Checklist for Core Elements of Hospital Antibiotic Stewardship Programs

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The following checklist is a companion to *Core Elements of Hospital Antibiotic Stewardship Programs.* This checklist should be used to systematically assess key elements and actions to ensure optimal antibiotic prescribing and limit overuse and misuse of antibiotics in hospitals. CDC recommends that all hospitals implement an Antibiotic Stewardship 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. The elements in this checklist have been shown in previous studies to be helpful in improving antibiotic use though not all of the elements might be feasible in all hospitals.

LEADERSHIP SUPPORT	ESTABLISHED AT FACILITY	
A. Does your facility have a formal, written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?	❑ Yes	❑ No
B. Does your facility receive any budgeted financial support for antibiotic stewardship activities (e.g., support for salary, training, or IT support)?	❑ Yes	❑ No
ACCOUNTABILITY		
A. Is there a physician leader responsible for program outcomes of stewardship activities at your facility?	❑ Yes	❑ No
DRUG EXPERTISE		
A. Is there a pharmacist leader responsible for working to improve antibiotic use at your facility?	❑ Yes	❑ No
KEY SUPPORT FOR THE ANTIBIOTIC STEWARDSHIP PROGRAM *Does any of the staff below work with the stewardship leaders to improve antibiotic use?*		
B. Clinicians	❑ Yes	❑ No
C. Infection Prevention and Healthcare Epidemiology	❑ Yes	❑ No
D. Quality Improvement	❑ Yes	❑ No
E. Microbiology (Laboratory)	❑ Yes	❑ No
F. Information Technology (IT)	❑ Yes	❑ No
G. Nursing	❑ Yes	❑ No

ACTIONS TO SUPPORT OPTIMAL ANTIBIOTIC USE

POLICIES	POLICY ESTABLISHED	
A. 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
B. Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions?	❏ Yes	❏ No

SPECIFIC INTERVENTIONS TO IMPROVE ANTIBIOTIC USE
Are the following actions to improve antibiotic prescribing conducted in your facility?

BROAD INTERVENTIONS	ACTION PERFORMED	
C. Is there a formal procedure for all clinicians to review the appropriateness of all antibiotics 48 hours after the initial orders (e.g. antibiotic time out)?	❏ Yes	❏ No
D. Do specified antibiotic agents need to be approved by a physician or pharmacist prior to dispensing (i.e., pre-authorization) at your facility?	❏ Yes	❏ No
E. Does a physician or pharmacist review courses of therapy for specified antibiotic agents (i.e., prospective audit with feedback) at your facility?	❏ Yes	❏ No

PHARMACY-DRIVEN INTERVENTIONS *Are the following actions implemented in your facility?*	ACTION PERFORMED	
F. Automatic changes from intravenous to oral antibiotic therapy in appropriate situations?	❏ Yes	❏ No
G. Dose adjustments in cases of organ dysfunction?	❏ Yes	❏ No
H. Dose optimization (pharmacokinetics/pharmacodynamics) to optimize the treatment of organisms with reduced susceptibility?	❏ Yes	❏ No
I. Automatic alerts in situations where therapy might be unnecessarily duplicative?	❏ Yes	❏ No
J. Time-sensitive automatic stop orders for specified antibiotic prescriptions?	❏ Yes	❏ No

DIAGNOSIS AND INFECTIONS SPECIFIC INTERVENTIONS *Does your facility have specific interventions in place to ensure optimal use of antibiotics to treat the following common infections?*	ACTION PERFORMED	
K. Community-acquired pneumonia	❏ Yes	❏ No
L. Urinary tract infection	❏ Yes	❏ No
M. Skin and soft tissue infections	❏ Yes	❏ No
N. Surgical prophylaxis	❏ Yes	❏ No
O. Empiric treatment of Methicillin-resistant Staphylococcus aureus (MRSA)	❏ Yes	❏ No

		Measure Performed
P.	Non-C. Difficile infection (CDI) antibiotics in new cases of CDI	❏ Yes ❏ No
Q.	Culture-proven invasive (e.g., blood stream) infections	❏ Yes ❏ No

TRACKING: MONITORING ANTIBIOTIC PRESCRIBING, USE, AND RESISTANCE

PROCESS MEASURES		MEASURE PERFORMED
A.	Does your stewardship program monitor adherence to a documentation policy (dose, duration, and indication)?	❏ Yes ❏ No
B.	Does your stewardship program monitor adherence to facility-specific treatment recommendations?	❏ Yes ❏ No
C.	Does your stewardship program monitor compliance with one of more of the specific interventions in place?	❏ Yes ❏ No

ANTIBIOTIC USE AND OUTCOME MEASURES		MEASURE PERFORMED
D.	Does your facility track rates of C. difficile infection?	❏ Yes ❏ No
E.	Does your facility produce an antibiogram (cumulative antibiotic susceptibility report?	❏ Yes ❏ No

Does your facility monitor antibiotic use (consumption) at the unit and/or facility wide level by one of the following metrics:		MEASURE PERFORMED
F.	By counts of antibiotic(s) administered to patients per day (Days of Therapy; DOT)?	❏ Yes ❏ No
G.	By number of grams of antibiotics used (Defined Daily Dose, DDD)?	❏ Yes ❏ No
H.	By direct expenditure for antibiotics (purchasing costs)?	❏ Yes ❏ No

REPORTING INFORMATION TO STAFF ON IMPROVING ANTIBIOTIC USE AND RESISTANCE

A.	Does you stewardship program share facility-specific reports on antibiotic use with prescribers?	❏ Yes ❏ No
B.	Has a current antibiogram been distributed to prescribers at your facility?	❏ Yes ❏ No
C.	Do prescribers ever receive direct, personalized communication about how they can improve their antibiotic prescribing?	❏ Yes ❏ No

EDUCATION

A.	Does your stewardship program provide education to clinicians and other relevant staff on improving antibiotic prescribing?	❏ Yes ❏ No