



Making Antimicrobial Stewardship (AMS) at Transitions of Care (TOC) Work Brainstorming Worksheet for Leaders

AMS TOC Steps	Questions for discussion	Discussion and Modifications	To Do List (tasks, people)
Patient Identification	How do pharmacists currently identify expected discharges? How to pharmacists identify patients to be send home on oral antibiotics? <i>Examples:</i> Column in medical record, obtain list from nurse managers, face-to-face discussion		
Evaluate appropriate duration	How is appropriate duration of therapy currently determined? <i>Examples:</i> Institutional guideline, recommendation from consult team, prescriber preference How do clinicians count “days of therapy?”		
Primary Team Contact and Discussion	How do pharmacists communicate recommendations for changes in drug therapy? Is this different for inpatient versus discharge medications? <i>Examples:</i> notes, paging, multidisciplinary rounds		
Pharmacist Inputs PO Discharge Orders	How is discharge medication reconciliation completed? Are antibiotics included in this process? Is it feasible for pharmacist to enter discharge antibiotics with an appropriate stop date?		
Pharmacist places medical record note	When pharmacists make changes to medication orders, including discharge prescriptions, are progress notes placed? Are antibiotics included in this process?		
Patient receives appropriate regimen from outpatient pharmacy	How does the outpatient pharmacy receive information about the appropriate stop date? What is the role of outpatient pharmacy in delivering discharge antibiotics to the patient bedside? For high-cost antibiotics is there a process to identify cost-related barriers?		