

Clostridium difficile Infection (CDI)

Antibiotic Stewardship Practices - Targeted Assessment for Prevention (TAP) Facility Assessment Tool

Notes for the Respondent:

- Section VII. Antibiotic Stewardship Practices should be completed by the staff member or personnel who is most knowledgeable about the facility's antibiotic stewardship practices (e.g., pharmacist or physician stewardship lead).
- These questions are identical to the antibiotic stewardship practices questions on the *NHSN Hospital Annual Survey* (questions 23-34) and may be used to validate the results of the NHSN survey.
- Responses should refer to what is *currently* in place at the facility or unit in which the assessment is being administered.

Instructions for Submission:

Do you have a Desktop Email Application? (e.g., Outlook, Windows Live Mail)	Do you have a web-based email address? (e.g., Gmail, Yahoo)	Are you having trouble submitting? (e.g., No email application, Firewall is blocking submission)
1) Click SUBMIT 2) Select the top radio button (Desktop Email Application) 3) Click OK <i>This will automatically generate an email with the completed form attached</i>	1) Click SUBMIT 2) Select the bottom button (Internet Email) 3) Copy the email address listed in the text next to the radio button 4) Click OK 5) Save the document to your computer 6) Open your web based email, attach the file, and send to the copied email address	1) Click the PRINT button 2) Print to a local printer 3) Give completed form to your facility Point of Contact

For Internal Use Only

<p>Instructions for Administration:</p> <p>This section should be directed to the staff member or personnel who is most knowledgeable about the facility's antibiotic stewardship practices (e.g., pharmacist or physician stewardship lead). These questions are identical to the antibiotic stewardship practices questions on the <i>NHSN Hospital Annual Survey</i> (questions 23-34) and may be used to validate the results of the NHSN survey.</p> <p>This Assessment Tool is a component of the Targeted Assessment for Prevention (TAP) Strategy. For more information, visit http://www.cdc.gov/hai/prevent/tap.html</p> <p><i>This tool can be distributed and returned via email. Prior to distribution, enter the email address to which the completed assessments should be returned and Save the document (send this Saved version to respondents). When respondents 'Submit', the form will be automatically sent to the email address specified below.</i></p> <p style="text-align: center;">Return Email Address:</p>

Facility Name or ID: _____ Date of Assessment: _____

Facility Type: _____ Other, Please Specify: _____

Title or role of person completing Section VII. Antibiotic Stewardship Practices: _____

Title or role of person who completed the *NHSN Hospital Annual Survey*: _____

VII. Antibiotic Stewardship Practices	Response	Comments (and/or "As Evidenced By")
1. Does your facility have a written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
2. Is there a leader responsible for outcomes of stewardship activities at your facility? A. If Yes: What is the position of this leader? (check all that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other (Please specify): _____	
3. Is there at least one pharmacist responsible for improving antibiotic use at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
4. Does your facility provide any salary support for dedicated time for antibiotic stewardship activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
5. Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry? A. If Yes: Has adherence to the policy to document an indication been monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
6. Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions? A. If Yes: Has adherence to facility-specific treatment recommendations been monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

For Internal Use Only

Survey Number: _____

VII. Antibiotic Stewardship Practices	Response	Comments (and/or "As Evidenced By")
7. Is there a formal procedure for all clinicians to review the appropriateness of all antibiotics at or after 48 hours from the initial orders (e.g., antibiotic time out)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
8. Do any specified antibiotic agents need to be approved by a physician or pharmacist prior to dispensing at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
9. Does a physician or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers (i.e., audit with feedback) at your facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
10. Does your facility monitor antibiotic use (consumption) at the unit, service, and/or facility wide? A. If Yes: By which metrics (check all that apply)? B. If Yes: Are facility- and/or unit- or service-specific reports on antibiotic use shared with prescribers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Days of Therapy (DOT) <input type="checkbox"/> Defined Daily Dose (DDD) <input type="checkbox"/> Purchasing Data <input type="checkbox"/> Other (Please specify): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
11. Do prescribers ever receive feedback by the stewardship program about how they can improve their antibiotic prescribing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
12. Has your stewardship program provided education to clinicians and other relevant staff on improving antibiotic use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

See [Instructions for Submission](#) on Page 1 for assistance.

** If unable to Submit, please Print and give to facility Point of Contact