

Antibiotic Stewardship Core Elements Mapping to the 2019 Patient Safety Component-Annual Hospital Survey

The National Healthcare Safety Network (NHSN) uses responses from several questions on the Patient Safety Component–Annual Hospital Survey to determine whether a single core element of Antibiotic Stewardship is met. The table below crosswalks questions on the survey to the core element (note – questions are not reflected verbatim in the table; to view the questions as they appear on the survey, see the reference link below). A core element is met when a facility answers “Yes” (displayed as a “Y” in the detailed data file) to at least one survey question within the core element category. If a facility answers “No” (“N”) to all questions in a core element category, it will not receive credit for that core element. The only exception to the Yes/No criteria is related to one of the questions for Drug Expertise under the variable name *abxStewardPos*. Additional information on the acceptable responses to receive credit for that question is provided in the table.

References from the [National Healthcare Safety Network](#):

- [Crosswalk of the Core Elements of Antibiotic Stewardship Mapping from the Patient Safety Annual Survey](#) (Excel)
- [Patient Safety Component – Annual Facility Survey form January 2020](#) (PDF)

Core Element	Questions from Patient Safety Component-Annual Hospital Survey	Variable Name(s)
Leadership	31. Our facility has a formal statement of support for antibiotic stewardship (e.g., a written policy or statement approved by the board).	absFormalSupport
	32. Facility leadership has demonstrated a commitment to antibiotic stewardship efforts by: <ul style="list-style-type: none"> • Communicating to staff about stewardship activities, via email, newsletters, events, or other avenues • Providing opportunities for staff training and development on antibiotic stewardship • Allocating information technology resources to support antibiotic stewardship efforts 	absCommitCommun absCommitTrain absCommitIT
	33. Our facility has a committee responsible for antibiotic stewardship.	absCommittee
	34. [If facility has a physician or pharmacist leader (or co-leaders) responsible for antibiotic stewardship], which of the following describes your antibiotic stewardship physician or pharmacy leader? <ul style="list-style-type: none"> • Has antibiotic stewardship responsibilities in their contract or job description 	abxStewardPhyJob abxStewardPhar
Accountability	34. Our facility has a leader (or co-leaders) responsible for antibiotic stewardship outcomes.	abxSteward

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Drug Expertise	34. [If facility has a leader (or co-leaders) responsible for antibiotic stewardship outcomes,] what is the position of this leader? <ul style="list-style-type: none"> • Pharmacist • Co-led by both pharmacist and physician. 	abxStewardPos *To receive credit, must reflect one of the following: <ul style="list-style-type: none"> • Pharm • Co-Le
	34. [If facility has a physician or other leader responsible antibiotic stewardship outcomes,] is there at least one pharmacist responsible for improving antibiotic use at your facility?	abxPharm
Action	35. Our facility has a policy or formal procedure for: <ul style="list-style-type: none"> • Required documentation of indication for antibiotic orders • Required documentation of duration for antibiotic orders • The treating team to review antibiotics 48-72 hours after initial order (i.e., antibiotic time-out) • The stewardship team to review courses of therapy for specific antibiotic agents and provide real-time feedback and recommendations to the treating team (i.e., prospective audit and feedback) • Required authorization by the stewardship team before restricted antibiotics on the formulary can be dispensed (i.e., prior authorization) 	absFormalProcDoc absFormalProcReqDur absFormalProcTreatTeam absFormalProcStwrdTeam abxPriorAuth
	36. Providers have access to facility- or region-specific treatment guidelines or recommendations for commonly encountered infections.	abxGuidelines
	37. Our facility targets select diagnoses for active interventions to optimize antibiotic use (e.g., intervening on duration of therapy for patients with community-acquired pneumonia according to clinical response).	abxIntervention
Tracking	35. [If documentation of indication for antibiotic orders is required,] our stewardship team audits antibiotic orders to review appropriateness of indications.	absFormalProcStwrdMonitor
	36. [If providers have access to facility- or region-specific treatment guideless or recommendations for commonly encountered infections,] our stewardship team monitors adherence to facility- or region-specific guidelines for commonly encountered infections.	abxGuidelinesAdhere
	38. Our stewardship team monitors: <ul style="list-style-type: none"> • Antibiotic resistance patterns (either facility- or region-specific) • Antibiotic use in days of therapy (DOT) per 1000 patient days or days present, at least quarterly • Antibiotic use in defined daily doses (DDD) per 1000 patient days, at least quarterly • Antibiotic expenditures (i.e., purchasing costs), at least quarterly 	abxMonResist abxMonDOT abxMonDDD abxMonPurch

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Reporting	35. Our facility has a policy or formal procedure for: <ul style="list-style-type: none"> • The stewardship team to review courses of therapy for specific antibiotic agents and provide real-time feedback and recommendations to the treating team (i.e., prospective audit and feedback). 	absFormalProcStwrdTeam
	38. [If stewardship team monitors antibiotic use in DOT, DDD, or some other way,] our stewardship team provides individual-, unit-, or service-specific reports on antibiotic use to prescribers, at least annually.	abxUsageRpt
	39. Our stewardship team provides the following updates or reports, at least annually: <ul style="list-style-type: none"> • Updates to facility leadership on antibiotic use and stewardship efforts • Outcomes for antibiotic stewardship interventions to staff 	abxUpdateLead abxUpdateStaff
Education	40. Which of the following groups receive education on appropriate antibiotic use at least annually: <ul style="list-style-type: none"> • Prescribers • Nursing staff • Pharmacists 	abxEdPrescribe abxEdNurse abxEdPhar