

ANTIMICROBIAL STEWARDSHIP PROGRESS & PLANNING TOOL

Introduction

Antimicrobial stewardship is included in the National Safety and Quality Health Service Standards under Standard 3, Preventing and Controlling Healthcare-associated Infections.¹

Within this standard, criterion 3.15 and 3.16 stipulate that ***‘the health service organisation implements systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program’***, and that this will be achieved by ***‘developing, implementing and regularly reviewing the effectiveness of the antimicrobial stewardship system’***.¹

Specific actions required to achieve the AMS criterion:

3.15 The health services organisation has an AMS program that:	
3.15a	Includes an antimicrobial stewardship policy
3.15b	Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing
3.15c	Has an antimicrobial formulary that includes restriction rules and approval processes
3.15d	Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard

Purpose of this document

The Progress & Planning Tool has been designed to support periodic assessment of antimicrobial stewardship (AMS) processes and structures within a health service organisation. Use of this tool may help to identify:

- The extent to which a facility has adequate processes and structures in place to meet the AMS criterion within Standard 3 of the National Safety and Quality Health Service (NSQHS) Standards.
- Areas for which evidence needs to be gathered to illustrate that an action has been adequately met.
- Gaps or risks which need to be evaluated and addressed within the ongoing program plan.

The [*Structure Indicators for Antimicrobial Stewardship in Health Service Organisations*](#), developed by the Australian Commission on Safety and Quality in Health Care, may also be useful to assess and measure your AMS program.

3.16 The antimicrobial stewardship program will:	
3.16a	Review antimicrobial prescribing and use
3.16b	Use surveillance data on antimicrobial resistance and use to support appropriate prescribing
3.16c	Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use
3.16d	Report to clinicians and the governing body regarding <ul style="list-style-type: none">• compliance with the antimicrobial stewardship policy• antimicrobial use and resistance• appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing

How to use the Progress & Planning Tool

STEP 1: Complete the questionnaire

The Progress & Planning Tool questionnaire is to be completed by a group of health service employees directly involved in AMS and quality and safety. This group should include range of people from different units within the organisation to ensure the discussion is broadly representative and issues are more readily identified. The questions should align with the actions required to achieve criterion 3.15 and 3.16.

STEP 2: Assemble existing evidence and undertake a gap analysis

For questions which have received a 'Yes' answer, the group needs to consider the type and quality of evidence required to justify their answer. Examples of appropriate evidence are listed in the ACSQHC Standard 3 Workbook for Hospitals³.

For questions which have received a 'No' answer, the group needs to consider how this may translate to gaps in practice and identify the overarching issues or shortfalls.

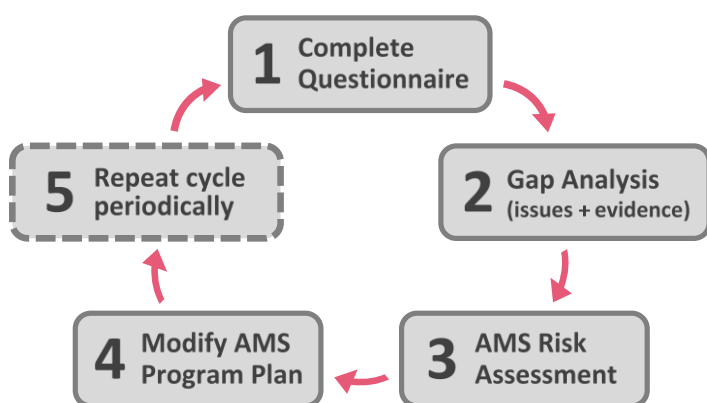


Figure 1: The Progress and Planning Cycle for AMS

STEP 3: Perform an AMS risk assessment

An AMS risk assessment considers the potential for harm (and other undesirable consequences) associated with the gaps identified in step 2. A robust risk assessment will assign a value or priority level to each of the identified issues and forms the basis of a well-informed action plan.

STEP 4: Modify the AMS program plan

The AMS program plan is a rolling document that details AMS priorities and planned actions or strategies for improving the effectiveness of AMS within the health service organisation. Any modifications or additions to this document should be specific and action-oriented, and should include a time-plan and person (or people) responsible for assigned tasks.

STEP 5: Repeat cycle periodically

The progress and planning cycle should be repeated at scheduled intervals as part of an ongoing effort to drive improvement in AMS. (Evidence of using the Progress & Planning Tool effectively may also support requirement 3.16c "Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing use").

Related Documents

The Antimicrobial Stewardship Planning & Progress Tool should be read in conjunction with the following documents:

- National Safety and Quality Health Service Standards (second edition)¹
- National Safety and Quality Health Service Standards Guide for Hospitals²
- National Safety and Quality Health Service Standards Accreditation Workbook³
- National Safety and Quality Health Service Standards Guide for Multi-Purpose Services and Small Hospitals⁴ (for health services with less than 50 beds).

*Antimicrobial Stewardship in Australian Health Care 2018*⁵ is a comprehensive publication produced by the Australian Commission on Safety and Quality in Health Care. Available as a downloadable PDF file from their website (www.safetyandquality.gov.au), this document summarises evidence supporting AMS and makes best practice recommendations for AMS programs in different health service organisations.

References

1. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. 2nd ed. Sydney: ACSQHC; 2017
2. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards Guide for Hospitals. Sydney: ACSQHC; 2017.
3. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards Accreditation Workbook. Sydney: ACSQHC; 2017.
4. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards guide for multi-purpose services and small hospitals. Sydney; ACSQHC, 2017.
5. Australian Commission on Safety and Quality in Health Care. Antimicrobial Stewardship in Australian Health Care 2018. Sydney: ACSQHC; 2018

1

An antimicrobial stewardship (AMS) policy is in place

(ACTION 3.15a of the National Safety & Quality Health Service Standards)

1.1	POLICY FRAMEWORK	YES	NO
1.1.1	Does the policy provide specific directives and evidence-based guidelines prescribers must follow?		
1.1.2	Does the policy list restricted antimicrobials and procedures for obtaining approval for use of these agents?		
1.1.3	Does the policy outline access to prescribing resources and support, particularly for complex clinical conditions?		
1.1.4	Does the policy outline governance and reporting processes for AMS?		
1.2	GOVERNANCE STRUCTURE	YES	NO
1.2.1	Does our organisation have a multidisciplinary committee that oversees AMS?		
1.2.2	Does the committee that oversees AMS include a member of the executive?		
1.2.3	Does the committee that oversees AMS include an infectious diseases physician or clinical microbiologist?		
1.2.4	Does the committee that oversees AMS have terms of reference detailing the responsibilities of the committee and its members with regards to AMS?		
1.2.5	Does the committee that oversees AMS meet regularly (every 1-3 months)?		
1.2.6	Does the committee that oversees AMS have direct links to the Clinical Governance Unit?		
1.2.7	Does the committee that oversees AMS report to or maintain a link with the following committees (where applicable): <ul style="list-style-type: none"> • Drug and Therapeutics Committee • Infection Prevention and Control Committee • Medication Safety Committee • Quality Committee 		
1.2.8	Does the committee that oversees AMS review and endorse any protocols relating to antimicrobial use?		

For more information on developing an AMS policy, go to <http://www.cec.health.nsw.gov.au/patient-safety-programs/medication-safety/antimicrobial-stewardship/quah/ams-implementation-toolkit/developing-an-ams-policy>

2

Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing

(ACTION 3.15b of the National Safety & Quality Health Service Standards)

2.1	DEVELOPMENT AND MAINTENANCE OF THERAPEUTIC GUIDELINES	YES	NO
2.1.1	Are there current guidelines on antibiotic usage endorsed by the committee that oversees AMS (and any other relevant committees)?		
2.1.2	Are locally-developed guidelines on antibiotic usage closely aligned with recommendations in <i>Therapeutic Guidelines: Antibiotic</i> ?		
2.2	ACCESS TO THERAPEUTIC GUIDELINES	YES	NO
2.2.1	Do antimicrobial prescribers have reliable and convenient access to endorsed therapeutic guidelines on antibiotic usage, (in either printed or electronic forms, or both)?		
2.2.2	Are antimicrobial prescribers aware about how to access the endorsed therapeutic guidelines on antibiotic usage?		

3

Has an antimicrobial formulary that includes restriction rules and approval processes

(ACTION 3.15c of the National Safety & Quality Health Service Standards)

3.1	DEVELOPMENT OF AN ANTIMICROBIAL FORMULARY	YES	NO
3.1.1	Do we have an antimicrobial formulary that includes restrictions and approval procedures that align with current endorsed therapeutic guidelines?		
3.1.2	Is the evidence relating to the safety, efficacy and cost of new antimicrobial agents evaluated before decision to add to formulary?		
3.1.3	Do medicines on the antimicrobial formulary have conditions attached to their approval (e.g. is the drug only approved for patients with a certain condition or only approved for a particular unit)?		
3.1.4	Do we have clinical microbiologists/ID physicians who can provide expert advice on local microbiological data to inform antimicrobial formulary decisions?		
3.2	RESTRICTIONS AND APPROVAL PROCESS	YES	NO
3.2.1	Is there an available expert prescriber to provide guidance and approval for restricted antimicrobials?		
3.2.2	Are approval systems in place, either pre- or post-prescription by nominated expert prescribers (e.g. telephone, form or automated approval systems)?		
3.2.3	Do we have restrictions or formulary controls in place for prescribing broad-spectrum or high risk antimicrobials?		

For more information on introducing antimicrobial restriction, go to <http://www.cec.health.nsw.gov.au/patient-safety-programs/medication-safety/antimicrobial-stewardship/quah/ams-implementation-toolkit/introducing-restrictions>

4

Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard

(ACTION 3.15d of the National Safety & Quality Health Service Standards)

4.1	PATIENT CLINICAL CARE	YES	NO
4.1.1	Do our policies, clinical pathways, point-of-care tools and education programs incorporate the principles of the Antimicrobial Stewardship Clinical Care Standard ?		
4.1.2	Do we set benchmarks for documenting in the patient's healthcare record the clinical reason; the medicine name, dose, route of administration and intended duration; and the treatment review plan.		
4.2	PATIENT & CARER ENGAGEMENT	YES	NO
4.2.1	Do our patients and/or their carers receive information on their antibiotic therapy, using consumer-friendly language and in an accessible format?		

5

Review antimicrobial prescribing and use

(ACTION 3.16a of the National Safety & Quality Health Service Standards)

5.1	MONITORING THE QUANTITY OF ANTIMICROBIAL USAGE	YES	NO
5.1.1	Is adequate data on antimicrobial usage collected and recorded at appropriate intervals?		
5.1.2	Are records of antimicrobial consumption for the facility reviewed and discussed by the committee that oversees AMS?		
5.1.3	Does the committee that oversees AMS develop action plans when there are increases in the consumption of antimicrobials, with a particular focus on broad-spectrum or high-risk antimicrobials?		
5.2	MONITORING THE QUALITY OF ANTIMICROBIAL USAGE	YES	NO
5.2.1	Do we have a strategy for investigating and understanding quality of antimicrobial prescribing (i.e. prescribing 'appropriateness')?		
5.2.2	Do we know if antimicrobial prescribers are prescribing antimicrobials in concordance with endorsed therapeutic guidelines on antibiotic usage?		
5.2.3	Do we know <i>in which clinical units or specialties</i> antimicrobial prescribers are not following endorsed therapeutic guidelines on antibiotic usage?		
5.2.4	Have we investigated <i>why</i> antimicrobial prescribers may not be following endorsed therapeutic guidelines on antibiotic usage?		
5.2.5	Do we review reported adverse events, incidents and near misses relating to antimicrobial use?		

For more information on monitoring antimicrobial prescribing and use, go to <http://www.cec.health.nsw.gov.au/patient-safety-programs/medication-safety/antimicrobial-stewardship/quah/ams-implementation-toolkit/measuring-your-ams-program>

6

Use surveillance data on antimicrobial resistance and use to support appropriate prescribing

(ACTION 3.16b of the National Safety & Quality Health Service Standards)

6.1	MONITORING ANTIMICROBIAL RESISTANCE	YES	NO
6.1.1	Are reports of local antimicrobial resistance rates available for key nosocomial pathogens (i.e. organisms commonly causing infection in our facility)?		
6.1.2	Do we analyse reports of local antimicrobial resistance rates for key nosocomial pathogens?		
6.1.3	Do we work with clinical microbiology services to ensure reporting of selective susceptibilities?		
6.1.4	When reviewing and endorsing guidelines, do we consider local antimicrobial resistance rates in key nosocomial pathogens?		
6.1.5	Is the committee reviewing cumulative hospital-level antibiograms at regular defined periods (e.g. 12 months for major and large hospitals)?		

7 Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use <i>(ACTION 3.16c of the National Safety & Quality Health Service Standards)</i>			
7.1	PROGRAM EVALUATION AND ACTION PLANNING	YES	NO
7.1.1	Do we periodically review compliance with our AMS policy, with a particular focus on antimicrobial restrictions and prescribing in accordance with endorsed therapeutic guidelines?		
7.1.2	Do we <i>develop and implement</i> strategies to increase compliance with AMS policy in areas targeted for improvement?		
7.1.3	Do we <i>evaluate</i> strategies used to increase compliance with AMS policy in areas targeted for improvement?		
7.1.4	Do we use appropriate key performance indicators to evaluate AMS initiatives and the overall performance of the AMS program?		
7.1.5	Do we periodically (every 6-12 months) perform an AMS risk assessment to identify areas of priority and inform the AMS program plan?		
7.1.6	Do we regularly (every 1-3 months) review and update our AMS program plan based on recent progress and recommendations made by the committee that oversees AMS?		
7.2	PRESCRIBER EDUCATION	YES	NO
7.2.1	Is an AMS component included in prescriber orientation, covering: <ul style="list-style-type: none"> • Antimicrobial resistance; • The local AMS program; • Roles and responsibilities of prescribers; and • Access and interpretation of endorsed therapeutic guidelines? 		
7.2.2	Do antimicrobial prescribers receive education on antimicrobial prescribing and management of infectious disease states that is directed to their needs?		
7.2.3	Is our orientation and education strategy for antimicrobial prescribers <i>reviewed and updated</i> based on participant feedback?		
7.2.4	Do we <i>provide feedback</i> to antimicrobial prescribers regarding local antimicrobial usage and prescribing practices?		
7.2.5	Do we <i>evaluate the effectiveness</i> of feedback provided to antimicrobial prescribers about local antimicrobial usage and prescribing practices?		

7.3	AWARENESS WITHIN THE WIDER CLINICAL WORKFORCE	YES	NO
7.3.1	Do members of the non-prescribing clinical workforce receive education about the local AMS program, its rationale and their roles and responsibilities?		
7.3.2	Are education activities for the clinical workforce <i>reviewed and updated</i> based on participant feedback?		
7.4	FURTHER DEVELOPMENT OF KNOWLEDGE AND SKILLS IN AMS	YES	NO
7.4.1	Do we support ongoing education and training in antimicrobials and AMS for our AMS team and other interested clinicians?		
7.4.2	Is there an appropriate forum for sharing lessons learned from external education and training in antimicrobials and AMS?		
7.4.3	Do we apply lessons learned from external education and training in antimicrobials and AMS to our local AMS program?		

For more information on key performance indicators for AMS, go to <http://www.cec.health.nsw.gov.au/patient-safety-programs/medication-safety/antimicrobial-stewardship/quah/ams-implementation-toolkit/measuring-your-ams-program>

8

Report to clinicians and the governing body

(ACTION 3.16d of the National Safety & Quality Health Service Standards)

8.1	REPORT ON AMS PROGRAM PROCESSES AND OUTCOMES	YES	NO
8.1.1	Do we provide data on antimicrobial resistance and use to clinicians (e.g. reports on quality and quantity of antimicrobial usage and local antibiograms)?		
8.1.2	Do we provide reports showing compliance and effectiveness of the AMS program to clinicians?		
8.1.3	<p>Does the committee that oversees AMS prepare yearly reports to the chief executive and governance units that summarises:</p> <ul style="list-style-type: none"> • Current AMS resources and team activity; • Performance against process and outcome indicators for antimicrobial use, appropriateness and resistance; • Key areas of improvement; • Areas for further improvement or priority; and • Areas in which guidance or support from chief executive and governance units is needed? 		