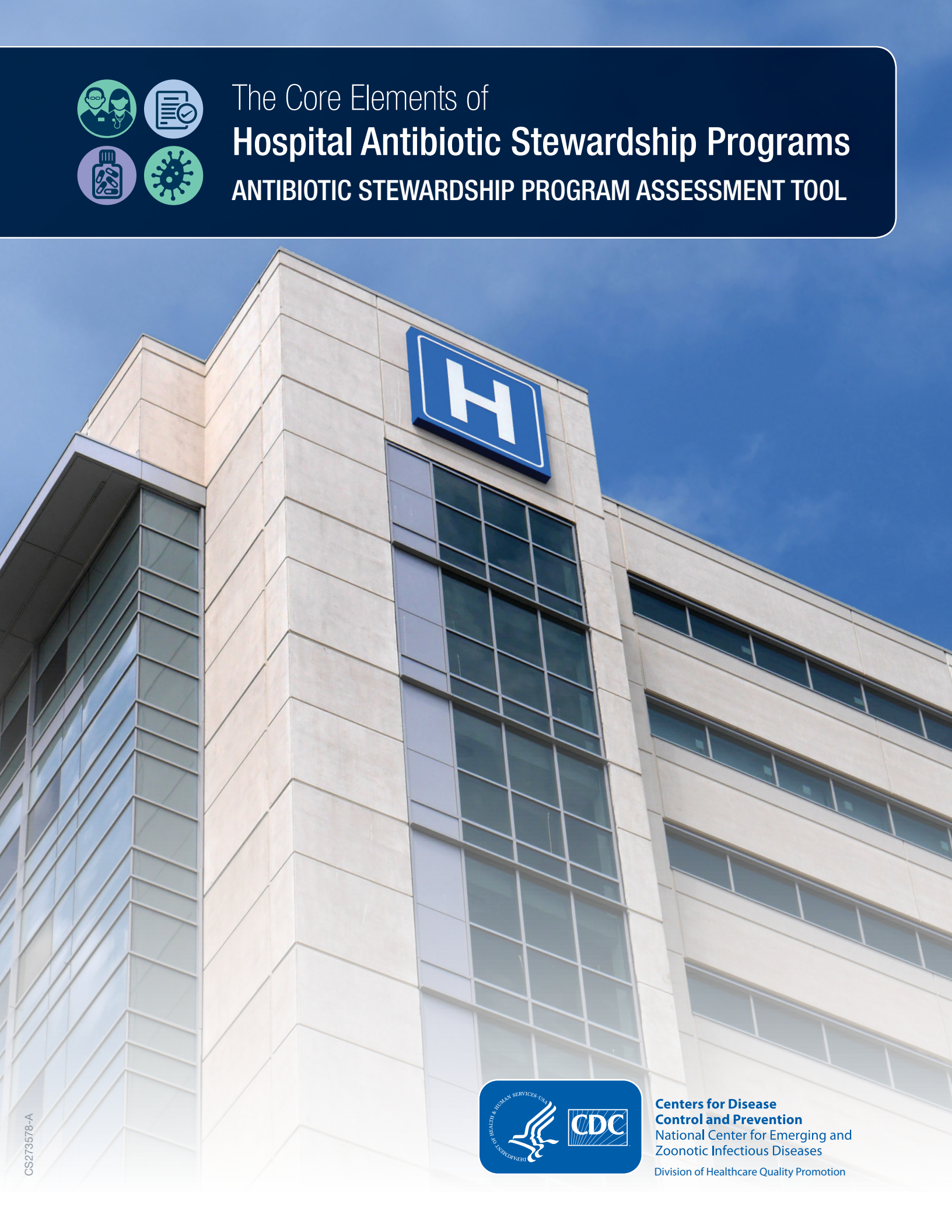

The Core Elements of
Hospital Antibiotic Stewardship Programs
ANTIBIOTIC STEWARDSHIP PROGRAM ASSESSMENT TOOL

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

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Core Elements of Hospital Antibiotic Stewardship Programs:
Assessment Tool

The antibiotic stewardship program assessment tool is a companion to *Core Elements of Hospital Antibiotic Stewardship Programs*. This tool provides examples of ways to implement the Core Elements. The Core Elements are intended to be an adaptable framework that hospitals can use to guide efforts to optimize antibiotic prescribing. Thus, not all of the examples listed in the Core Elements (and below) may be necessary and/or feasible in all hospitals.

The assessment tool can be used on a periodic basis (e.g., annually) to document current program infrastructure and activities and to help identify items that could improve the effectiveness of the stewardship program. Consider listing specific details, such as points of contacts or facility-specific guidelines with the date, in the "comments" column as reference for the antibiotic stewardship team.

CORE ELEMENTS OF HOSPITAL ANTIBIOTIC STEWARDSHIP PROGRAMS: ASSESSMENT TOOL		ESTABLISHED AT FACILITY	COMMENTS
Hospital Leadership Commitment	1. **[Priority Example]** Does facility leadership provide stewardship program leader(s) dedicated time to manage the program and conduct daily stewardship interventions?	❑ Yes ❑ No	
	2. **[Priority Example]** Does facility leadership provide stewardship program leader(s) with resources (e.g, IT support, training) to effectively operate the program?	❑ Yes ❑ No	
	3. **[Priority Example]** Does your antibiotic stewardship program have a senior executive that serves as a point of contact or "champion" to help ensure the program has resources and support to accomplish its mission?	❑ Yes ❑ No	
	4. **[Priority Example]** Do stewardship program leader(s) have regularly scheduled meetings with facility leadership and/or the hospital board to report and discuss stewardship activities, resources and outcomes?	❑ Yes ❑ No	
	5. Does your facility leadership ensure that staff from key support departments and groups have sufficient time to contribute to stewardship activities? (refer to Core Elements for key support staff)	❑ Yes ❑ No	
	6. Does facility leadership ensure that antibiotic stewardship activities are integrated into other quality improvement and patient safety efforts, such as sepsis management and diagnostic stewardship?	❑ Yes ❑ No	

CORE ELEMENTS OF HOSPITAL ANTIBIOTIC STEWARDSHIP PROGRAMS: ASSESSMENT TOOL		ESTABLISHED AT FACILITY	COMMENTS
Hospital Leadership Commitment	7. Does facility leadership support enrollment and reporting into the National Healthcare Safety Network (NHSN) Antimicrobial Use and Resistance (AUR) Module, including any necessary IT support?	❑ Yes ❑ No	
	8. Other example(s):	❑ Yes ❑ No	
Accountability	1. Does your facility have a leader or co-leaders responsible for program management and outcomes of stewardship activities?	❑ Yes ❑ No	
	a. If a non-physician is the leader of the program, does the facility have a designated physician who can serve as a point of contact and support for the non-physician leader?	❑ Yes ❑ No ❑ NA	
	2. Other example(s):	❑ Yes ❑ No	
Pharmacy Expertise	1. Does your facility have a pharmacist(s) responsible for leading implementation efforts to improve antibiotic use?	❑ Yes ❑ No	
	2. Does your pharmacist(s) leading implementation efforts have specific training and/or experience in antibiotic stewardship?	❑ Yes ❑ No	
	3. Other example(s):	❑ Yes ❑ No	
Action: Implement Interventions to Improve Antibiotic Use	1. **[Priority Example]** Does your facility perform prospective audit and feedback for specific antibiotic agents?	❑ Yes ❑ No	
	2. **[Priority Example]** Does your facility perform preauthorization for specific antibiotic agents?	❑ Yes ❑ No	
	3. **[Priority Example]** Does your facility have facility-specific treatment recommendations, based on national guidelines and local pathogen susceptibilities, to assist with antibiotic selection for common clinical conditions?	❑ Yes ❑ No	

CORE ELEMENTS OF HOSPITAL ANTIBIOTIC STEWARDSHIP PROGRAMS: ASSESSMENT TOOL		ESTABLISHED AT FACILITY	COMMENTS
Action: Implement Interventions to Improve Antibiotic Use	4. Does your facility have specific interventions (e.g., ensuring correct discharge duration of therapy) to ensure optimal use of antibiotics for treating the **most common infections** in most hospitals?		
	a. Community-acquired pneumonia	❑ Yes ❑ No	
	b. Urinary tract infections	❑ Yes ❑ No	
	c. Skin and soft tissue infections	❑ Yes ❑ No	
	5. Does your facility have specific interventions in place to ensure optimal use of antibiotics in the following situations?		
	a. Sepsis	❑ Yes ❑ No	
	b. *Staphylococcus aureus* infection	❑ Yes ❑ No	
	c. Stopping unnecessary antibiotic(s) in new cases of *Clostridioides difficile* infection (CDI)	❑ Yes ❑ No	
	d. Culture-proven invasive (e.g., blood stream) infections	❑ Yes ❑ No	
	e. Review of planned outpatient parenteral antibiotic therapy (OPAT)	❑ Yes ❑ No	
	6. Does your facility have a policy that requires prescribers to document in the medical record or during order entry a dose, duration and indication for all antibiotic prescriptions?	❑ Yes ❑ No	
	7. Does your facility have a formal procedure for all prescribers to conduct daily reviews of antibiotic selection until a definitive diagnosis and treatment duration are established (i.e. time out)?	❑ Yes ❑ No	

CORE ELEMENTS OF HOSPITAL ANTIBIOTIC STEWARDSHIP PROGRAMS: ASSESSMENT TOOL		ESTABLISHED AT FACILITY	COMMENTS
Action: Implement Interventions to Improve Antibiotic Use	8. Other example(s):	❑ Yes ❑ No	
	9. Other example(s):	❑ Yes ❑ No	
	10. Other example(s):	❑ Yes ❑ No	
	11. Other example(s):	❑ Yes ❑ No	
Tracking Antibiotic Use and Outcomes	1. **[Priority Example]** Does your antibiotic stewardship program track antibiotic use by submitting to the National Healthcare Safety Network (NHSN) Antimicrobial Use (AU) Option?	❑ Yes ❑ No	
	2. **[Priority Example]** Does your antibiotic stewardship program monitor prospective audit and feedback interventions by tracking the types of interventions and acceptance of recommendations?	❑ Yes ❑ No	
	3. **[Priority Example]** Does your antibiotic stewardship program monitor preauthorization interventions by tracking which agents are being requested for which conditions?	❑ Yes ❑ No	
	4. **[Priority Example]** Does your stewardship program monitor adherence to facility-specific treatment recommendations?	❑ Yes ❑ No	
	5. Does your stewardship program monitor adherence to a documentation policy (dose, duration and indication)?	❑ Yes ❑ No	
	6. Does your antibiotic stewardship program monitor the performance of antibiotic timeouts to see how often these are being done and if opportunities to improve use are being acted on during timeouts?	❑ Yes ❑ No	
	7. Does your antibiotic stewardship program routinely perform medication use evaluations to assess courses of therapy for select antibiotics and/or infections to identify opportunities to improve use?	❑ Yes ❑ No	

CORE ELEMENTS OF HOSPITAL ANTIBIOTIC STEWARDSHIP PROGRAMS: ASSESSMENT TOOL		ESTABLISHED AT FACILITY	COMMENTS
Tracking Antibiotic Use and Outcomes	8. Does your antibiotic stewardship program assess how often patients are discharged on the correct antibiotics for the recommended duration?	❑ Yes ❑ No	
	9. Does your antibiotic stewardship program track antibiotic resistance by submitting to the NHSN Antimicrobial Resistance (AR) Option?	❑ Yes ❑ No	
	10. Does your antibiotic stewardship program track CDI in context of antibiotic use?	❑ Yes ❑ No	
	11. Does your facility produce an antibiogram (cumulative antibiotic susceptibility report)?	❑ Yes ❑ No	
	12. Other example(s):	❑ Yes ❑ No	
Reporting Antibiotic Use and Outcomes	1. Does your antibiotic stewardship program share facility and/or individual prescriber-specific reports on antibiotic use with prescribers?	❑ Yes ❑ No	
	2. Does your antibiotic stewardship program report adherence to treatment recommendations to prescribers (e.g., results from medication use evaluations, etc)?	❑ Yes ❑ No	
	3. Has your facility distributed a current antibiogram to prescribers?	❑ Yes ❑ No	
	4. Other example(s):	❑ Yes ❑ No	
Education	1. Does your stewardship program provide education to prescribers and other relevant staff on optimal prescribing, adverse reactions from antibiotics, and antibiotic resistance?	❑ Yes ❑ No	
	2. Does your stewardship program provide education to prescribers as part of the prospective audit and feedback process (sometimes called “handshake stewardship”)?	❑ Yes ❑ No	
	3. Other example(s):	❑ Yes ❑ No	

Notes

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