Long-Term Care Antimicrobial Stewardship Gap Analysis Tool

Starting in 2015, the Centers for Disease Control and Prevention (CDC) published the 'Core Elements of Antibiotic Stewardship for Nursing Homes' document as an effort to help optimize antimicrobial prescribing practices within nursing homes and other long-term care facilities. This gap analysis was created to help facilities identify potential opportunities for improvement as they implement and/or expand antimicrobial stewardship efforts within their facility. This tool is meant to guide facilities in meeting the 7 Core Elements of Antimicrobial Stewardship from the CDC. Other activities may need to be implemented to meet other national guidance or regulatory requirements.

Facility Name	Completed By	Date Completed

Leadership Support

Can your facility demonstrate leadership support for antibiotic stewardship?

☐ Yes

☐ No

If yes, please indicate which of the following actions are in place (select all that apply)

☐ Written statement of leadership support to improve antibiotic use within the facility
☐ Written and displayed public commitment letter/poster in support of antibiotic stewardship
☐ Antibiotic stewardship duties included in medical director position/job description
☐ Antibiotic stewardship duties included in nursing director/manager position/job description
☐ Leadership monitors whether antibiotic stewardship policies are followed
☐ Antibiotic use and resistance data is reviewed in quality assurance meetings

What resources are needed to overcome barriers that are preventing your facility from meeting this Core Element?

What are the next steps that your facility plans to take to ensure that this Core Element is met and remains met?

Accountability

Has your facility identified a leader(s) for the antibiotic stewardship committee and antibiotic stewardship related activities?

☐ Yes

☐ No

If yes, please indicate who is accountable for these activities (select all that apply)
- ☐ Medical Director: _____
- ☐ Nursing Director/Manager: _____
- ☐ Infection Preventionist: _____
- ☐ Consultant Pharmacist: _____
- ☐ Quality Improvement Officer: _____
- ☐ Other: _____

What resources are needed to overcome barriers that are preventing your facility from meeting this Core Element?

What are the next steps that your facility can take to ensure that this Core Element is met and remains met?

Drug Expertise

Does your facility have access to individual(s) with antibiotic stewardship/antibiotic expertise?

☐ Yes

☐ No

If yes, please indicate who is your facility's contact for antibiotic expertise (select all that apply)
- ☐ Consultant Pharmacist with antibiotic stewardship training/experience
- ☐ Referral hospital/network partnership
- ☐ External/third-party infectious diseases/antimicrobial stewardship consultant
- ☐ Other: _____

What resources are needed to overcome barriers that are preventing your facility from meeting this Core Element?

What are the next steps that your facility can take to ensure that this Core Element is met and remains met?

Actions to Improve Antimicrobial Use

Does your facility have policies to improve antibiotic prescribing/use?

☐ Yes

☐ No

If yes, please indicate which policies have been implemented (select all that apply)

☐ Requires prescribers to document a dose, duration, and indication for all antibiotic orders/prescriptions

☐ Requires prescribers to document explicit justification for deviating from facility-specific testing and treatment algorithms

☐ Requires use of facility-specific algorithm for assessing residents for infections

☐ Requires use of facility-specific algorithm for appropriate diagnostic testing (e.g., collecting cultures) for specific infections

☐ Requires use of facility-specific treatment recommendations for infections

☐ Requires review of antibiotic agents listed on the medication formulary

☐ Requires assessment of documented antibiotic allergy symptoms to determine true allergy credibility

☐ Other: _____

Has your facility implemented practices to improve antibiotic use?

☐ Yes

☐ No

If yes, please indicate which practices have been implemented (select all that apply)

☐ Utilizes a standard assessment and communication tools 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 antibiotic susceptibility patterns (e.g., facility antibiogram)

☐ Implemented an antibiotic review process, such as an antibiotic "time-out"

☐ Implemented an infection specific intervention to improve antibiotic use for the following conditions:

    ☐ Urinary Tract Infections (UTIs)

    ☐ Skin and Soft Tissue Infections (SSTIs)

    ☐ Lower Respiratory Tract Infections (LRTIs)

    ☐ Asymptomatic Bacteriuria (ASB)

    ☐ Clostridioides difficile Infections (CDI)

    ☐ Other: _____

Does your consultant pharmacist support antibiotic stewardship activities?	☐ Yes ☐ No	If yes, please indicate the activities performed (select all that apply) ☐ Reviews antibiotic courses for appropriateness (drug, dose, duration, route of administration, and indication) ☐ Review antibiotic related adverse drug events ☐ Reviews microbiology culture data to assess and guide antibiotic selection
Does your consultant pharmacist perform antibiotic stewardship activities on a regular basis?	☐ Yes ☐ No	If yes, please indicate how often the activities occur (select all that apply) ☐ Weekly ☐ Monthly ☐ Upon new antibiotic order/prescription ☐ Other: _____
What resources are needed to overcome barriers that are preventing your facility from meeting this Core Element?		
What are the next steps that your facility can take to ensure that this Core Element is met and remains met?		

Tracking/Monitoring Antibiotic Prescribing and Resistance

Does your facility monitor measures of antibiotic prescribing and use?	☐ Yes ☐ No	If yes, please indicate which measures are being tracked (select all that apply) ☐ Adherence to standard assessment and communication tool documentation ☐ Adherence to prescribing documentation (dose, duration, and indication) ☐ Adherence to facility-specific treatment algorithm recommendations ☐ Performed point prevalence surveys of antibiotic use ☐ Monitors acceptance rates of recommendations made to prescribers regarding antibiotic use ☐ Monitors rates of new antibiotic starts per 1,000 resident days (NAS/1000RD) ☐ Monitors antibiotic days of therapy per 1,000 resident days (DOT/1000RD) ☐ Other: _____

Does your facility monitor outcomes of antibiotic prescribing and use?

☐ Yes

☐ No

If yes, please indicate which outcomes are monitored (select all that apply)
☐ Monitors rates of Clostridioides difficile Infections (CDI)
☐ Monitors rates of one or more of the following antibiotic resistant organisms
    ☐ Candida auris
    ☐ Carbapenem-Resistant Enterobacterales (CREs)
    ☐ Carbapenem-Resistant Acinetobacter baumannii (CRAB)
    ☐ Extended-Spectrum Beta-Lactamase Producing Enterobacterales (ESBLs)
    ☐ Methicillin-Resistant Staphylococcus aureus (MRSA)
    ☐ Multidrug-Resistant Pseudomonas aeruginosa (MDR-PA)
    ☐ Vancomycin-Resistant Enterococcus (VRE)
    ☐ Other: _____
☐ Monitors rates of antibiotic related adverse drug events (ADEs)

What resources are needed to overcome barriers that are preventing your facility from meeting this Core Element?

What are the next steps that your facility can take to ensure that this Core Element is met and remains yet?

Reporting Collected Information to Staff for Improving Antibiotic Prescribing and Resistance

Does your facility provide facility-specific reports on antibiotics use and outcomes with clinical providers and nursing staff?

☐ Yes

☐ No

If yes, please indicate which of the following measures are being reported (select all that apply)
☐ Measures of facility-specific antibiotic use (e.g., NAS/1000RD; DOT/1000RD)
☐ Measures of antibiotic use related outcomes (e.g., rates of CDI, ADEs, etc.)
☐ Reports of facility-specific antibiotic susceptibility patterns (e.g. facility antibiogram)
☐ Personalized feedback on antibiotic prescribing practices to facility prescribers
☐ Other: _____

What resources are needed to overcome barriers that are preventing your facility from meeting this Core Element?

What are the next steps that your facility can take to ensure that this Core Element is met and remains met?

Education

Does your facility distribute educational material related to optimizing antibiotic use and awareness of antibiotic resistance?

☐ Yes

☐ No

If yes, please indicate to whom education is provided to (select all that apply)
- ☐ Clinical Prescribers (e.g. MDs, APRNs, PAs, NPs, etc.)
- ☐ Nursing Staff (e.g. CNAs, LPNs, RNs)
- ☐ Facility Consultants (e.g. PharmDs, etc.)
- ☐ Facility Administration (e.g. CEO, etc.)
- ☐ Residents and families
- ☐ Other: _____

Does your facility provide education opportunities for antimicrobial stewardship on a regular basis?

☐ Yes

☐ No

If yes, please indicate how often educational opportunities occur (select all that apply)
- ☐ At hire
- ☐ Monthly
- ☐ Quarterly
- ☐ Annually
- ☐ As needed
- ☐ Other: _____

Does your facility provide education in an easy to read/use format(s)	☐ Yes ☐ No	If yes, please indicate the educational format provided (select all that apply) ☐ In-person meetings ☐ Facility-based Newsletter/Pamphlet ☐ Facility Website ☐ Wall Posters/Flyers ☐ Competency-based learning packets/modules ☐ Resident/Family Information Packet/Flyer ☐ Other: _____
What resources are needed to overcome barriers that are preventing your facility from meeting this Core Element?		
What are the next steps that your facility can take to ensure that this Core Element is met and remains met?		