

Antimicrobial Stewardship Gap Analysis Tool

Antimicrobial Stewardship Strategies	Antimicrobial Stewardship Strategy Audit
Action Step: Identify antimicrobial stewardship champions	
<p>A physician serves as antimicrobial stewardship (AS) champion to support following clinical practice guidelines for antimicrobial prescribing</p>	<p><input type="checkbox"/> Yes; name and position: _____</p> <p><input type="checkbox"/> No (if checked, complete questions below)</p> <p><u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>Nursing leadership serves as an AS champion to promote nursing assessment, documentation, and communication in antimicrobial stewardship activities</p>	<p><input type="checkbox"/> Yes; name and position: _____</p> <p><input type="checkbox"/> No (if checked, complete questions below)</p> <p><u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>A coordinator is assigned to oversee AS activities</p>	<p><input type="checkbox"/> Yes; name and position: _____</p> <p><input type="checkbox"/> No (if checked, complete questions below)</p> <p><u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>Senior leadership is supportive of AS activities</p>	<p><input type="checkbox"/> Yes; name(s) and position(s): _____</p> <p>How is support demonstrated?</p> <p><input type="checkbox"/> No (if checked, complete questions below)</p> <p><u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>


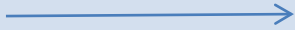

Action Step: Incorporate antimicrobial stewardship issues into a committee/workgroup (Antimicrobial Stewardship Team)			
<p>A committee/workgroup (Antimicrobial Stewardship [AS] Team) is identified to incorporate AS issues</p>	<p><input type="checkbox"/> Yes; <input type="checkbox"/> AS Team formed <input type="checkbox"/> Existing committee/workgroup: _____</p> <p><u>Identify committee membership:</u></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> AS champion(s) pharmacist <input type="checkbox"/> Nursing leadership <input type="checkbox"/> AS Coordinator <input type="checkbox"/> Senior leadership <input type="checkbox"/> Other: (e.g. members of collaborating hospital’s AS Team, microbiology representative): _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Consulting or in-house <input type="checkbox"/> Quality improvement <input type="checkbox"/> LTCF infection preventionist <input type="checkbox"/> Information technologist </td> </tr> </table> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u> _____</p>	<input type="checkbox"/> AS champion(s) pharmacist <input type="checkbox"/> Nursing leadership <input type="checkbox"/> AS Coordinator <input type="checkbox"/> Senior leadership <input type="checkbox"/> Other: (e.g. members of collaborating hospital’s AS Team, microbiology representative): _____	<input type="checkbox"/> Consulting or in-house <input type="checkbox"/> Quality improvement <input type="checkbox"/> LTCF infection preventionist <input type="checkbox"/> Information technologist
<input type="checkbox"/> AS champion(s) pharmacist <input type="checkbox"/> Nursing leadership <input type="checkbox"/> AS Coordinator <input type="checkbox"/> Senior leadership <input type="checkbox"/> Other: (e.g. members of collaborating hospital’s AS Team, microbiology representative): _____	<input type="checkbox"/> Consulting or in-house <input type="checkbox"/> Quality improvement <input type="checkbox"/> LTCF infection preventionist <input type="checkbox"/> Information technologist		
<p>AS Team develops and communicates roles and responsibilities about antimicrobial stewardship for facility stakeholders</p>	<p><input type="checkbox"/> Yes; describe: <input type="checkbox"/> AS Team roles and responsibilities have been developed and are documented below: <u>AS Team Member Name/Role:</u> _____ <u>Responsibilities:</u> _____</p> <p><input type="checkbox"/> AS Team roles and responsibilities are communicated to facility stakeholders as described below:</p> <p><input type="checkbox"/> No (if checked, complete questions below) <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u> _____</p>		
<p>AS Team members have dedicated time for AS activities</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No (if checked, complete questions below) <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u> _____</p>		
<p>The facility explores quality improvement- and resident safety-related grant funding opportunities that could incorporate AS activities</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No (if checked, complete questions below) <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u> _____</p>		

<p>AS Team regularly reviews antimicrobial use summaries/reports</p>	<p><input type="checkbox"/> Yes; describe the review process, including the types of summaries/reports, and the frequency of review:</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>The consulting or in-house pharmacist is engaged in AS activities, particularly antimicrobial measurement</p>	<p><input type="checkbox"/> Yes; name of pharmacist: _____ Role: <input type="checkbox"/> Consulting pharmacist <input type="checkbox"/> In-house pharmacist</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>Nursing leadership/nursing champion regularly communicates AS progress to nursing assistants and nurses</p> <ul style="list-style-type: none"> Progress may include improved shift change hand-offs, compliance with use of Situation–Background–Assessment– Request (SBAR) form, infection rates, communication and documentation of nursing assessments, etc. 	<p><input type="checkbox"/> Yes; describe the communication process, including the frequency of communication:</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>Medical director/physician champion regularly communicates AS progress to licensed providers in the facility</p> <ul style="list-style-type: none"> Consider communicating aggregate and/or individual antimicrobial use results to providers 	<p><input type="checkbox"/> Yes; describe the communication process, including the frequency of communication:</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>Medical director/physician champion communicates aggregate and/or individual antimicrobial use results to providers</p>	<p><input type="checkbox"/> Yes; describe the communication process, including the regularity of communication:</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>

Published clinical practice guidelines that support AS are reviewed by key AS stakeholders – at a minimum the medical director/antimicrobial stewardship physician champion, nursing leadership/director of nursing, infection preventionist, consulting/ in-house pharmacist

- Yes**; check all guidelines reviewed, and indicate by whom they are reviewed:
- Loeb M, Bentley DW, Bradley S, et al. Development of minimum criteria for initiation of antibiotics in long-term care residents: Results of a consensus conference. *Infection Control and Hospital Epidemiology* 2001; 22:120-4.
 - Medical director/AS physician champion
 - Nursing leadership/director of nursing
 - Infection preventionist
 - Consulting/ in-house pharmacist
 - Other, please specify: _____
- SHEA Position Paper. Nicolle LE, the SHEA Long-Term Care Committee. Urinary tract infections in long-term care facilities. *Infection Control and Hospital Epidemiology* 2001; 22:167-75.
 - Medical director/AS physician champion
 - Nursing leadership/director of nursing
 - Infection preventionist
 - Consulting/ in-house pharmacist
 - Other, please specify: _____
- SHEA Position Paper. Strausbaugh LJ, Crossley KB, Nurse BA, et al. Antimicrobial resistance in long-term care facilities. *Infection Control and Hospital Epidemiology* 1996; 17:129-40.
 - Medical director/AS physician champion
 - Nursing leadership/director of nursing
 - Infection preventionist
 - Consulting/ in-house pharmacist
 - Other, please specify: _____
- SHEA Position Paper. Nicolle LE, Bentley D, Garibaldi R, et al. Antimicrobial use in long-term care facilities. *Infection Control and Hospital Epidemiology* 1996; 17:119-28.
 - Medical director/AS physician champion
 - Nursing leadership/director of nursing
 - Infection preventionist
 - Consulting/ in-house pharmacist
 - Other, please specify: _____
- IDSA Guidelines. High KP, Bradley SF, Gravenstein S, et al. Clinical practice guideline for the evaluation of fever and infection in older adult residents of long-term care facilities: 2008 update by the Infectious Diseases Society of America. *Clin Infect Dis* 2009; 48:149-171. Available at: www.idsociety.org/Other_Guidelines/#sthash.ntIBYQdM.lkHRsefX
 - Medical director/AS physician champion
 - Nursing leadership/director of nursing
 - Infection preventionist
 - Consulting/ in-house pharmacist
 - Other, please specify: _____

Action Step: Communicate antimicrobial stewardship messages to healthcare facility staff and resident family and visitors	
Communicate AS messages to all facility staff (e.g., via staff meetings, newsletters, etc.)	<input type="checkbox"/> Yes; describe: <input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u>
Communicate AS messages to family/visitors (e.g., via brochures, newsletters, family council meetings)	<input type="checkbox"/> Yes; describe: <input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u>
Action Step: Develop and communicate policies and protocols based on clinical guidelines for antimicrobial stewardship, infection management, and diagnostic testing	
Facility develops policies based on clinical practice standards for AS (e.g., the 5 Ds: right diagnosis, drug, dose, duration, and de-escalation)	<input type="checkbox"/> Yes; describe: <input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u>
Facility develops policies based on clinical practice guidelines for infection management including prescribing algorithms and clinical pathways (e.g., Loeb et al. [2001], SHEA/IDSA guidelines)	<input type="checkbox"/> Yes; describe: <input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u>
Facility develops standardized policies and protocols for ordering diagnostic tests (e.g., microbiology, imaging) based on clinical guidelines (e.g., High et al. [2008])	<input type="checkbox"/> Yes; describe: <input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u>

<p>Facility communicates policies and protocols for antimicrobial stewardship, infection management, and diagnostic testing to all licensed providers in the facility</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>
<p>Action Step: Conduct surveillance for infections</p>	
<p>Infection surveillance is conducted using standardized infection definitions (e.g., Stone ND, et al. Surveillance definitions of infections in long-term care facilities: revisiting the McGeer criteria. Infect Control Hosp Epidemiol. 2012;33:965-77.) Consider use of the following:</p> <ul style="list-style-type: none"> • Tips for Applying CDC’s Infection Surveillance Guidance (Appendix J) • Infection Surveillance Definition Worksheet (Appendix K) • Infection Surveillance Linelist Template (Appendix L) • Lee et al. (2007) Recommended practices for surveillance: APIC, Inc. Am J Infect Control 2007;35:427-40. 	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>
<p>Infection prevention expertise is available in the LTCF</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>

Action Step: Evaluate the facility’s process to assess, communicate, and document a resident’s change in condition

The facility performs process mapping to examine key opportunities to communicate clinical information pertinent to infections and antimicrobial stewardship

Consider use of the following:

- Nursing Process Evaluation Tool, (Appendix F)

Yes; describe the process, including:
 Date of process mapping discussion:
 Facilitator:
 Staff participants:
 Process mapping summary shared with:

No
Barriers:  Action Steps to Address Barriers:


Action Step: The facility sets the expectation that a change in a resident’s condition is consistently communicated between nursing assistants and nursing through the use of a standardized process





The facility implements a standardized process to communicate a change in a resident’s condition from nursing assistants (NAs) to nurses; use findings from process mapping to develop or revise processes


Consider the following resources to standardize communication:

- AHRQ Improving Patient Safety in Long-Term Care Facilities:
 - Concerned – Uncomfortable – Safety (CUS) Communication Tool (Appendix H)
 - Changes that Matter Tool (Appendix I)
- INTERACT™ *Stop and Watch* Early Warning Tool for NAs


Yes; describe the standardized communication process between NAs and nurses, including communication tools and staff education and training:


No
Barriers:  Action Steps to Address Barriers:

<p>Audit the completeness and accuracy of the information included on the standardized communication tool (e.g., SBAR). For example, are nurses thoroughly and appropriately communicating the information required according to the standardized communication tool?</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>
<p>Action Step: The facility sets the expectation that a change in a resident’s condition is consistently documented</p>	
<p>Centrally document change in resident condition</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>
<p>The facility has integrated tools for information gathering into the electronic health record when possible to provide consistency, care continuity, and centrally documented information (e.g., a UTI monitor)</p>	<p><input type="checkbox"/> Yes; describe the tools and how they promote consistency, care continuity, an centrally-documented information:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>
<p>Information Technology support for AS activities is available to facilitate accessibility of clinical documentation; activities may include report generation, optimizing electronic health record for clinical documentation, etc.</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>

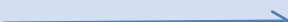
<p>Explore ways your electronic health record vendor can support AS activities</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>
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Action Step: Diagnostic testing results, including microbiology, are accessible in a timely manner for clinical decision-making and infection surveillance

<p>A process is implemented to ensure that diagnostic testing, including microbiology results, are accessible in a timely manner for clinical decision-making</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>
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<p>A process is implemented to ensure that diagnostic testing, including microbiology results, are accessible in a timely manner for infection surveillance</p>	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>
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Action Step: All licensed providers in the facility follow clinical practice guidelines for infection management

<p>Policies/protocols based on clinical practice guidelines for the initiation of antimicrobials (e.g., Loeb et al. [2001]) are followed by all licensed providers in the facility regardless of employment status (e.g., full-time, part-time or casual status; on-call; external consultant; etc.)</p> <ul style="list-style-type: none"> • Consider conducting antimicrobial use assessment to monitor guideline adherence (Appendix E) 	<p><input type="checkbox"/> Yes; describe:</p> <p><input type="checkbox"/> No <u>Barriers:</u>  <u>Action Steps to Address Barriers:</u></p>
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<p>All licensed providers in the facility follow clinical guidelines/recommendations for asymptomatic bacteriuria management (e.g., Infectious Diseases Society of America (IDSA) Guidelines for the Diagnosis and Treatment of Asymptomatic Bacteriuria in Adults 2005.)</p> <ul style="list-style-type: none"> • Consider conducting antimicrobial use assessment to monitor guideline adherence (Appendix E) 	<p><input type="checkbox"/> Yes; describe how the facility formalizes the use of IDSA clinical guidelines:</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>All licensed providers have access to a local antibiogram; consider whether the data are compiled from the facility, local hospital, healthcare system, region, etc.; as well as how often the data are updated (e.g., annually, quarterly, monthly, etc.)</p>	<p><input type="checkbox"/> Yes; describe 1) how antibiogram accessibility is achieved; 2) the source of the antibiogram data; and 3) the frequency of antibiogram updates:</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>Action Step: Measure antimicrobial use</p>	
<p>The facility establishes an antimicrobial utilization baseline</p> <ul style="list-style-type: none"> • Consider using Antimicrobial Use Assessment (Appendix E) 	<p><input type="checkbox"/> Yes; describe: By whom: Describe what is reviewed (e.g., data sources used): _____</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>

<p>The facility assesses antimicrobial use on a regular basis (e.g., monthly, quarterly, etc.)</p>	<p><input type="checkbox"/> Yes; by whom: How often? Describe what is reviewed (e.g. data sources used):</p> <p><input type="checkbox"/> No (if checked, complete questions below) <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>The facility assesses antimicrobial appropriateness on a regular basis (e.g., monthly, quarterly, etc.); this activity is most suitable for the consulting or in-house pharmacist. Assess prescribing trends by provider and facility-wide</p>	<p><input type="checkbox"/> Yes; by whom: Identify prescribing trends assessed: How often? Define published treatment guidelines used to determine appropriateness:</p> <p><input type="checkbox"/> No (if checked, complete questions below) <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>The facility monitors compliance with prescribing expectations and clinical practice guidelines relevant to antimicrobial stewardship (e.g., monitor compliance with Loeb minimum criteria for initiation of antibiotics in LTC residents)</p> <ul style="list-style-type: none"> • Consider using Antimicrobial Use Assessment (Appendix E) 	<p><input type="checkbox"/> Yes; describe the process, including: By whom? How often? List facility practice expectations and/or clinical practice guidelines used:</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>
<p>The facility develops antimicrobial use summaries/reports on a regular basis</p>	<p><input type="checkbox"/> Yes; describe: How often? List antimicrobial use summaries/reports:</p> <p><input type="checkbox"/> No <u>Barriers:</u> _____ → <u>Action Steps to Address Barriers:</u></p>

List at least 2 long-term goals for antimicrobial stewardship at your facility

- 1.
- 2.

List at least 4 short-term goals for antimicrobial stewardship at your facility

- 1.
- 2.
- 3.
- 4.

List the 3 primary challenges / barriers to implementing / expanding antimicrobial stewardship strategies in your facility:

- 1.
- 2.
- 3.