain: |
| Are there barriers to any of the action steps? |  Yes No | Explain: |

TESTING AND INFECTION PREVENTION

|  |  |  |
| --- | --- | --- |
| Does the facility receive diagnostic testing results, microbiology results, susceptibility results in a timely manner? |  Yes No | Explain: |
| Does the facility have a process implemented to make sure that these results are used in a timely manner for clinical decision-making? |  Yes No | Explain: |
| Does the facility have policies and protocols based on clinical practice guidelines for the initiation of antimicrobials that are followed by all providers? |  Yes No | Explain: |
| Does the facility ensure that the providers follow basic antimicrobial stewardship practices, specifically checking for diagnosis, drug, duration, dose, route? |  Yes No | Explain: |
| Are antibiotics reviewed in a timely manner and adjusted or discontinued based on the culture or the sensitivity? |  Yes No | Explain/ who does this?: |
| Do all providers in the facility follow clinical guidelines and recommendations for asymptomatic bacteriuria management? |  Yes No | Explain: |
| Do all providers have access to an antibiogram? |  Yes No | Explain: |
| Are there barriers at the facility in testing and infection prevention? |  Yes No | Explain: |

TRACKING

|  |  |  |
| --- | --- | --- |
| Does the facility have an established antimicrobial utilization baseline? |  Yes No | Explain where this comes from: |
| Does the facility assess antimicrobial use on a regular basis? |  Yes No | Explain/ frequency: |
| Does the facility assess the appropriateness of antimicrobial use on a regular basis? Prescribing trends by provider and also facility-wide. |  Yes No | How often/ Who assess: |
| Does the facility monitor compliance with prescribing expectations and clinical practice guidelines? |  Yes No | Explain/ Who monitors: |
| Does the facility develop antimicrobial use summaries and reports on a regular basis? |  Yes No | Explain/ frequency: |
| Are there barriers present that prevent best tracking? |  Yes No | Explain: |