



# The Core Elements of Antibiotic Stewardship for Nursing Homes

## CHECKLIST



National Center for Emerging and Zoonotic Infectious Diseases  
Division of Healthcare Quality Promotion





# Checklist for Core Elements of Antibiotic Stewardship in Nursing Homes

The following checklist is a companion to the Core Elements of Antibiotic Stewardship in Nursing Homes. The CDC recommends that all nursing homes take steps to implement antibiotic stewardship activities. Before getting started, use this checklist as a baseline assessment of policies and practices which are in place. Then use the checklist to review progress in expanding stewardship activities on a regular basis (e.g., annually). Over time, implement activities for each element in a step-wise fashion.

## LEADERSHIP SUPPORT

ESTABLISHED  
AT FACILITY

1. Can your facility demonstrate leadership support for antibiotic stewardship through one or more of the following actions?  Yes  No
- If yes, indicate which of the following are in place (select all that apply)
- Written statement of leadership support to improve antibiotic use
  - Antibiotic stewardship duties included in medical director position description
  - Antibiotic stewardship duties included in director of nursing position description
  - Leadership monitors whether antibiotic stewardship policies are followed
  - Antibiotic use and resistance data is reviewed in quality assurance meetings

## ACCOUNTABILITY

2. Has your facility identified a lead(s) for antibiotic stewardship activities?  Yes  No
- If yes, indicate who is accountable for stewardship activities (select all that apply)
- Medical director
  - Director or assistant director of nursing services
  - Consultant pharmacist
  - Other: \_\_\_\_\_

## DRUG EXPERTISE

3. Does your facility have access to individual(s) with antibiotic stewardship expertise?  Yes  No
- If yes, indicate who is accountable for stewardship activities (select all that apply)
- Consultant pharmacy has staff trained/is experienced in antibiotic stewardship
  - Partnering with stewardship team at referral hospital
  - External infectious disease/stewardship consultant
  - Other: \_\_\_\_\_

## ACTIONS TO IMPROVE USE

4. Does your facility have policies to improve antibiotic prescribing/use?  Yes  No
- If yes, indicate which policies are in place (select all that apply)
- Requires prescribers to document a dose, duration, and indication for all antibiotic prescriptions
  - Developed facility-specific algorithm for assessing residents
  - Developed facility-specific algorithms for appropriate diagnostic testing (e.g., obtaining cultures) for specific infections
  - Developed facility-specific treatment recommendations for infections
  - Reviews antibiotic agents listed on the medication formulary
  - Other: \_\_\_\_\_

5. Has your facility implemented practices to improve antibiotic use?  Yes  No

If yes, indicate which practices are in place (select all that apply)

- Utilizes a standard assessment and communication tool for residents suspected of having an infection
- Implemented process for communicating or receiving antibiotic use information when residents are transferred to/from other healthcare facilities
- Developed reports summarizing the antibiotic susceptibility patterns (e.g., facility antibiogram)
- Implemented an antibiotic review process/"antibiotic time out"
- Implemented an infection specific intervention to improve antibiotic use  
Indicate for which condition(s): \_\_\_\_\_

6. Does your consultant pharmacist support antibiotic stewardship activities?  Yes  No

If yes, indicate activities performed by the consultant pharmacist (select all that apply)

- Reviews antibiotic courses for appropriateness of administration and/or indication
- Establishes standards for clinical/laboratory monitoring for adverse drug events from antibiotic use
- Reviews microbiology culture data to assess and guide antibiotic selection

## TRACKING: MONITORING ANTIBIOTIC PRESCRIBING, USE, AND RESISTANCE

7. Does your facility monitor one or more measures of antibiotic use?  Yes  No

If yes, indicate which of the following are being tracked (select all that apply)

- Adherence to clinical assessment documentation (signs/symptoms, vital signs, physical exam findings)
- Adherence to prescribing documentation (dose, duration, indication)
- Adherence to facility-specific treatment recommendations
- Performs point prevalence surveys of antibiotic use
- Monitors rates of new antibiotic starts/1,000 resident-days
- Monitors antibiotic days of therapy/1,000 resident-days
- Other: \_\_\_\_\_

8. Does your facility monitor one or more outcomes of antibiotic use?  Yes  No

If yes, indicate which of the following are being tracked (select all that apply)

- Monitors rates of *C. difficile* infection
- Monitors rates of antibiotic-resistant organisms
- Monitors rates of adverse drug events due to antibiotics
- Other: \_\_\_\_\_

## REPORTING INFORMATION TO STAFF ON IMPROVING ANTIBIOTIC USE AND RESISTANCE

9. Does your facility provide facility-specific reports on antibiotic use and outcomes with clinical providers and nursing staff?  Yes  No

If yes, indicate which of the following are being tracked (select all that apply)

- Measures of antibiotic use at the facility
- Measures of outcomes related to antibiotic use (i.e., *C. difficile* rates)
- Report of facility antibiotic susceptibility patterns (within last 18 months)
- Personalized feedback on antibiotic prescribing practices (to clinical providers)
- Other: \_\_\_\_\_

## EDUCATION

10. Does your facility provide educational resources and materials about antibiotic resistance and opportunity for improving antibiotic use?  Yes  No

If yes, indicate which of the following are being tracked (select all that apply)

- Clinical providers (e.g., MDs, NPs, PAs, PharmDs)
- Nursing staff (e.g., RNs, LPNs, CNAs)
- Residents and families
- Other: \_\_\_\_\_