

Annex:

Periodic National and Health-Care Facility Assessment Tools

Introduction

Purpose

Antimicrobial stewardship (AMS) programmes are successfully implemented when specific structures are in place at the national and health-care facility levels. WHO has developed a list of essential national and health-care facility core elements to assist countries in developing and strengthening the necessary structures at the national and health-care facility level to enable implementation of effective integrated AMS programmes within their local context.

The WHO Periodic National and Health-Care Facility Assessment Tools aim to help countries and health-care facilities identify their AMS preparedness in terms of their national and health-care facility core elements, to develop a stepwise implementation plan, and to monitor progress in implementing AMS programmes and activities over time.

Intended users

The intended users of the assessment tools are national and subnational health-care authorities and health-care facility managers.

For the National Assessment Tool, the intended users are national and/or regional health authorities responsible for the implementation of national policies on integrated AMS activities in human health and other partners supporting national and regional AMS efforts.

For the Health-Care Facility Assessment Tool, the intended users are health-care facility managers/ leadership, AMS committees/teams or AMS champions responsible for the overall coordination and implementation of health-care facility AMS programmes.

Users are encouraged to fill out the checklist (national or health-care facility) based on their function, to identify core elements that are already in place and their level of implementation as well as core elements that require accelerated implementation by addressing identified gaps. This will provide the user with baseline information on implementation status and a visual tool that can assist the development of a plan to address core elements that are missing or strengthen the implementation of existing core elements. The user is also encouraged to periodically (e.g. quarterly, annually) reassess their AMS programme with the assessment tools to monitor and evaluate progress over time and to disseminate these reports.

When and how to conduct the assessment

The tool may be used as an annual/quarterly activity or integrated into a larger and existing review of the national AMR response. Responses may be gathered from desk reviews, individual or group interviews, observations in health-care facilities, focus group discussions among policy-makers and data collection from health-care facility records and documents. A verifier section has been provided to serve as a guide.

It is recommended to consult the *WHO policy guidance on integrated antimicrobial stewardship activities and the practical toolkit for Antimicrobial stewardship programmes in health-care facilities in low- and middle-income countries* (<https://apps.who.int/iris/bitstream/handle/10665/329404/9789241515481-eng.pdf>) when necessary.

To complete the assessment tool, the user should provide one response per question based on the following options:

1. **No** – the core element is not in place and is not a priority.
2. **No, but a priority** – the core element is a priority but there is no plan in place to initiate it.
3. **Planned but not started** – the core element is planned but no action has taken place.
4. **Partially implemented** – the core element is in place, but it is only partially implemented requiring further strengthening.
5. **Fully implemented** – the core element is in place and is fully implemented without requiring strengthening but needing to be sustained.

Periodic National and Health-Care Facility Assessment Tool



Country	
National health authority*	

Details of person responding to the questionnaire

Name	
Title/position	
Institution	
E-mail	

Details of person completing the questionnaire (leave blank if self-assessment)

Name	
Title/position	
Institution	
E-mail	

Date(s) of assessment	
Date(s) of previous assessment	

Assessment mode:

- Self-assessment
- Interview

This tool is based on the *WHO policy guidance on integrated antimicrobial stewardship activities in human health* and the *WHO practical toolkit for antimicrobial stewardship programmes in health-care facilities in low- and middle-income countries* (<https://apps.who.int/iris/bitstream/handle/10665/329404/9789241515481-eng.pdf>).

The tool helps to assess the status of implementation of core elements needed at national/subnational level and at health-care facilities.

*National health authority can be replaced with national AMR steering committee, technical working group on optimizing use, health-care facility manager or AMS committee/AMS programme assessor in the health-care facility.

Health-Care Facility Assessment Tool

Components for assessment		Baseline	Period 1	Period 2	Period 3	Period 4	Verifiers
<ul style="list-style-type: none"> ● No ● No, but a priority ● Planned but not started ● Partially implemented ● Fully implemented 							
Leadership commitment							
1	Is AMS identified as a priority by the health-care facility management/ leadership?						<i>Interviews with health-care facility leadership</i>
1.a	Are AMS activities included in health-care facility annual plans with key performance indicators?						<i>Annual plans of health-care facility with AMS performance indicators</i>
1.b	Has the health-care facility management allocated human and financial resources to initiate AMS activities?						<i>Availability of personnel with AMS role in their job description</i>
2	Is there a health-care facility action plan in place that prioritizes AMS activities?						<i>Health-care facility action plan and AMS progress report</i>
2.a	Is there a mechanism to regularly monitor and measure the implementation of AMS activities?						<i>Annual/quarterly progress report on the implementation of the health-care facility AMS action plan</i>
3	Is there dedicated financial support for the health-care facility AMS action plan?						<i>Health-care facility budget line with dedicated funds for AMS</i>
3.a	Has a budget (e.g. annual) for the implementation of the health-care facility AMS action plan been developed?						<i>Developed health-care facility budget for AMS</i>

Components for assessment		Baseline	Period 1	Period 2	Period 3	Period 4	Verifiers
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Accountability and responsibility							
4	Is there a multidisciplinary AMS committee leadership in the health-care facility with clear terms of reference (TOR)?						<i>AMS committee TOR</i>
4.a	Does the AMS committee/other relevant committee meet on a regular basis (minimum monthly or quarterly)?						<i>Minutes of last AMS committee meeting</i>
5	Is there a dedicated AMS leader/champion identified for the health-care facility?						<i>AMS champion identified</i>
5.a	Does the team leader or champion have dedicated staff time for AMS activity in their TOR/job description?						<i>TOR/job description includes AMS activities</i>
6	Is there an AMS team with clear terms of reference?						<i>AMS team TOR</i>
6.a	Does the AMS team meet on a regular basis?						<i>Last AMS team meeting minutes (minimum weekly)</i>
7	Are other health-care professionals apart from the AMS team involved in AMS activities?						<i>Evidence of involvement of other health-care professionals in AMS activities</i>
8	Does the AMS committee/team collaborate with other health-care teams such as drug and therapeutics, infection prevention and control (IPC), HIV/tuberculosis (TB) or quality improvement at the health-care facility?						<i>Evidence to show collaboration or joint meetings</i>

Components for assessment		Baseline	Period 1	Period 2	Period 3	Period 4	Verifiers
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9	Does the AMS team/committee produce regular (descriptive) activity reports on the implementation of the AMS programme?						<i>AMS committee report</i>
9.a	Is the AMS activity report disseminated to the facility management, other health-care facility team members and appropriate national authority?						<i>Latest AMS activity report, summary report to national AMS technical working group</i>
AMS actions							
10	Is there a standard treatment guideline at the health-care facility?						<i>Health-care facility standard treatment guideline, including infection prevention management guidelines</i>
10.a	Are the guidelines reviewed and updated periodically based on the availability of new evidence?						<i>Documentation of guideline review processes</i>
11	Is there a regular review/audit of specified antibiotic therapy or clinical conditions at the health-care facility?						<i>AMS audit report</i>
12	Is the advice/feedback from AMS teams easily accessible/available to prescribers?						<i>Feedback report from AMS team</i>
13	Does the AMS team conduct regular ward rounds and other AMS interventions in selected departments in the health-care facility?						<i>Ward round reports</i>
14	Does the health-care facility have a formulary/list of approved antibiotics for use based on the national formulary?						<i>Health-care facility formulary/drug bulletin report</i>

Components for assessment												
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14.a	Does the health-care facility formulary specify lists of restricted antibiotics that require approval by a designated team or person (pre-authorization)?							<i>Health-care facility formulary with restrictions</i>				
15	Does the health-care facility have access to laboratory and imaging services (on-site or off-site) that can be used to support AMS interventions?							<i>Sample laboratory report</i>				
16	Are there information technology (IT) services, tally cards or other inventory control tools available that can be used to support data gathering to support AMS activities?							<i>Availability of functional IT services, inventory control tools</i>				
17	Are there standardized prescription charts, medical records/patient folders and transfer notes to support treatment and AMS activities?							<i>Availability of prescription charts and medical records</i>				
17.a	Does the health-care facility have a written policy that requires prescribers to document the indication and antibiotics prescribed in a prescription chart/medical records?							<i>Policies on prescribing</i>				
Education and training												
18	Does the health-care facility include AMS programmes such as optimizing antibiotic prescribing, dispensing and administration in the staff induction training?							<i>Induction training manuals</i>				

Components for assessment		Baseline	Period 1	Period 2	Period 3	Period 4	Verifiers
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19	Does the health-care facility offer continuous in-service training or continuous professional development on AMS, infection prevention and control (IPC) to staff?						<i>In-service training manuals/continuous professional development/continuous medical education</i>
20	Does the health-care facility ensure training for the AMS team on AMS/IPC?						<i>Training reports, interviews with staff</i>
Monitoring and surveillance							
21	Are regular prescription audits, point prevalence surveys to assess the appropriateness of antibiotic prescribing undertaken at the facility by the AMS committee or relevant team?						<i>Number of audits conducted with report</i>
22	Does the health-care facility regularly monitor the quantity and types of antibiotic use (purchased/prescribed/dispensed)?						<i>Antimicrobial consumption report</i>
22.a	Does the health-care facility regularly monitor shortages/stock-outs of essential antimicrobials?						<i>Stock-out report</i>
22.b	Is there a mechanism to report substandard and falsified medicines and diagnostics at the health-care facility?						<i>Reports of substandard/falsified antimicrobials and diagnostics</i>
23	Does the AMS team regularly monitor antibiotic susceptibility and resistance rates for a range of key indicator bacteria?						<i>Antimicrobial surveillance report</i>

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24	Does the AMS team monitor compliance with at least one specific AMS intervention (e.g. indication captured in medical records for patients) at the health-care facility?						<i>AMS intervention report</i>
Reporting feedback within the health-care facility							
25	Does the AMS committee/relevant team analyse and report on the quantities of antibiotics purchased/prescribed/dispensed to prescribers and health-care facility management?						<i>Antimicrobial consumption report</i>
26	Does the AMS committee/relevant team review, analyse and report on antibiotic susceptibility rates and key findings shared with prescribers?						<i>Evidence of dissemination of susceptibility report</i>
27	Does the AMS team communicate findings from audits/reviews of the quality/appropriateness of antibiotic use to prescribers along with specific action points?						<i>Reports to prescribers with action points</i>
28	Does the health-care facility develop and aggregate antibiograms (Annex VIII, page 71 of the WHO AMS toolkit) and regularly update it?						<i>Availability of antibiogram</i>