

Review a minimum of 5 and a maximum of 20 medical records.

## Focus:

For this review, focus on the review of medical records of currently readmitted patients. Review randomly selected charts of inpatients (e.g., the last 10) who had antibiotics ordered upon admission, either in the ED prior to admission or while an inpatient.

## Instructions:

When reviewing the medical record, if documentation is found for the process, mark “**Yes**” in the box. If documentation is not found for the process, mark “**No**”. If the process being reviewed is not applicable to the medical record, mark “**N/A**”. After completing the review of all records, note the rows with the highest number of “No” responses. This will identify priority focus areas for improvement.

**Note:** Do not spend more than 20-30 minutes per medical record.

**SUBMIT YOUR DISCOVERY TOOL FINDINGS WHEN COMPLETE:** Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

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# Antibiotic Stewardship Process Improvement Discovery Tool

Medical Records #										
The antibiotic(s) ordered, including agent, dose, route, frequency, and duration, were consistent with hospital approved evidence-based guidelines										
The antibiotic(s) ordered, including agent, dose, route, frequency, and duration, were either (1) pre-authorized by medical staff policy for the patient's diagnosis OR (2) discussed with and consented to by pharmacy										
Within 24 hours of culture & sensitivity results the antibiotics were adjusted so that the patient then received the sensitive antibiotic with the narrowest spectrum of coverage										
Within 72 hours of antibiotic start time, pharmacy reviewed the antibiotic orders and consulted with the physician as necessary										
If disagreement occurred following conclusion of pharmacy-physician consultation, the reasons for continuing the antibiotic without pharmacy agreement were documented										
Antibiotics were switched from IV to PO per pharmacy recommendation										
Antibiotic duration was consistent with pharmacy recommendation										
Discharge antibiotic prescriptions were reviewed and approved by pharmacy										
Duration of discharge antibiotics did not extend the total days of treatment (inpatient + outpatient) beyond the recommend treatment length										

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