

	Core element 1: Senior hospital management leadership towards antimicrobial stewardship	Yes	No
1	Has your hospital management formally identified antimicrobial stewardship as a priority objective for the institution and included it in its key performance indicators?		
2	Is there dedicated, sustainable and sufficient budgeted financial support for antimicrobial stewardship activities (e.g., support for salary, training, or IT (information technology) support)?		
3	Does your hospital follow any (national or international) staffing standards for antimicrobial stewardship activities (e.g. number of full-time equivalent (FTE) per 100 beds for the different members of the antimicrobial stewardship team)?		
	Core element 2: Accountability and responsibilities		
4	Does your hospital have a formal/written antimicrobial stewardship programme/strategy accountable for ensuring appropriate antimicrobial use?		
5	Does your hospital have a formal organizational multidisciplinary structure responsible for antimicrobial stewardship (e.g., a committee focused on appropriate antimicrobial use, pharmacy committee, patient safety committee or other relevant structure)?		
6	Is there a healthcare professional identified as a leader for antimicrobial stewardship activities at your hospital and responsible for implementing the programme?		
7	Is there a document clearly defining roles, procedures of collaboration and responsibilities of the antimicrobial stewardship team members?		
8	Are clinicians, other than those part of the antimicrobial stewardship team (e.g. from the ICU, Internal Medicine and Surgery) involved in the antimicrobial stewardship committee?		
9	Does the antimicrobial stewardship committee produce regularly (indicate minimum time) a dedicated report which includes e.g. antimicrobial use data and/or prescription improvement initiatives, with time-committed short term and long term measurable goals/ targets for optimizing antimicrobial use?		
10	Is there a document clearly defining the procedures of collaboration of the antimicrobial stewardship team/committee with the infection prevention and control team/committee?		
	Core element 3: Available expertise on infection management		
11	Do you have access to laboratory/imaging services and to timely results to be able to support the diagnosis of the most common infections at your hospital?		
12	In your hospital are there, or do you have access to, trained and experienced healthcare professionals (medical doctor, pharmacist, nurse ...) in infection management (diagnosis, prevention and treatment) and stewardship willing to constitute an antimicrobial stewardship team?		
	Core element 4: Education and practical training		
13	Does your hospital offer a range of educational resources to support staff training on how to optimize antimicrobial prescribing?		
14	Do the antimicrobial stewardship team members receive regular training in antimicrobial prescribing and stewardship?		
	Core element 5: Other actions aiming at responsible antimicrobial use		

15	Is a multidisciplinary antimicrobial stewardship team available at your hospital (e.g., greater than one trained staff member supporting clinical decisions to ensure appropriate antimicrobial use)?		
16	Does your hospital support the antimicrobial stewardship activities/ strategy with adequate information technology services?		
17	Does your hospital have an antimicrobial formulary (i.e. a list of antimicrobials that have been approved for use in a hospital, specifying whether the drugs are unrestricted, restricted (approval of an antimicrobial stewardship team member is required) or permitted for specific conditions)?		
18	Does your hospital have available and up-to-date recommendations for infection management (diagnosis, prevention and treatment), based on international/national evidence-based guidelines and local susceptibility (when possible), to assist with antimicrobial selection (indication, agent, dose, route, duration) for common clinical conditions?		
19	Does your hospital have a written policy that requires prescribers to document an antimicrobial plan (includes indication, name, dosage, duration, route and interval of administration) in the medical record or during order entry for all antimicrobial prescriptions?		
20	Does the antimicrobial stewardship team review/audit courses of therapy for specified antimicrobial agents or clinical conditions at your hospital?		
21	Is advice from antimicrobial stewardship team members easily available to prescribers?		
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	Core element 6: Monitoring and surveillance (on a continuous basis)		
23	Does your hospital monitor the quality of antimicrobial use at the unit and/or hospital wide level?		
24	Does your stewardship programme monitor compliance with one or more of the specific interventions put in place by the stewardship team (e.g. indication captured in the medical record for all antimicrobial prescriptions)?		
25	Does your hospital monitor antibiotic susceptibility rates for a range of key bacteria?		
26	Does your hospital monitor the quantity of antimicrobials prescribed/dispensed/purchased at the unit and/or hospital wide level?		
	Core element 7: Reporting and feedback (on a continuous basis)		
27	Does your stewardship programme share hospital-specific reports on the quantity of antimicrobials prescribed/dispensed/purchased with prescribers?		
28	Does your stewardship programme share facility-specific reports on antibiotic susceptibility rates with prescribers?		
29	Are results of audits/reviews of the quality/appropriateness of antimicrobial use communicated directly with prescribers?		