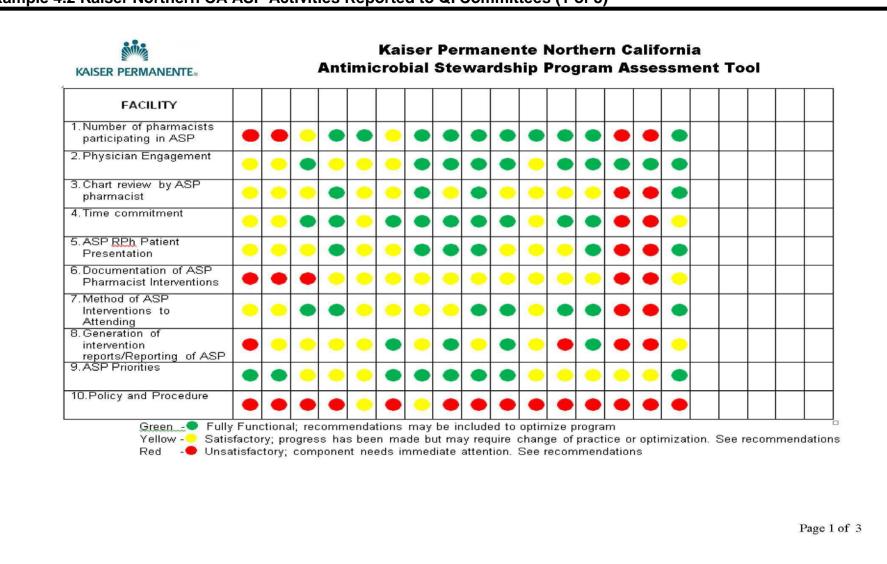
#### **CDPH ASP Toolkit 2015**

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



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

#### **CDPH ASP Toolkit 2015**

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

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### Kaiser Permanente Northern California **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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#### **CDPH ASP Toolkit 2015**

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



### Kaiser Permanente Northern California 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 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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