

Health Systems Checklist for Implementation of Core Elements of Outpatient Antibiotic Stewardship

CDC recommends that health systems take steps to implement the Core Elements of Outpatient Antibiotic Stewardship to improve patient safety and slow the spread of antimicrobial resistance. Use this checklist to identify and monitor outpatient stewardship activities within your health system.

COMMITMENT

1) Does your health system have dedicated resources and established accountability to improve antibiotic prescribing in outpatient settings?

Yes No

If yes, indicate which of the following are in place in your health system. (Select all that apply.)

- Appoint a designated leader, or coleaders, who are accountable for antibiotic stewardship activities in outpatient facilities within your health system.
- Outline outpatient antibiotic stewardship-related duties in job descriptions and annual performance reviews for stewardship program leads and key support staff.
- Create and promote clinician or organizational leadership commitments to antibiotic stewardship and display during patient encounters (e.g., commitment posters, screensavers, marketing materials).
- Create a formal, written outpatient antibiotic stewardship policy or other formal statements supporting efforts to improve and monitor antibiotic use in outpatient settings.
- Provide resources to support outpatient antibiotic stewardship efforts, ensuring that staff from key support departments and groups (e.g., information technology) are contributing to stewardship activities.
- Communicate with outpatient facilities' clinicians and staff members about antibiotic stewardship activities to set patient expectations regarding appropriate antibiotic use.

ACTION FOR POLICY AND PRACTICE

2) Has your health system implemented at least one practice to improve antibiotic prescribing in outpatient settings?

Yes No

If yes, indicate which practice(s) you use. (Select all that apply.)

- Establish health system-wide treatment recommendations for common clinical conditions which may result in an antibiotic prescription.
- Support electronic health record interventions promoting appropriate antibiotic use (e.g., clinical decision support systems integrated into clinician workflows to assist in diagnostic and therapeutic choices).
- Provide health system-wide guidance on active monitoring and delayed antibiotic prescribing practices for conditions which usually resolve without treatment (e.g., acute otitis media in children and acute uncomplicated sinusitis).
- Support performance incentives for clinicians related to improving antibiotic prescribing.

- Use call centers or phone triage to prevent unnecessary visits (e.g., for common cold) that may result in an unnecessary antibiotic prescription.
- Support programs which systematically de-label inaccurate antibiotic allergies among patients through a review of allergy history, penicillin allergy testing, and/or a referral to an allergist.
- Provide communications skills training to clinicians to promote strategies to improve antibiotic use.

TRACKING AND REPORTING

3) Does your health system track and report at least one aspect of antibiotic prescribing?

Yes No

If yes, indicate which tracking and reporting activities are performed. (Select all that apply.)

- Track and report specific antibiotic use metrics describing prescribing practices for high priority conditions or assessing quality of prescribing (antibiotic selection, duration, or other quality indicators).
- Use audit and feedback reports (with or without peer comparisons) to improve clinician antibiotic prescribing.
- Share antibiotic prescribing reports summarizing antibiotic use and stewardship activities with health system leadership, antibiotic stewardship staff, individual clinicians, infection prevention staff, quality improvement staff, or other relevant local partners and stakeholders.
- Explore or identify potential health disparities in antibiotic use, clinical diagnoses, and/or access to care across patient populations.

EDUCATION AND EXPERTISE

4) Does your health system provide education and resources to clinicians and patients on evidence-based antibiotic prescribing in outpatient settings?

Yes No

If yes, indicate how the health system provides antibiotic stewardship education. (Select all that apply.)

- Provide clinicians continuing education or maintenance of certification training on appropriate antibiotic use.
- Provide academic detailing (e.g., peer-to-peer education) on antibiotic prescribing to clinicians to promote appropriate antibiotic use.
- Provide patient educational resources on appropriate antibiotic use and antibiotic-related adverse events during patient encounters and communication.
- Ensure clinicians have timely access to persons with antibiotic prescribing expertise.