Example 4.2 Kaiser Northern CA ASP Activities Reported to QI Committees (1 of 3)

KAISER PERMANENTE®

**Kaiser Permanente Northern California
Antimicrobial Stewardship Program Assessment Tool**

FACILITY																				
1. Number of pharmacists participating in ASP	🔴	🔴	🟡	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🔴	🔴	🟢				
2. Physician Engagement	🟡	🟡	🟢	🟡	🟡	🟡	🟢	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢					
3. Chart review by ASP pharmacist	🟡	🟡	🟡	🟢	🟡	🟢	🟢	🟡	🟢	🟡	🟡	🟡	🔴	🟢	🟢					
4. Time commitment	🟡	🟡	🟢	🟢	🟡	🟢	🟢	🟢	🟢	🟢	🟢	🟢	🔴	🟢	🟡					
5. ASP RPh Patient Presentation	🟡	🟡	🟡	🟢	🟡	🟡	🟢	🟢	🟢	🟡	🟡	🟡	🟢	🔴	🔴	🟢				
6. Documentation of ASP Pharmacist Interventions	🔴	🔴	🔴	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🟡	🔴	🔴	🟡					
7. Method of ASP Interventions to Attending	🟡	🟡	🟢	🟢	🟡	🟡	🟡	🟡	🟢	🟢	🟢	🟢	🟢	🔴	🔴	🟢				
8. Generation of intervention reports/Reporting of ASP	🔴	🟡	🟡	🟡	🟡	🟡	🟢	🟡	🟡	🟡	🟡	🔴	🟢	🔴	🔴	🟡				
9. ASP Priorities	🟢	🟢	🟡	🟡	🟡	🟢	🟢	🟢	🟢	🟡	🟢	🟡	🟡	🟡	🟡	🟢				
10. Policy and Procedure	🔴	🔴	🔴	🔴	🟡	🔴	🟡	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴	🔴				

Green - 🟢 Fully Functional; recommendations may be included to optimize program
Yellow - 🟡 Satisfactory; progress has been made but may require change of practice or optimization. See recommendations
Red - 🔴 Unsatisfactory; component needs immediate attention. See recommendations

For more info about this example contact Stephen Parodi at Stephen.M.Parodi@kp.org

*CDPH does not endorse the specific content or recommendations included in these examples.
They are for illustrative purposes only.*

Example 4.2 Kaiser Northern CA ASP Activities Reported to QI Committees (2 of 3 continued)

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Antimicrobial Stewardship Program Assessment Tool

Issue # Status	Description	Findings and Assessment	Recommendations
1	Number of pharmacists participating in ASP	▪	▪
2	Physician Engagement	▪	▪
3	Chart review by ASP pharmacist	▪	▪
4	Time commitment	▪	▪
5	ASP RPh Patient Presentation	▪	▪
6	Documentation of ASP Pharmacist Interventions	▪	▪
7	Method of ASP Interventions to Attending	▪	▪
8	Generation of intervention reports/Reporting of ASP	▪	▪
9	ASP Priorities	▪	▪
10	Policy and Procedure	▪	▪

Scoring:
Green - ● Fully Functional; recommendations may be included to optimize program
Yellow - ● Satisfactory; progress has been made but may require change of practice or optimization. See recommendations
Red - ● Unsatisfactory; component needs immediate attention. See recommendations

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Example 4.2 Kaiser Northern CA ASP Activities Reported to QI Committees (3 of 3 continued)

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Antimicrobial Stewardship Program Assessment Tool

Issue	Description	Evaluation Points
1	Number of pharmacists participating in ASP	Ideally limited to 1 to 3 pharmacists to ensure continuity and maintain pharmacist knowledge base.
2	Physician Engagement	All ID physicians should proactively participate and support process. Clear level of engagement by the ID Chief.
3	Chart review by ASP pharmacist	Patient chart reviews by ASP pharmacist are effective for evaluating antimicrobial needs.
4	Time commitment	Administration supports physician and pharmacist time to complete ASP according the population needs of the hospital.
5	ASP RPh Patient Presentation	Pharmacists present completely and effectively to ID physicians with clear recommendations for interventions.
6	Documentation of ASP Pharmacist Interventions	All interventions are documented in Medici and identify physician acceptance or rejection.
7	Method of ASP Interventions to Attending	Ideally recommendations of interventions are communicated with attending physicians directly (face to face, telephone) in lieu of written notes. Escalation occurs when there is a critical need for intervention.
8	Generation of intervention reports/Reporting of ASP	Comprehensive reports on antimicrobial utilization and interventions are provided at least quarterly to P&T Committees and Infection Control Committees. The committees take/recommend action based on results if needed.
9	ASP Priorities	ID physicians, pharmacy leaders, and ASP pharmacists agree on priorities according to local needs (i.e. antipseudomonals, broad spectrum antibiotics). The facility has a process to escalate HA-CDI cases for detailed interdisciplinary review.
10	Policy and Procedure	A medical executive committee approved hospital ASP policy and procedure is in place.

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