

# The Core Elements of Outpatient Antibiotic Stewardship Programs

## Appendix B: Outpatient Antibiotic Stewardship Assessment Tool





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Use this checklist to identify and monitor outpatient antibiotic stewardship activities.

## LEADERSHIP COMMITMENT

1. Do you have dedicated human, financial or information technology resources to improve antibiotic prescribing in outpatient settings?  Yes  No

If Yes, indicate which aspects of *leadership commitment* are in place. (Select all that apply.)

- Dedicated time and financial resources for an outpatient stewardship lead who is accountable for the program management and outcomes
- Information technology or analytic support to sustain outpatient stewardship efforts
- Antibiotic stewardship program and activities clearly defined within broader healthcare system priorities
- Antibiotic stewardship-related duties formally included in job descriptions or annual performance reviews for leads and key support staff
- A defined reporting structure for the stewardship leads to communicate program activities and outcomes
- Regular communication with outpatient clinicians and staff about antibiotic stewardship activities to set expectations for appropriate antibiotic use
- Support for training and education opportunities for stewardship leads and service line leads

## ACCOUNTABILITY

2. Do you have a designated leader or co-leaders responsible for outpatient antibiotic stewardship program development, management and outcomes?  Yes  No

If Yes, indicate which aspects of *accountability* are in place. (Select all that apply.)

- An outpatient stewardship charter that defines health system-level goals and aligns activities with organizational quality, safety, or operational priorities
- Clearly defined roles and responsibilities for stewardship leads, service line leads, and support staff
- Measurable program targets established to track progress (e.g., reducing inappropriate prescribing, increasing guideline-concordant care)
- Integration of stewardship activities into existing quality improvement activities or patient safety frameworks
- Regularly share outpatient stewardship activities and key success stories with health system and facility leadership, clinicians, and healthcare staff

## EXPERTISE

3. Does your outpatient stewardship program pair antibiotic stewardship expertise with outpatient setting-specific expertise?  Yes  No

If Yes, indicate which aspects of *expertise* are in place. (Select all that apply.)

- Service line or clinic leads identified to champion stewardship activities and engage clinicians within their outpatient practice
- Key support staff (e.g., nurses, infection prevention specialists, information technology/analytic staff) engaged to ensure effective, data-driven implementation of interventions
- A multidisciplinary outpatient antibiotic stewardship committee that includes outpatient service line or clinic leads and key support staff to guide planning, implementation, and evaluation
- Access to training or certificate programs for stewardship leads or champions (e.g., academic detailing, formal stewardship courses, professional conferences)
- Collaboration with external experts, professional societies, or public health agencies to strengthen stewardship capacity

## ACTION

### 4. Have you implemented at least one intervention to improve antibiotic use in outpatient settings?

Yes  No

If Yes, indicate which stewardship *action* has been taken. (Select all that apply.)

- Adapted treatment recommendations for common outpatient conditions that may result in an antibiotic prescription
- Clinical decision support tools within the electronic health record system to guide diagnostic and therapeutic choices
- Audit-and-feedback interventions at the practice or prescriber level to improve adherence to treatment recommendations
- Protocols for active monitoring or delayed prescribing practices for conditions likely to resolve without antibiotics (e.g., acute otitis media in children, acute uncomplicated sinusitis)
- Performance incentives for clinicians related to improving antibiotic prescribing
- Integration of stewardship best practices into call center or nursing triage protocols to reduce unnecessary visits and prescriptions
- Clinical protocols to systematically de-label inaccurate antibiotic allergies among patients through a review of allergy history, penicillin allergy testing, and/or a referral to an allergist
- Communications skills training for clinicians to support effective discussion about antibiotic use
- Clinician or organizational commitments displayed in patient care settings (e.g., posters, screensavers, patient-facing materials)
- Partnerships with public health agencies, payers, or peer health systems to support stewardship priorities and share best practices

## TRACKING

### 5. Do you monitor outpatient antibiotic prescribing, the impact of stewardship interventions or other important outcomes? Yes No

If Yes, indicate which *tracking* activities are performed. (Select all that apply.)

- Measurement of antibiotic use to assess either quantity (e.g., volume, rate per visit) or quality (e.g., antibiotic selection, unnecessary use) of prescribing
- Electronic tracking of antibiotic prescribing at the clinician, practice, or health system level
- Use of information technology resources to define standardized data elements, validate metrics, or automate tracking
- Track balancing measures (e.g., follow-up visits, hospital admissions), quality indicators (e.g., delayed prescribing strategies, culture-based adjustments) or outcome measures (e.g., Clostridioides difficile infections, antimicrobial-resistant infections, or adverse drug events)
- Stratification of antibiotic use metrics by patient or clinician characteristics to identify variability in prescribing practices and inform targeted interventions
- Comparison of antibiotic use metrics to internal or external benchmarks (e.g., HEDIS® antibiotic use measures)

## REPORTING

6. Do you regularly report data on antibiotic prescribing or outcomes to clinicians, leadership, or other partners?  Yes  No

If Yes, indicate which **reporting** activities are performed. (Select all that apply.)

- Electronic reporting of antibiotic use metrics through a stewardship dashboard to evaluate prescribing patterns by clinician, practice, or setting
- Distribution of audit-and-feedback reports that include clinician prescribing trends over time, peer benchmarking or identification of outliers
- Reports summarizing antibiotic use metrics and stewardship program activities shared with health system leadership, outpatient practice/service line leads, infection prevention staff, quality improvement staff, or other relevant partners
- Integration of antibiotic use metrics into broader prescriber dashboards or quality/safety initiatives (e.g., alongside diabetes management, opioid prescribing, or vaccination measures)

## EDUCATION

7. Does your outpatient stewardship program provide education to healthcare professionals, patients or caregivers on optimal antibiotic use, antibiotic-related adverse events, or antimicrobial resistance?  Yes  No

If Yes, indicate which **education** activities are performed. (Select all that apply.)

- Training on academic detailing strategies for service line leads or champions to deliver peer education
- Educational activities offering continuing education credits, maintenance of board certification credits, or incorporated into competency assessments/postgraduate curricula
- Tailored clinician education on effective patient communication, use of clinical decision support tools, or addressing behavioral drivers of inappropriate prescribing
- Patient or caregiver educational resources provided during outpatient encounters
- Participation in U.S. Antibiotic Awareness Week (USAAW) or similar campaigns to promote community-wide awareness of stewardship priorities





