Vermont Oxford Network  
VON Day Quality Audit : Choosing Antibiotics Wisely  
Unit Questionnaire

Unit Level Policies and Guidelines  
Center number: ________________

We are planning to audit our:  (choose only one location)  
a. NICU   b. Neonatal Step-down Unit  
c. Newborn Nursery (Mother/Baby Unit)

Organizational Commitment and Culture

1. Does your NICU [or chosen unit] have a formal written project plan that engages senior leadership in efforts to improve antibiotic use (antibiotic stewardship)?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

2. Does your NICU [or chosen unit] receive any budgeted financial support for antibiotic stewardship activities (e.g. support or salary, training, or IT support)?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

3. Is there a physician leader responsible for the outcomes of stewardship activities in your NICU [or chosen unit]?  

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<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

4. Is there a pharmacist leader responsible for working to improve antibiotic use in your NICU [or chosen unit]?  

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<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

5. Does your NICU [or chosen unit] have a multidisciplinary team responsible for antibiotic stewardship?  

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<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If ‘No’ or ‘Unknown’ skip to Question 6.

5a. If yes to 5, Which of the following are members of the multidisciplinary team?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
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</table>

- Neonatologist(s)  
- Pharmacist(s)  
- Infection Prevention and Health Care Epidemiologist(s)  
- Infectious Disease Specialist(s)  
- Quality Improvement Specialist(s)  
- Microbiology Laboratory Technician(s)  
- Information Technologist(s) (IT)  
- Nurse(s)  
- Nurse Practitioner(s) / Physician Assistant(s)  
- Parent(s) / Consumer Advisor(s)

6. Does your NICU[or chosen unit] provide education to clinicians and other relevant staff on improving antibiotic prescribing?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</table>
Policies, Protocols, and Guidelines

7. Does your NICU [or chosen unit] have a policy that requires prescribers to document in the medical record or during order entry the dose, duration, and indication for all antibiotic prescriptions?

   Yes / No / Unknown

8. Is there a formal procedure or process prompting the NICU [or chosen unit] care team to review the appropriateness of all antibiotics prescribed for infants in the NICU [or chosen unit] 48 to 72 hours after the initial order (e.g. "antibiotic time out")?

   Yes / No / Unknown

9. Do specified antibiotic agents need to be approved by a physician (such as an infectious disease specialist) or a pharmacist prior to dispensing (i.e. pre-authorization)?

   Yes / No / Unknown

10. Does a physician or pharmacist review courses of therapy for specified antibiotic agents (e.g. prospective audit with feedback)?

       Yes / No / Unknown

NICU Specific Policies and Guidelines

11. Does your NICU [or chosen unit] have specific policies, protocols, or guidelines for the diagnosis and antibiotic treatment (including antibiotic choice, dose, and duration) for the following conditions?

       a. Maternal risk factors
       b. Suspected or proven early onset sepsis or meningitis
       c. Suspected or proven late onset sepsis or meningitis
       d. Suspected or proven ventilator associated pneumonia
       e. Suspected or proven central venous line infection
       f. Suspected or proven urinary tract infection
       g. Suspected or proven necrotizing enterocolitis
       h. Suspected or proven surgical site infection
       i. Prophylaxis for urinary tract infection
       j. Prophylaxis for surgery
       k. Prophylaxis for fungal sepsis
       l. Methicillin resistant *Staphylococcus aureus* (MRSA) colonization?
       m. Other

       Other condition:______________________________________________________

       Yes   No   Unknown
       ☐     ☐     ☐
       ☐     ☐     ☐
       ☐     ☐     ☐
       ☐     ☐     ☐
       ☐     ☐     ☐
       ☐     ☐     ☐
       ☐     ☐     ☐
       ☐     ☐     ☐
       ☐     ☐     ☐
       ☐     ☐     ☐

12. Does your NICU [or chosen unit] routinely use any of the following electronic systems to prescribe, dispense, or administer medications?

       a. Computerized physician order entry or an order management system (CPOE or CPROM)
       b. Electronic medication administration record (eMAR)
       c. Bar coded medication administration (BCMA)

       Yes   No   Unknown
       ☐     ☐     ☐
       ☐     ☐     ☐
       ☐     ☐     ☐
Pharmacy driven interventions to assure appropriate antibiotic treatment

13. Does your NICU [or chosen unit] have policies or guidelines for:

   a. Dose adjustment in cases of organ dysfunction
   b. Dose adjustment or customization based on gestational or chronological age
   c. Dose optimization (pharmacokinetics/pharmacodynamics) to optimize the treatment of organisms with reduced susceptibility
   d. Automatic alerts in situations where therapy might be unnecessarily duplicative
   e. Time sensitive automatic stop orders for specified antibiotic prescriptions

Regular monitoring or reporting on antibiotic use and resistance

14. Does your NICU [or chosen unit] monitor and report prescriber adherence to specific treatment recommendations?

15. Does your NICU [or chosen unit] monitor and report adherence of prescribing providers to documentation of the 3 key components for every antibiotic order / prescription (dose, duration, and indication)?

Antibiotic use and outcome measures


17. Does your NICU [or chosen unit] participate in the National Healthcare Safety Network (NHSN) Antibiotic Use (AU) and Resistance Module?

18. Does your NICU [or chosen unit] monitor antibiotic utilization rate (AUR) [either as days of antibiotic therapy / patient OR days of antibiotic therapy / 1000 patient days]?

19. Does your NICU [or chosen unit] monitor and report antibiotic use for > 48 to 72 hours in infants with negative blood, cerebral spinal fluid, or urine cultures?

20. Does your NICU [or chosen unit] share NICU [or chosen unit]-specific reports on antibiotic use with prescribers?

21. Does your NICU [or chosen unit] share NICU [or chosen unit]-specific reports on antibiotic use with families?

22. Is a current antibiogram (cumulative antibiotic susceptibility report) available to prescribers at your NICU [or chosen unit]?

23. Do prescribers in the NICU [or chosen unit] receive direct personalized communication about how they can improve their antibiotic prescribing?
Status of NICU [or chosen unit] on day of audit

NICU [or chosen unit] Census

1. Enter date of audit: ____ / ____ / ____

2. Enter [_______] Census on the day of the audit (will be filled in with either NICU, Step-down Unit or Newborn Nursery, whichever location you chose in the beginning of the audit.)

Patients: ________________________

Do you have any patients to enter? Yes / No

Go to Patient Data Entry Form
Post Audit Questions

The audit process helped us to identify opportunities for improvement or issues that require additional study.

Yes  No

Comments: Please use this space to record any comments about what you learned from the audit process or what opportunities for improvement you have identified.