

Hospital Antibiotic Policy Assessment Tool

CountryHospital Name

Name

E-mail address

Questionnaire instructions

When we performed the original study there was a lot of confusion about definitions of a policy and a formulary. The definitions used in a BSAC study were not followed. In some cases a supposed “formulary” was not a list of available drugs but a textbook. This is well illustrated by the British National Formulary. I had thus preferred to use the term “antibiotic document”. However, it would appear that, whatever the document’s name, in that hospital it is perceived as the local policy.

We are aware that some hospitals have several policies e.g. for intensive care units, dialysis units and so on. Please complete this as though it were a **general antibiotic policy**, except where there is a specific condition e.g. ventilator pneumonia, in which case insert the appropriate answer for the condition, wherever the policy.

Insert as appropriate:

“Y” meaning Yes

“N” meaning No

“NA” for not applicable

Where there is a score required enter:

Score 5 if you strongly agree

Score 4 if you agree

Score 3 if you do not feel strongly either way

Score 2 if you disagree

Score 1 if you strongly disagree

<p>1) Position held by person completing the questionnaire</p>	<p>See Instructions: Y,N,NA, 1-5 As appropriate</p>
<p>We suggest that for this project the person who completes this is the one most able to express the views of the antibiotic or other appropriate (e.g. infection control) committee?</p> <p>Please indicate what you decide here</p> <p>If there are different views within the hospital you could even submit more than one form!</p> <p>You are a: Consultant Medical Microbiologist</p>	
<p>Infectious Diseases Physician</p>	
<p>Consultant in other specialities please state.....</p>	
<p>More Junior Doctor e.g. Registrar, Houseman (newly qualified doctor) in microbiology or infectious diseases</p>	
<p>More Junior Doctor e.g. Registrar, Houseman in other specialities please state.....</p>	
<p>Pharmacist</p>	
<p>Other please state</p>	
<p>2) The Context:</p>	
<p>2.1) Is there a National Antibiotic Formulary or Policy or similar document(s) in your country?</p>	
<p>2.1.1) Please indicate here what it is /they are called (translated into English)</p>	
<p>2.2) Are there other national strategies to restrict prescribing e.g. a Royal Charter, failure to re-imburse hospitals in some way of there is non compliance with policy?</p>	
<p>2.2.1) Please state here what these other national strategies are.....</p>	
<p>2.3) Does your hospital have an antibiotic policy, a formulary, newsletters etc?</p>	
<p>2.3.1) Please list here what they are called and the date they were last revised.</p>	
<p>It is important if there are JUST simple formularies please indicate here. We will stratify these data accordingly.</p>	
<p>2.4) Were you involved in drawing up any of the document(s) in 2.3.1) in your hospital? If yes please state in what way e.g. chair the committee...</p>	
<p>2.5) Are there also unit specific policies? If so please specify what these are:</p>	

Intensive care unit(s)	
Liver and/or renal units	
Haematology and/or Oncology units	
Special care baby units	
Other state.	

3) Please return to this part for reflection

Please whilst you are completing the questions consider and then return to the following questions?
Thank you.

3.1) Do you think there should be a National Formulary or Policy if there is not one in your country?	Y or N
3.2) Would you also need a hospital antibiotic policy?	Y OR N
3.3) If you have several general documents e.g. a formulary, antibiotic policy, a newsletter, please state why you think all of these are necessary. Some have strong views so please use as much space as you want!	
3.4) Some of the information below might be included in other booklets in your hospital (e.g. for Junior doctors , Laboratory handbooks). Should hospitals try to centralise this information in one document?	Y OR N
3.4) Do you need separate policies for specific units in addition to a general policy?	Y OR N
3.6) Do you think you will find the approach we are using here helpful in reviewing or deciding what is in new policies or documents ?	Add Score 1 to 5 here

4) Policy Content

Column two: is for what is in your general policy or antibiotic “document” as listed in question 2.3-2.4.

Column three: gives you the chance to attribute the score (see above) to what you think about this variable’s or statement’s inclusion in an antibiotic policy, whether or not it is in your policy or where you do not yet have such a policy. Will it in your opinion add to the policy’s impact or effectiveness? Little is known about many of these aspects. We are exploring attitudes.

1. Variables/Statements that may influence whether a policy is effective	Is it in your current policy/ document ? Y for Yes or N for No	Should it be in it ? (Score 1 to 5)
The name of the committee that drew it up		
All names of the members of the Committee who drew it up		
The committee includes: Consultant Medical Microbiologist or Infectious Diseases Physician		
Other Consultant(s)		
Junior doctor(s)		
Hospital Pharmacist		
Relevant Nursing staff		
Others List these here		
The date when it was last revised		
A statement that it is regularly reviewed ?		
A statement that comments are encouraged?		
It should be portable (fit into a doctor's coat pocket)?		
Indexed (if large)?		
It should use <u>predominately</u> a tabular approach?		
Important concepts should be grouped together in a list of e.g. bullet points at the start?		
These concepts should be repeated at appropriate parts of the policy elsewhere?		
There should be reference to local resistance rates in the policy?		
Telephone numbers should be listed?		
And if so for: Pharmacists		
Medical Microbiologists		
Sexual transmitted disease enquiries		
Tropical disease/infections enquiries		
Tuberculosis enquiries		
It should cross-refer to your national formulary were one to exist		
It should be in the same order as this formulary were one to exist		

2. Prophylaxis	Is it in your current policy/ document ? Y for Yes or N for No	Should it be in it ? (1 to 5)
Patient indications or operations listed		
First choice antibiotic given		
Antibiotic alternative given e.g. if allergic		
Importance of giving antibiotic <2h before the procedure or operation		
Dose indicated		
Statement that a short duration is advocated		
Number of doses or days treatment indicated		
Where there is an indication for prophylaxis the need to repeat dose if a long procedure or excessive blood loss during the operation		
Micro organisms to be covered by the antibiotics listed		
A statement that antibiotics should be different from those used in treatment		
Cost implications mentioned if the use is not needed or prolonged beyond what is recommended		
Advocate avoidance of unnecessary use		
Possible risk of resistance if prophylaxis is prolonged or if often used outside the indications.		

3. Prescribing practice	Is it in your current policy/ document ? Y for Yes or N for No	Should it be in it ? (1 to 5)
Initial Principles:		
Reminder to collect a specimen		
This should be stated more than once (for each diagnostic condition)		
Guidelines on specimen collection		
Remind clinician/nurse of the need to inform the laboratory of current antibiotic therapy and imminent changes		
Mention that one should modify treatment on receipt of laboratory results		
Mention of risks and what to do regarding hypersensitivity		
One should seek advice if the infection is complex, severe, or if the prescriber is unsure		
A statement that the policy is merely a guide and clinical acumen is important		
State avoid mixing antibiotics in the same syringe		
Review parental therapy and the switch to oral antibiotics		
Style of policy		
The common infections should be listed with the recommended antibiotics (before answering see the next three questions)		
There should also be an outline of antibiotics with indications for their use?		
There should instead be an outline of antibiotics with indications for their use?		
This should be a comprehensive antibiotic list and infections to be treated, including accounts of every possible antibiotic available (i.e. a text book: opinions differ about this!)?		
Any of the above three should include side-effects		
For the listed infections or antibiotics as appropriate add:		
The route of administration		
The antibiotic dose		
The duration of treatment		
List alternatives e.g. if hypersensitive or failed treatment		
Cost of Antimicrobials		
Is there any mention of cost ?		

(also indicate what is included in the next few rows)		
Prices listed:		
For common antibiotics?		
For all antibiotics ?		
For expensive or reserve antibiotics ?		
Advised modification to a cheaper or if possible an oral antibiotic on receipt of the microbiology results?		
Topical antibiotics		
Are topical antibiotics mentioned:		
One should avoid the topical use of systemic agents		
Mention topical use and resistance risks		
Mention topical use and possible risks of hypersensitivity		
List of the hospital's strategies for controlling/improving prescribing e.g. restricted prescribing, stop dates etc (see process section)		
Are there any other aspects we have missed out? Add in the rows below:		

4. Aminoglycoside monitoring

Variables/Statements	Is it in your current policy/ document ? Y for Yes or N for No	Should it be in it ? (1 to 5)
Nomogram Provided		
Initial loading dose advised		
Factors to take into account:		
Age		
Renal function		
Weight		
When to take the levels		
Avoid other nephrotoxic drugs		
Note: One would need to modify the policy as appropriate if single daily dosing is used		
Review alternative treatments		

5. Advice for Urinary Tract Infections

Variables/Statements	Is it in your current policy/ document ? Y for Yes or N for No	Should it be in it ? (1 to 5)
Emphasise fluid replacement?		
Pathogens listed ?		
Antibiotic recommended?		
More than one agent listed?		
National Formulary Agents listed?		
Other agents listed?		

Catheterised Patients:

This should be covered in the policy		
Advice to avoid antibiotics as much as possible		
There should be a bladder washout policy included here?.		
Advice to examine microbial susceptibility patterns wherever possible before prescribing		
Antibiotic recommended		
More than one agent listed?		

Pyelonephritis:

Variables/Statements	Is it in your current policy/ document ? Y for Yes or N for No	Should it be in it ? (1 to 5)
Blood culture advised		
Review culture results		
Avoid nitrofurantoin or nalidixic acid		
Antibiotic recommended		
More than one agent listed		

Respiratory Tract Infections

Importance of physiotherapy emphasised		
Take a blood culture if pneumonia suspected		
Take sputum or other specimens as appropriate before treatment		
Antibiotic recommended		
More than one agent listed		

Post operative pneumonia

Consider microbial susceptibilities		
Seek advice from the microbiologist/infectious disease physician		
Remind that it is not always necessary to treat gram negative rods		
Pathogens listed		
Antibiotic recommended		
More than one agent listed		
Recommended antibiotics for aspiration pneumonia,		
Recommended antibiotics for ventilator associated pneumonia		

Bacteraemias

Variables/Statements	Is it in your current policy/ document ? Y for Yes or N for No	Should it be in it ? (1 to 5)
Antibiotic choice depends on source of infection		
An antibiotic recommended:		
More than one agent/combination listed _		
One antibiotic recommended where caused by a gram negative rod		
More than one agent/combination listed where caused by gram negative rod		

Where caused by <i>Pseudomonas aeruginosa</i> an antibiotic recommended		
Where caused by <i>Pseudomonas aeruginosa</i> more than one agent/combination listed		
Antibiotics recommended where the bacteraemias are:		
Of Abdominal origin		
Of Urinary tract origin		
In the immunosuppressed		

Central venous lines: note that very few policies addressed this previously

Variables/Statements	Is it in your current policy/ document ? Y for Yes or N for No	Should it be in it ? (1 to 5)
Any advice given (e.g. importance of culture)		
Treatment also outlined?		
Add rows as you see fit!		

Process Questionnaire:

We found it helpful to compare responses with parameters of process in your hospital

This has been extended in HARMONY and I am very grateful to Dominique Monnet for allowing me to refer to his ESAP questionnaire to improve this section.

Note that the scientific validity of these is not necessarily proven. We are simply recording the range of activities.

Process Variable	Enter Y or N
Programme for Improving Prescribing Practice	
P.1.1) Is there a written programme for implementing antibiotic prescribing and related policies?	
P 1.2) Does the antibiotic committee meet:	
Irregularly	
Regularly	
At least annually	
Less often	
P.2) Are the policies produced by the antibiotic committee approved by another more senior hospital committee e.g. chaired by the chief executive?	
P.3) Is there a limited antibiotic susceptibility reporting policy?	
P.4) Are there any costing data on laboratory sensitivity reports?	
P 5.1) Is there computerised access to the policy or antibiotic newsletters?	
P. 5.2) Is there a computerised or other access to resistance rates?	
P. 5.3) Is there computerised access to antibiotic prescribing data, allowing retrospective analysis of prescribing patterns?	
P.6) Does an antibiotic or other committee review the availability or otherwise of new antibiotics?	
P.7) Is there restricted access to representatives of the pharmaceutical industry to prescribers?	
P.8) Is there a rotation of agents used in empirical prescribing?	
P 9) . Is there a restrictive antibiotic prescribing policy?	
P.10) Does the pharmacist, medical microbiologist or infectious disease physician audit any part of the policy?	
P11) If yes how often does this happen?	
Irregularly	
More than once a year	
Once per year	
Every 2 to 3 years	
Less often	
P.12) Is a patient's consultant or other senior doctor's permission required	

Process Variable	Enter Y or N
Education	
E.1) Are the policies made available to relevant people e.g. at induction sessions?	
E.2) Are there sessions where clinical audit results of prescribing practice are fed back to the clinicians?	
E 2.1) If yes how often does this happen?	
Irregularly	
More than once a year	
Once per year	
Every 2 to 3 years	
Less often	
Are there ever :	
E 3) Posters or educational displays encouraging good prescribing practices	
E 4) Self-administered questionnaire on antibiotic use, followed by answer sheet?	
E 5) Use of tutorials or computer programs as teaching and information tools?	
E 6) Use of audio-visual programs as teaching and information tools?	
E 7) Do such things occur as “campaigns And are they:	
Irregular	
More than once a year	
Once per year	
Every 2 to 3 years	
Less often	
E 8) Are there reminders about good antibiotic use practices printed on antibiotic order forms?	
Is there anything else we have omitted?	

Can you now please return to section three to reflect on this exercise

We hope you are not too exhausted and found this helpful? Let us know above!!!).