Australian Government
Aged Care Quality and Safety Commission

Antimicrobial Stewardship Self-Assessment tool

Residential Aged Care Services (AMS SAT)

Version 1.0 January 2024

To be used in conjunction with the AMS SAT User Guide

Better use of antibiotics

1	Antimicrobial Stewardship (AMS) committee resources and governance	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
1.1	Do you have a multidisciplinary committee (e.g. Medication Advisory Committee) for oversight of AMS governance at a service-level which includes the following: clinician (e.g. lead RN, IPC Lead, clinical manager), general practitioner or nurse practitioner, pharmacist?	☐ Yes ☐ No		
1.2	Does the committee with AMS oversight have service-level representation from AMS Lead and/or IPC Lead?	☐ Yes ☐ No		
1.3	Does the committee with AMS oversight have reporting obligations (e.g. provision of action plans as part of Continuous Improvement, quality activity results or meeting minutes) to executive and clinical governance committees? Does it receive acknowledgment and feedback from the committee/s on receipt of report?	☐ Yes ☐ No		
1.4	Does the committee with AMS oversight meet regularly (e.g. 3-monthly)?	☐ Yes ☐ No		
1.5	Does the committee with AMS oversight produce minutes and an action list?	☐ Yes ☐ No		

1	Antimicrobial Stewardship (AMS) committee resources and governance	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
1.6	Does the committee with AMS oversight develop or have oversight on service-level action plans (e.g. Plan for Continuous Improvement) to address issues raised by monitoring of AMS activities (e.g. antimicrobial usage surveillance or audits)?	☐ Yes ☐ No		
1.7	Are AMS action plans (e.g. Plan for Continuous Improvement) shared with service-level management, to support operationalising actions at a service level?	☐ Yes ☐ No		
1.8	Are the committee's meeting minutes and/or action plans shared with the service Infection Prevention and Control leads (if they are not a member of this group)?	☐ Yes ☐ No		
1.9	Does the committee use the Aged Care Quality and Safety Commission's resources to support AMS in the service? (e.g. ACQSC's Guidance and resources for providers to support Aged Care Quality Standards)	☐ Yes ☐ No		
1.10	Does your service or organisation refer to, and implement, recommendations from the ACSQHC Antimicrobial Stewardship Clinical Care Standard when planning and implementing AMS activities?	☐ Yes ☐ No		

1	Antimicrobial Stewardship (AMS) committee resources and governance	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
1.11	Does your service have an IPC or AMS team that includes persons responsible for aspects of AMS governance and program implementation (e.g. AMS nurse lead, RN representative on committee with AMS oversight, pharmacist)? Is there a team lead responsible for implementation of AMS initiatives and day-to day running of the AMS program? Are the committee's meeting minutes and decisions shared with this team?	☐ Yes ☐ No		
1.12	Do you have a service-level AMS action plan showing current AMS initiatives? Is this plan endorsed by the committee with AMS oversight? Is it reviewed annually (e.g. as part of Plan for Continuous Improvement)? Does the action plan address issues raised by monitoring of AMS activities (e.g. antimicrobial usage surveillance or audits)?	☐ Yes ☐ No		
1.13	Are AMS action plans shared with the service Infection Prevention and Control leads (if they are not a member of this group)?	☐ Yes ☐ No		
1.14	Is there a pharmacist (e.g. on-site or QUM pharmacist) to support AMS activities in the service? (e.g. education, training, auditing)	☐ Yes ☐ No		

2	Education and Training	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
2.1	Is there an annual calendar of AMS Education and Training activities for, but not limited to, nursing and personal carer staff within the service? Is it evaluated at least every 2 years?	☐ Yes ☐ No		
2.2	Does the AMS lead have additional training (e.g. from a foundation Aged Care IPC Lead course) in one of the following areas: infection prevention and control, antimicrobial stewardship?	☐ Yes ☐ No		
2.3	Is the AMS lead allocated time and resources to provide continuing education in infectious diseases, antimicrobial use, or AMS?	☐ Yes ☐ No		
2.4	Are clinical staff informed about peer-reviewed, endorsed, evidence-based guidelines for treatment of common infections such as urinary tract infections, skin infections, pneumonia, viral respiratory tract infections (e.g. COVID-19, influenza)? (e.g. Therapeutic Guidelines)	☐ Yes ☐ No		
2.5	Do relevant clinical staff receive education or updates (e.g. printed or electronic information) about antimicrobial prescribing and/or relevant best practice guidelines regularly (e.g. annually)?	☐ Yes ☐ No		

2	Education and Training	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
2.6	Do antimicrobial prescribers (general practitioners, nurse practitioners) have access to current information about formulary and/or relevant best practice guidelines in the service (e.g. Therapeutic Guidelines: Antibiotics, service or organisational guidelines)? Do they include guidelines for recommended durations of treatment for common indications (e.g. UTI, skin, soft tissue, respiratory tract)?	☐ Yes ☐ No		

3	Antimicrobial Stewardship (AMS) policies, procedures and guidelines	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
3.1	Are the roles, responsibilities, and expectations of relevant health professionals (nurses, IPC Leads, personal care staff, care managers) in relation to AMS clearly defined in an AMS policy?	☐ Yes ☐ No		
3.2	Do you have a written policy establishing best practice principles for antimicrobial prescribing and utilisation?	☐ Yes ☐ No		
3.3	Do you have a written policy or procedure establishing best practice principles for infection identification and management?	☐ Yes ☐ No		
3.4	Is there document/version control for all AMS policies and guidelines?	☐ Yes ☐ No		
3.5	Does a written policy or procedure stipulate that antimicrobial indication should be recorded for all prescribed antimicrobials (e.g. in medication chart and notes, or in medication chart, or in notes)?	☐ Yes ☐ No		

3	Antimicrobial Stewardship (AMS) policies, procedures and guidelines	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
3.6	Does a written policy or procedure stipulate that antimicrobial course length or review date is recorded at time of prescribing (e.g. in medication chart and notes, or in medication chart, or in notes)?	☐ Yes ☐ No		
3.7	Does a written policy or procedure stipulate that all prescriptions of antimicrobial therapy are appropriately reviewed after microbiology results are available?	☐ Yes ☐ No		
3.8	Are relevant clinical staff aware of prescribing guidelines and how to access them? (e.g. Therapeutic Guidelines: Antibiotic, service or organisational guidelines)	☐ Yes ☐ No		
3.9	Are there mechanisms to identify prescriptions with durations outside recommended prescribing guidelines? (e.g. by the nursing team, at daily clinical handover, through antimicrobial surveillance reporting, auditing, pharmacist review) Are there mechanisms to flag these for review? (e.g. review includes review by doctor, prescriber, pharmacist)	☐ Yes ☐ No		
3.10	Are regular antimicrobial rounds or audits in the service conducted by the AMS team or pharmacist to identify antimicrobial prescriptions for review?	☐ Yes ☐ No		

4	Minimising risks of antimicrobial usage	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
4.1	Do you have guidelines that provide recommendations for treatment of consumers with antimicrobial allergies? (e.g. refer to Therapeutic Guidelines: Antibiotic)	☐ Yes ☐ No		
4.2	Do you have guidelines for appropriate documentation of adverse drug reactions, including antimicrobial allergies?	☐ Yes ☐ No		
4.3	Do you have guidance available for administration of medications that can be crushed, including antimicrobial Product Information, local guidelines for specific agents?	☐ Yes ☐ No		
4.4	Do you undertake service-level AMS quality improvement activities to address antimicrobial overprescribing? (e.g. To Dip or Not to Dip)	☐ Yes ☐ No		
4.5	Are pharmacists available at your service to assist with prescribing?	☐ Yes ☐ No		

4	Minimising risks of antimicrobial usage	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
4.6	Are adverse events associated with antimicrobial use (e.g. drug-allergy mismatch, *C. difficile* infection), recorded through Incident Management System or similar?	☐ Yes ☐ No		

5	Monitoring AMS activities	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
5.1	Do you review and update your AMS auditing and surveillance activities on a regular basis, at least 2-yearly?	☐ Yes ☐ No		
5.2	Is prescription appropriateness of antimicrobial choice in accordance with guidelines (e.g. Therapeutic Guidelines: Antibiotic or locally endorsed) audited at least once a year? (e.g. To Dip or Not to Dip audit for UTI prescribing appropriateness)	☐ Yes ☐ No		
5.3	Is prescription appropriateness of antimicrobial duration in accordance with guidelines (e.g. Therapeutic Guidelines: Antibiotic or locally endorsed) audited at least once a year? (e.g. To Dip or Not to Dip audit for UTI prescribing)	☐ Yes ☐ No		
5.4	Is adherence to documentation of course length or review date recorded at time of prescribing audited least once a year? (e.g. To Dip or Not to Dip audit for UTI prescribing)	☐ Yes ☐ No		
5.5	Is usage of key antimicrobial classes (e.g. systemic antibiotics, topical antifungals) and specific antimicrobials (e.g. cefalexin, amoxicillin- clavulanate, ciprofloxacin) monitored?	☐ Yes ☐ No		

5	Monitoring AMS activities	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
5.6	Is there a process to review imprest medications, including antimicrobials, to ensure quality of stock (e.g. medications stocked, in date, storage), supply, and use?	☐ Yes ☐ No		
5.7	Is a Point Prevalence Survey of frequency of prescribing for all antimicrobial use (e.g. using Aged Care-NAPS or similar) conducted at local service level periodically (e.g. annually)?	☐ Yes ☐ No		
5.8	Does your service monitor rates of *C. difficile* infection as part of AMS program risk?	☐ Yes ☐ No		
5.9	Does your service monitor cases and rates of resistant bacteria as part of AMS program risk?	☐ Yes ☐ No		
5.10	Is there monitoring of potential unintended consequences of AMS (e.g. rates of clinical failure, sepsis)?	☐ Yes ☐ No		

6	Reporting and feedback	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
6.1	Does the committee with AMS oversight develop action plans (e.g. Plan for Continuous Improvement) to issues raised by monitoring of AMS activities (e.g. audit or surveillance results)?	☐ Yes ☐ No		
6.2	Are the audit results in section 5 shared with relevant prescribers (e.g. TDONTD audit results on prescribing appropriateness for UTI treatment and prophylaxis, Aged Care NAPS)?	☐ Yes ☐ No		
6.3	Are the audit results in section 5 shared with clinical staff? (e.g. TDONTD audit results on prescribing appropriateness for UTI treatment and prophylaxis, Aged Care NAPS)?	☐ Yes ☐ No		
6.4	Is infection surveillance performed for common infections (e.g. UTI, skin or soft tissue infections, respiratory infections) or serious infections (e.g. sepsis) in the service? Is the data from infection surveillance fedback to the committee with AMS oversight to monitor rates of antimicrobial use, and infection rates for specific infections?	☐ Yes ☐ No		
6.5	Are incident reports through the Incident Management System, regarding infection sentinel events (e.g. preventable death, serious harm) and antimicrobials (e.g. antimicrobial misuse, overuse or underuse) fedback to the committee with AMS oversight and other relevant committees/groups?	☐ Yes ☐ No		

7	Consumers	Yes/No	If yes, what is the evidence?	If no, is this a gap? What is the plan to address?
7.1	Does your service have a written policy informing consumers on aspects of AMS relevant or of interest to them? (e.g. informing consumers on results of surveillance and audits, updates on AMS and quality improvement activities, appropriateness of antimicrobial usage, where to source reliable information on antimicrobials such as Aged Care Quality and Safety Commission resources such as "Do you need Antibiotics"?) (e.g. delivery of information via resident communications, resident handbooks, resident agreements)	☐ Yes ☐ No		
7.2	Does your antimicrobial policy include consumer information on antimicrobials on antimicrobial initiation or review, in a format that is suitable to allow for informed decision-making?	☐ Yes ☐ No		
7.3	Are consumers or their substitute decision-makers informed that they have been prescribed a medication, including an antimicrobial and the reason why it is necessary?	☐ Yes ☐ No		
7.4	Are consumers or their substitute decision-makers informed of the risks and side effects associated with medication, including antimicrobials?	☐ Yes ☐ No		

Key terms

Antimicrobial Stewardship

An on-going effort by a provider to reduce the risks associated with increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It can include a broad range of strategies, such as monitoring and reviewing how antimicrobials are used.

Committee with AMS oversight

A multidisciplinary committee at a service or organisational level (e.g. Medication Advisory Committee) for oversight of AMS governance which includes the following: clinician/s (e.g. lead RN, IPC Lead, clinical manager), general practitioner or nurse practitioner, pharmacist. Committees may represent a (1) single service or (2) multiple services in an organisation, with member representation from the services. Responsibilities include and are not limited to oversight and providing strategic direction for the AMS program at organisational level and services represented.

AMS Team

A team of staff in the service with responsibilities and dedicated time to implement AMS program in the service.

AMS Lead

A lead in the service with the responsibility of leading the AMS team.

Antimicrobial adverse drug reaction

A person's reaction to the antimicrobial that is noxious and unintended. It can also be referred to as an "antimicrobial hypersensitivity". Less than 20% of adverse drug reactions are immune-mediated, most are by other mechanisms. When an adverse reaction (including an allergy) to an antimicrobial is reported by a person or recorded in their healthcare record, the active ingredient(s), date, nature and severity of the reaction are assessed and documented.

Antimicrobial allergies

A type of adverse (noxious, unintended) drug reaction to an antimicrobial (antibacterial, antiviral, antifungal, antiparasitic agent) that is characterised by a person's immune reaction to an allergen. It can also be referred to as "immune-mediated hypersensitivity".

Infection sentinel events

An event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a resident, or a complaint, loss or damage which is routinely captured through a service's local incident management system. Examples of infection sentinel events include incidents where antimicrobial misuse (e.g. drug-allergy mismatch), overuse (e.g. use of antimicrobial for prolonged periods without adequate clinical review) or underuse (e.g. antibiotics not received by resident in time due to delays in prescribing, dispensing or administration) results in high severity outcomes such as preventable death or serious harm.

The Aged Care Quality and Safety Commission acknowledges the traditional owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

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