



#	Item	Assessment	Score (points)	Notes/Comments
<b>DOMAIN I: LEADERSHIP COMMITMENT &amp; ACCOUNTABILITY</b>				
1	Is antibiotic stewardship identified as a priority by the health-care facility management/ leadership?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
2	Are antibiotic stewardship activities included in health-care facility annual plans with key performance indicators?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
3	Is there a mechanism to regularly monitor and measure the implementation of antibiotic stewardship activities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
4	Does your healthcare facility have an <b>antibiotic stewardship committee</b> that reviews policies, procedures, treatment guidelines, and operational considerations related to antibiotic stewardship?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	The <b>antibiotic stewardship committee</b> is either a stand-alone committee or integrated into an existing committee that provides support and oversight of the antibiotic stewardship activities in a healthcare facility.
5	Who are the members of the <b>antibiotic stewardship committee</b> at your healthcare facility ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> infection prevention and control (IPC) physician(s) <input type="checkbox"/> IPC nurse(s) <input type="checkbox"/> non-IPC nurse(s) <input type="checkbox"/> infectious diseases trained physician(s) or clinician(s) with experience practicing infectious diseases <input type="checkbox"/> intensive care unit physician(s) <input type="checkbox"/> surgeon <input type="checkbox"/> general medicine physician(s) <input type="checkbox"/> other physician(s) <input type="checkbox"/> infectious diseases trained pharmacist(s) or pharmacist with experience practicing infectious	5 points = ≥7 healthcare professionals selected 2.5 points = 1-7 healthcare professionals selected 0 points = none or not applicable	

		<p>diseases</p> <p><input type="checkbox"/> other clinical pharmacist(s)</p> <p><input type="checkbox"/> other staff pharmacist(s)</p> <p><input type="checkbox"/> senior healthcare facility leader(s)</p> <p><input type="checkbox"/> clinical microbiologist(s)</p> <p><input type="checkbox"/> information technology specialist(s)</p> <p><input type="checkbox"/> not applicable</p> <p><input type="checkbox"/> other, please specify:</p> <p>If other physician(s) or clinical pharmacist(s) were selected, indicate specialty:</p>		
6	Does the <b>antibiotic stewardship committee</b> meet on a regular basis (minimum monthly or quarterly)?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Partially implemented</p> <p><input type="checkbox"/> No</p>	<p>Yes = 5</p> <p>Partially implemented = 2.5</p> <p>No = 0</p>	
7-7D	<b>SUPPLEMENTAL TABLE A</b>		<p><b>Score only Question 7:</b></p> <p>5 points = infectious diseases trained physician or clinician with experience practicing infectious diseases AND infectious diseases trained pharmacist(s) OR other clinical pharmacist(s) OR other staff pharmacist(s) (if pharmacists are present at HCF) AND clinical microbiologist (if microbiologist is present at HCF)</p> <p>2.5 points = anything selected that does not meet criteria for 5 points</p> <p>0 points = none or not applicable</p>	<p>The <b>antibiotic stewardship team</b> is an individual or team of healthcare workers who work to routinely implement antibiotic stewardship activities.</p>
8	Does the <b>antibiotic stewardship team</b> meet on a regular basis?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Partially implemented</p> <p><input type="checkbox"/> No</p>	<p>Yes = 5</p> <p>Partially implemented = 2.5</p> <p>No = 0</p>	
9	Does the <b>antibiotic stewardship committee or team</b> have authority to make decisions about policies or procedures related to antibiotic use at your healthcare facility?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> Partially implemented</p> <p><input type="checkbox"/> No</p>	<p>Yes = 5</p> <p>Partially implemented = 2.5</p> <p>No = 0</p>	

10	Which hospital department(s) or healthcare teams does your antibiotic stewardship committee or team collaborate with (select all that apply)?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> infection prevention and control <input type="checkbox"/> infectious diseases <input type="checkbox"/> patient safety <input type="checkbox"/> quality <input type="checkbox"/> pharmacy <input type="checkbox"/> microbiology <input type="checkbox"/> drug and therapeutics committee <input type="checkbox"/> HIV/tuberculosis (TB) team <input type="checkbox"/> surgery or operating theater <input type="checkbox"/> not applicable <input type="checkbox"/> other, please specify:	5 points = ≥2 selected 2.5 points = 1 selected 0 points = none or not applicable	
11	Does the healthcare facility participate in any external networks (e.g., multicenter studies, research or quality improvement collaboratives, data sharing consortiums) related to antibiotic stewardship?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
12	Who is involved in antibiotic formulary/procurement decisions at your healthcare facility ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> infectious diseases trained physician(s) or clinician(s) with experience practicing infectious diseases <input type="checkbox"/> infectious diseases trained pharmacist(s) or pharmacist with experience practicing infectious diseases <input type="checkbox"/> other clinical pharmacist(s) <input type="checkbox"/> other staff pharmacist(s) <input type="checkbox"/> member(s) of antibiotic stewardship team <input type="checkbox"/> clinical microbiologist(s) <input type="checkbox"/> not applicable <input type="checkbox"/> other, please specify:	5 points = infectious diseases trained physician or clinician with experience practicing infectious diseases AND infectious diseases trained pharmacist(s) OR other clinical pharmacist(s) OR other staff pharmacist(s) (if pharmacists are present at HCF) AND clinical microbiologist (if microbiologist is present at HCF) 2.5 points = some selected but does not meet criteria for 5 points 0 points = none or not applicable	
13	Is the evidence related to the safety, efficacy, and cost of new antibiotics evaluated before adding to the formulary at your healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	

**DOMAIN II: RESOURCES**

14	Has the healthcare facility allocated human and financial resources to initiate antibiotic stewardship activities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
15	Which of the following are physically present at your healthcare facility ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> infectious diseases trained physician(s) or clinician(s) with experience practicing infectious diseases <input type="checkbox"/> infectious diseases trained pharmacist(s) or pharmacist with experience practicing infectious diseases <input type="checkbox"/> other clinical pharmacist(s) <input type="checkbox"/> other staff pharmacist(s) <input type="checkbox"/> clinical microbiologist(s) <input type="checkbox"/> not applicable <input type="checkbox"/> other, please specify:	5 points = infectious diseases trained physician or clinician with experience practicing infectious diseases AND infectious diseases trained pharmacist(s) OR other clinical pharmacist(s) OR other staff pharmacist(s) (if pharmacists are present at HCF) AND clinical microbiologist (if microbiologist is present at HCF) 2.5 points = anything selected that does not meet criteria for 5 points 0 points = none or not applicable	
16	Does the antibiotic stewardship team have an office or physical space to perform antibiotic stewardship activities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
17	Does the antibiotic stewardship team have the basic equipment (e.g., telephone, computer) to perform antibiotic stewardship activities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
18	Does your healthcare facility have information and decision support systems in place to support antibiotic stewardship activities (e.g., review and optimization of antibiotic prescriptions, pre-authorization)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
19	Which of the following can the antibiotic stewardship team access ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> electronic medical record <input type="checkbox"/> antibiotics purchased <input type="checkbox"/> antibiotics dispensed <input type="checkbox"/> antibiotic administration records <input type="checkbox"/> syndromic antibiogram (e.g., antibiogram with urine cultures)	5 points = $\geq 2$ selected 2.5 points = 1 selected 0 points = none or not applicable	

		<input type="checkbox"/> cumulative antibiogram <input type="checkbox"/> not applicable		
20	Which data are available electronically at your healthcare facility ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> antibiotic consumption <input type="checkbox"/> antibiotic use <input type="checkbox"/> antibiotic resistance <input type="checkbox"/> antibiotic cost <input type="checkbox"/> administrative data (e.g., patient days, discharges) <input type="checkbox"/> not applicable <input type="checkbox"/> other, please specify:	5 points = $\geq 2$ selected 2.5 points = 1 selected 0 points = none or not applicable	
21	Does the antibiotic stewardship team have access to updated evidence in the form of peer-reviewed scientific literature (e.g., published research)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
22	Does the health-care facility have access to laboratory and imaging services (on-site or off-site) that can be used to support antibiotic stewardship interventions?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
23	Is the clinical microbiology laboratory used by your healthcare facility (on-site or off-site) open 24 hours per day to receive, process, and report microbiologic specimens?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
24	Is the clinical microbiology laboratory used by your healthcare facility (on-site or off-site) accredited?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
25	Does the clinical microbiology laboratory used by your healthcare facility (on-site or off-site) have a quality management system?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
26	Does the clinical microbiology laboratory used by your healthcare facility (on-site or off-site) have an electronic laboratory information system?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	

DOMAIN III: EDUCATION & TRAINING				
27	Does the healthcare facility provide training on antibiotic stewardship (e.g., optimizing antibiotic use) in the staff induction training?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
28	Does the healthcare facility offer continuous in-service training or continuous professional development on antibiotic stewardship and IPC to staff?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
29	Does your healthcare facility provide training on antibiotic stewardship to students or trainees rotating at your healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
30	Does the healthcare facility provide training for the antibiotic stewardship team on antibiotic stewardship/IPC?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
31	Does your healthcare facility provide patients and/or families with education about antibiotics?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
DOMAIN IV: ANTIBIOTIC STEWARDSHIP ACTIONS				
32	Which of the following treatment guidelines exist at your healthcare facility ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> urinary tract infection <input type="checkbox"/> community-acquired pneumonia <input type="checkbox"/> hospital-acquired pneumonia <input type="checkbox"/> ventilator-associated pneumonia <input type="checkbox"/> sepsis <input type="checkbox"/> skin and soft tissue infection <input type="checkbox"/> surgical site infection <input type="checkbox"/> central line-associated bloodstream infection <input type="checkbox"/> surgical prophylaxis <input type="checkbox"/> intra-abdominal infection <input type="checkbox"/> febrile neutropenia <input type="checkbox"/> management of multidrug-resistant organisms <input type="checkbox"/> bacterial meningitis	5 points = $\geq 4$ selected 2.5 points = 1-3 selected 0 points = none or not applicable	

		<input type="checkbox"/> endocarditis <input type="checkbox"/> not applicable (no treatment guidelines exist at my healthcare facility) <input type="checkbox"/> other, please specify:		
33	Which of the following is/are included in treatment guidelines at your healthcare facility ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> first-line antibiotic agent <input type="checkbox"/> dose <input type="checkbox"/> duration <input type="checkbox"/> alternative antibiotic agents (e.g., penicillin allergy, pregnant women, oral antibiotics) <input type="checkbox"/> antibiotic agents categorized by WHO AWaRe classification <input type="checkbox"/> not applicable <input type="checkbox"/> other, please specify:	5 points = first-line antibiotic agent, dose, duration, alternative antibiotic agents selected 2.5 points = anything selected that does not meet criteria for 5 points 0 points = none or not applicable	
34	Are the guidelines reviewed and updated periodically based on availability of new evidence, with changes communicated to prescribers?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
35	Does the antibiotic stewardship team review the healthcare facility antibiogram on a regular basis to modify treatment guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
36-37	<b>SUPPLEMENTAL TABLE B</b>		<b>Only score Question 36:</b> 5 points = $\geq 9$ "yes" selected 2.5 points = 1-8 "yes" selected 0 points = none	
38	Are there standardized operating procedures for specific antibiotic stewardship activities (e.g., audit and feedback, guideline development, testing protocols) at your healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
39	Does the activity report produced by the antibiotic stewardship committee or team include the following ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> current antibiotic stewardship resources and activity <input type="checkbox"/> performance against process and outcome indicators for antibiotic use	5 points = $\geq 2$ selected 2.5 points = 1 selected 0 points = none or not applicable	



		<input type="checkbox"/> antibiotic appropriateness <input type="checkbox"/> antibiotic resistance <input type="checkbox"/> key areas of improvement <input type="checkbox"/> areas for further improvement or priority <input type="checkbox"/> areas in which guidance or support from executive and governance units is needed <input type="checkbox"/> not applicable (my healthcare facility does not produce an antibiotic stewardship activity report) <input type="checkbox"/> other, please specify:		
40	Who is the antibiotic stewardship activity report disseminated to ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> healthcare facility management <input type="checkbox"/> other healthcare facility teams members <input type="checkbox"/> national authorities (e.g., ministry of health) <input type="checkbox"/> other, please specify: <input type="checkbox"/> not applicable (my healthcare facility does not produce an antibiotic stewardship activity report)	5 points = $\geq 2$ selected 2.5 points = 1 selected 0 points = none or not applicable	
41	Does the health-care facility have a formulary/ list of approved antibiotics for use based on the national formulary?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
42	Does the health-care facility formulary specify lists of restricted antibiotics that require approval by a designated team or person (pre-authorization)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
43	Does the approval of restricted antibiotics take place throughout the workday?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
44	Does the healthcare facility communicate modifications to the antibiotic formulary to prescribers?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	

45	Do nurses at your healthcare facility do any of the following antibiotic stewardship activities ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> collect urine and/or respiratory cultures based on appropriate criteria <input type="checkbox"/> initiate discussions about converting from intravenous to oral formulation <input type="checkbox"/> initiate antibiotic "time outs" <input type="checkbox"/> antibiotic allergy assessment <input type="checkbox"/> not applicable <input type="checkbox"/> other, please specify:	5 points = $\geq 2$ selected 2.5 points = 1 selected 0 points = none or not applicable	
46	Does your healthcare facility have a policy that requires prescribers to document antibiotic dose, duration, and indication in the medical record?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
47	Does the clinical microbiology laboratory used by your healthcare facility (on-site or off-site) utilize rapid diagnostic testing to facilitate early antibiotic adjustments?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
48	Does the clinical microbiology laboratory used by your healthcare facility (on-site or off-site) have technology to identify the most relevant resistance mechanisms ( <i>e.g.</i> , extended spectrum beta-lactamases, carbapenemases)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
49	Does the clinical microbiology laboratory used by your healthcare facility (on-site or off-site) provide culture and susceptibility results to prescribers in a timely manner ( <i>e.g.</i> , within 72 hours)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
50	Does the clinical microbiology laboratory used by your healthcare facility (on-site or off-site) utilize selective or cascading antibiotic susceptibility testing reporting ( <i>e.g.</i> , not reporting an antibiotic that would not be appropriate for the source, not reporting a broad-spectrum antibiotic when a narrower spectrum is available)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	

51	Does the clinical microbiology laboratory used by your healthcare facility (on-site or off-site) put comments in culture results to improve antibiotic prescribing?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
52	Does the antibiotic stewardship team communicate the emergence of new resistance mechanisms to prescribers?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
53	Has the antibiotic stewardship team conducted an analysis of the barriers, challenges and opportunities for antibiotic stewardship implementation at your healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
<b>DOMAIN V: ANTIBIOTIC USE TRACKING, MONITORING &amp; REPORTING</b>				
54	Are regular prescription audits, point prevalence surveys to assess the appropriateness of antibiotic prescribing undertaken at the facility by the antibiotic stewardship committee or relevant team?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
55	Does the health-care facility regularly monitor and report the quantity and types of antibiotic use (purchased, prescribed, or dispensed)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
56	What metric does the antibiotic stewardship team use to measure antibiotic use or consumption at your healthcare facility ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> days of therapy <input type="checkbox"/> defined daily doses <input type="checkbox"/> not applicable <input type="checkbox"/> other, please specify:	5 points = $\geq 1$ selected 0 points = none or not applicable	
57	Does the antibiotic stewardship team develop action plans in response to problems identified related to optimization of antibiotic use (e.g., increase in the consumption of broad-spectrum antibiotics)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
58	Does the antibiotic stewardship team monitor compliance with at least one specific antibiotic stewardship activity (e.g. compliance with treatment guidelines) at the health-care facility?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	

59	Does the antibiotic stewardship committee or team implement strategies (e.g., presentation to healthcare workers on implementation of new infectious diseases treatment guideline) to increase compliance with prioritized antibiotic stewardship activities?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
60	Which of the following metrics are monitored by the antibiotic stewardship team to assess the impact of antibiotic stewardship activities ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> antibiotic use or consumption <input type="checkbox"/> antibiotic appropriateness (agent, dose, duration) <input type="checkbox"/> time to appropriate antibiotic therapy <input type="checkbox"/> cost-savings <input type="checkbox"/> in-hospital mortality <input type="checkbox"/> length of stay <input type="checkbox"/> <i>Clostridioides difficile</i> infection rates <input type="checkbox"/> rehospitalization <input type="checkbox"/> antibiotic-related adverse events <input type="checkbox"/> antibiotic-related near misses (e.g., an error that could have led to an adverse event but did not result in clinical harm) <input type="checkbox"/> antibiotic costs (e.g., purchase price and expenditure) <input type="checkbox"/> not applicable <input type="checkbox"/> other, please specify:	5 points = $\geq 2$ selected 2.5 points = 1 selected 0 points = none or not applicable	
61	Which data can be stratified by hospital unit/ward at your healthcare facility ( <i>select all that apply</i> )?	<b>SELECT ALL THAT APPLY:</b> <input type="checkbox"/> antibiotic consumption <input type="checkbox"/> antibiotic use <input type="checkbox"/> antibiotic resistance <input type="checkbox"/> antibiotic cost <input type="checkbox"/> administrative data (e.g., patient days, discharges) <input type="checkbox"/> not applicable <input type="checkbox"/> other, please specify	5 points = $\geq 2$ selected 2.5 points = 1 selected 0 points = none or not applicable	

62	Does the healthcare facility regularly monitor shortages/stockouts of essential antimicrobials?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
63	Does your healthcare facility monitor shortages/stockouts of laboratory supplies (e.g., reagents, plates)?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
64	If there is a concern about substandard quality of antibiotics (e.g., falsified antibiotics) and diagnostics, is there a mechanism to report this at the healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
65	Does the antibiotic stewardship committee or team regularly monitor and report antibiotic susceptibility and resistance rates for a range of key indicator bacteria?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
66	Does the antibiotic stewardship team communicate findings from audits/reviews of the quality/appropriateness of antibiotic use to prescribers along with specific action points?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
67	Does the antibiotic stewardship team report metrics used to assess the impact of antibiotic stewardship activities to leadership at your healthcare facility?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	
68	Does the healthcare facility develop and aggregate antibiogram and regularly update it?	<input type="checkbox"/> Yes <input type="checkbox"/> Partially implemented <input type="checkbox"/> No	Yes = 5 Partially implemented = 2.5 No = 0	

**SUPPLEMENTAL TABLE A** Item 7-7D. Antibiotic Stewardship Team Members

7. Who are the members of the antibiotic stewardship team at your healthcare facility ( <i>select all that apply</i> )?	7A. For each role listed below, how many are part of the team?	7B. Are any within this role an antibiotic stewardship team leader?	7C. What percent time for antibiotic stewardship activities is specified in this role's job description or contract (if more than one person within this role, average the percent time)?	7D. Are the persons within this role financially compensated for the time spent specifically on antibiotic stewardship activities?
<input type="checkbox"/> Not applicable ( <i>My healthcare facility does not have an antibiotic stewardship team</i> )				
<input type="checkbox"/> Infectious diseases trained physician(s) or clinician(s) with experience practicing infectious diseases		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> Other physician(s) <i>If yes, specify specialty(ies):</i> <hr/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> Infectious diseases trained pharmacist(s) or pharmacist with experience practicing infectious diseases		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> Other clinical pharmacist(s) <i>If yes, specify specialty(ies):</i> <hr/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> <i>Other staff pharmacist</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role

<input type="checkbox"/> Infection prevention and control (IPC) physician		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> IPC Nurse(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> Non- IPC Nurse(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> Clinical microbiologist(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> Information technology specialist(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> Administrative support		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role
<input type="checkbox"/> Other(s) <i>If yes, please specify:</i> <hr/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> 51-75% <input type="checkbox"/> 76-100% <input type="checkbox"/> no dedicated time for antibiotic stewardship activities	<input type="checkbox"/> Yes, all staff within this role <input type="checkbox"/> Yes, some staff within this role <input type="checkbox"/> No, none within this role

**SUPPLEMENTAL TABLE B** Item 36-37. Antibiotic Stewardship Activities (**CORE**)

Antibiotic Stewardship Activity	36. Is this activity routinely conducted at your healthcare facility?	37. If yes, is the activity performed facility-wide?
A. Antibiotic automatic stops ( <i>e.g., surgical prophylaxis</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Antibiotic "time outs" ( <i>defined, regular prompts to the clinician to re-evaluate antibiotic choices</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Antibiotic reminders (alerts at the time of prescribing)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Intravenous to oral antibiotic formulation conversion	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Prospective audit and feedback of specified antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. Prior authorization of specified antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Restricted use of antibiotics based on formulary approval for prespecified conditions or populations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Individual audit and feedback of performance to prescribers	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. In-person antibiotic stewardship clinical rounds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Assessment and clarification of documented antibiotic allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. Review of outpatient parenteral antibiotic therapy prior to discharge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Alerts to prescribers about potentially duplicative antibiotic coverage ( <i>e.g., double anti-anaerobic coverage</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
M. Alerts to prescribers about drug-drug interactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
N. Dose optimization based on pharmacokinetic and pharmacodynamic parameters for treatment of organisms with reduced antibiotic susceptibility	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
O. Management of antibiotic shortages/stockouts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
P. Pharmacist-assisted or clinical pharmacologist-assisted dosing of antibiotics in patients with renal or liver dysfunction	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Q. Therapeutic drug monitoring of antibiotics with narrow therapeutic index ( <i>e.g., vancomycin, aminoglycosides</i> )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
R. Awareness campaigns on responsible use of antibiotics	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No