Nursing Home Antibiotic Stewardship Worksheet

A. Facility Demographics

A1: Facility ownership
☐ For profit
☐ Not for profit, including church
☐ Government
☐ Veteran’s Affairs

A2: Facility affiliation
☐ Independent, free-standing
☐ Independent, within a retirement community
☐ Multi-facility organization (chain/corporation)
☐ Hospital system, attached
☐ Hospital system, free-standing

A3: What region in the State of Wisconsin is your facility located in?
☐ Northern
☐ Northeastern
☐ Southeastern
☐ Southern
☐ Western

A4: Total number of beds: _______

A5: Average annual percent occupancy: _______

A6: Which of the following resident services are delivered at your facility? (check all that apply):
☐ Long-term custodial care
☐ Skilled nursing/short-term (subacute) rehabilitation
☐ Specialized dementia unit/designated bed cluster
☐ IV infusions using central lines
☐ Management of residents on a ventilator
☐ Management of residents with a tracheostomy
☐ Dedicated staff to provide wound care
☐ Dedicated staff to perform blood draws
☐ 24-hour a day on-site supervision by an RN
☐ Palliative care/Hospice services

B. Summative Assessment of Facility Antibiotic Stewardship Activity
(Pick the single statement that best describes your facility today)

☐ Residents on antibiotics are placed on the 24-hour report and discussed during clinical rounds/change of shift but there is no formal process for assessing whether the antibiotic prescribed was appropriate.

☐ Individual antibiotic events are reviewed retrospectively to determine appropriateness but there is not a consistent process for providing feedback to staff and providers involved with inappropriate events.

☐ Individual antibiotic events are reviewed retrospectively to determine appropriateness and feedback is consistently provided to staff and providers involved with inappropriate events.

☐ Individual audit and feedback is performed and data on aggregate utilization of antibiotics (e.g., overall number of antibiotic starts or proportion of inappropriate antibiotic events) are generated for the facility. Data are reviewed by a committee but are not used for much else (e.g., development of improvement goals) and the facility is otherwise not engaged in a systematic process to improve antibiotic use.

☐ The facility is engaged in individual audit and feedback, systematically collects some data on antibiotic utilization, is using these data to develop improvement goals and is in the planning stages/early implementation phase of its first improvement intervention (other than individual audit and feedback).

☐ The facility is engaged in individual audit and feedback, systematically collects some data on antibiotic utilization, is using these data to develop improvement goals, has fully implemented its first improvement intervention (regardless of whether it was successful) and is planning or has already implemented additional interventions to further improve antibiotic use in our facility.

☐ Our facility is doing none of the above activities.
**C. Antibiotic Stewardship Infrastructure**

**C1: Does your facility have an antibiotic use improvement team that meets regularly?**
- [ ] No (skip to C1d)
- [ ] Yes

**C1a: Does this team meet separately from other committees or are meetings integrated into other activities?**
- [ ] Stand alone
- [ ] Integrated (specify): [ ]

**C1b: Which of the following individuals participate in the antibiotic improvement team (select all that apply)?**
- [ ] Infection preventionist
- [ ] Medical director
- [ ] Others (specify): [ ]

**C1c: How often does the antibiotic use improvement team meet?**
- [ ] Monthly
- [ ] Quarterly
- [ ] Annually
- [ ] Ad Hoc

**C1d: Identify two barriers that prevent your facility from having a (more active) antibiotic use improvement team**

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**C1e: Identify potential strategies for overcoming each of these identified barriers**

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**C2: Describe the extent of pharmacy support at your facility (select the single best answer):**
- [ ] **Regulatory Minimum:** The facility pharmacist/pharmacy service dispenses resident medications, performs monthly resident-level drug regimen review, notifies staff when potentially important drug interactions arise, and maintains un-tailored (i.e., record format satisfies pharmacy data requirements, not necessarily the facility’s data requirements) utilization records.
- [ ] **Regulatory Minimum Plus:** The facility pharmacist/pharmacy service is an active participant in facility QAPI meetings but not a regular participant in facility QAPI meetings and does not provide tailored drug utilization reports.
- [ ] **Peripherally Engaged:** The facility pharmacist/pharmacy service is an active participant in individual patient care and actively works with the facility to develop tailored utilization reports but is not a participant in facility QAPI meetings.
- [ ] **Actively Engaged:** The facility pharmacist/pharmacy service is an active participant in individual patient care, actively works with the facility to develop tailored utilization reports and participates in facility QAPI meetings but does not have a leadership role in this area.
- [ ] **Fully Engaged:** The facility pharmacist/pharmacy service is an active participant in individual patient care, actively works with the facility to develop tailored utilization reports, participates in facility QAPI meetings and has demonstrated leadership in facility QAPI activities.

**C2a: Identify two barriers to securing more pharmacy support in your facility**

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**C2b: Identify potential strategies for overcoming each of these identified barriers**

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**C3: Indicate if your facility has written policies/procedures focused on the following (select all that apply)**

- [ ] Antibiotic prescribing guidelines
- [ ] Provider documentation of indication for Abx
- [ ] Staff documentation of resident signs/symptoms
- [ ] Inter-disciplinary communication
**D. Antibiotic Utilization Measurement**

**D1. How are antibiotic prescriptions routinely documented in your facility (select all that apply)?**

- ☐ Physician order
- ☐ Nursing documentation
- ☐ Medication administration record
- ☐ Pharmacy database
- ☐ Physician documentation
- ☐ 24-hour nursing report
- ☐ Antibiotic order/event form
- ☐ Other (specify): ___________________________

**D2. Which of the following best describes the procedures used to monitor antibiotic utilization in your facility (select the single best answer)?**

- ☐ Ad hoc scrutiny of the appropriateness of individual antibiotic prescriptions (skip to section D3a)
- ☐ Routine scrutiny of the appropriateness of individual antibiotic prescriptions (skip to section D3a)
- ☐ Antibiotic use is tracked at facility level using at least one measure of utilization (complete sections D2a-c)

**D2a. What measures of overall antibiotic use are employed in your facility (select all that apply)? When applicable, briefly describe how the measure is generated and who is responsible for this process.**

- ☐ Antibiotic starts (all):
- ☐ Antibiotic days of therapy (DOT, all):
- ☐ Antibiotic defined daily dose (DDD, all):
- ☐ Antibiotic costs (all):
- ☐ Inappropriate antibiotic use (all):
- ☐ Antibiotic starts (sub-class [e.g., ciprofloxacin]):
- ☐ Antibiotic days (sub-class [e.g., ciprofloxacin]):
- ☐ Other:

**D2b. How often are data reviewed at QAPI meeting?**

- ☉ Inconsistently or never
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually

_Please note other individuals/groups who review antibiotic utilization data:_

**D2c. Are these data shared with providers?**

- ☐ No
- ☐ Yes

_If yes, how are data shared (content/frequency)?_

**D3a: Identify three barriers to (more) reliable measurement of antibiotic use in your facility**

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**D3b: Identify potential strategies for overcoming each of these identified barriers**

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### E. Outcome Measurement

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<th>E1: Which of the following outcomes are tracked in your facility?</th>
<th>E2. Provide method, individual/group responsible for review and frequency.</th>
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| ☐ Adverse drug events | **How?**  
| | **Who?**  
| | **How frequently?**  
| ☐ Clostridium difficile | **How?**  
| | **Who?**  
| | **How frequently?**  
| ☐ Infections caused by antibiotic-resistant bacteria | **How?**  
| | **Who?**  
| | **How frequently?**  
| ☐ Antibiogram | **How?**  
| | **Who?**  
| | **How frequently?**  

### F. Improvement Strategies

**F1:** Identify three things your facility is currently doing to improve antibiotic use in your facility:

1)

2)

3)

**F2a:** Identify three objectives your facility will plan to achieve in the next year:

1)

2)

3)

**F2b:** Describe the barriers to achieving each of these objectives and how you will overcome them:

1)

2)

3)