

# LTCF Antimicrobial Stewardship Practices Evaluation

Record ID

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If you are unable to submit the survey on REDCap, please fill out the PDF form and send to HAI.Health@tn.gov.

Name of Facility

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Facility License Number

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NHSN Facility ID, if applicable

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Number of Facility Beds

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Data Collector Name

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Contact Phone Number

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Contact Email

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Date of Survey

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## Antibiotic Stewardship Practices

Are there one or more individuals responsible for the impact of activities to improve use of antibiotics at your facility.

- ☐ Yes  
☐ No

If Yes, what is the position of the individual(s)?  
(select all that apply)

- ☐ Medical director  
☐ Consultant Pharmacist  
☐ Director of Nursing  
☐ Other

Please specify

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Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry?

- ☐ Yes  
☐ No

If Yes, has adherence to the policy to document an indication been monitored?

- ☐ Yes  
☐ No

Does your facility provide facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic decision making for common clinical conditions?

- ☐ Yes  
☐ No

If Yes, has adherence to facility-specific treatment recommendations been monitored?

- ☐ Yes  
☐ No

Is there a formal procedure for performing a follow-up assessment 2-3 days after a new antibiotic start to determine whether the antibiotic is still indicated and appropriate (e.g. antibiotic time out)?

- ☐ Yes  
☐ No

Does a physician, nurse, or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers (i.e., audit with feedback) at your facility?

- ☐ Yes  
☐ No

If Yes, What type of feedback is provided to prescribers? (check all that apply)

- ☐ Feedback on antimicrobial route and/or dosing  
☐ Feedback on the selection of antimicrobial therapy and/or duration of therapy  
☐ Other

Please specify

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Does the pharmacy service provide a monthly report tracking antibiotic use (e.g., new orders, number of days of antibiotic treatment) for the facility?

- ☐ Yes  
☐ No

Has your facility provided education to clinicians and other relevant staff on improving antibiotic use in the past 12 months?

- ☐ Yes  
☐ No

Does your facility have a written statement of support from leadership that supports effort to improve antibiotic use?

- ☐ Yes  
☐ No

Are antibiotic use and resistance data reviewed by leadership in quality assurance/performance improvement committee meetings?

- ☐ Yes  
☐ No

Does your facility have access to individual(s) with antibiotic stewardship expertise (e.g., consultant pharmacist trained in antibiotic stewardship, stewardship team at referral hospital, external infectious disease/stewardship consultant)?

- ☐ Yes  
☐ No