



# AMR TECHNICAL SCORECARD

# **HUMAN**

Laboratory Clinical Interface Antimicrobial Resistance Assessment Scorecard

Version 3.2 - August 2021





#### Score

	Total	Current	t Audit	Previou	ıs audit	
Section	Total points	Date:		Date:		
Section	possible	Current au	ıdit score	Previous audit score		
Clinical Facility Documents, Policies & Structures	21		%		%	
2. Department Documents, Policies & Structures	8		%		%	
3. Sample Requisition	5		%		%	
4. Sample Collection & Transport GENERAL	4		%		%	
5. Sample Laboratory Result Review & Patient Management	8		%		%	
Laboratory Clinical Interface Sub-Total	46		%		%	

Sample Collection & Transport:	Total points possible	Currer	nt audit score	ıs audit ore
BLOOD CULTURE	34		/ 80 = %	%
URINE CULTURE	12		/ 58 = %	%
FECES CULTURE	8		/ 54 = %	%
Laboratory Clinical Interface Total			/ 100 = %	

#### **A.** General Information

Name of Assessor(s)		
Title & organization of Assessor		
Name of clinical facility being assessed		
Type of clinical facility	□□PHC □□District Hospital □□Regional Hospital □□Tertiary / Referral Hospital	□□Public □□Private □□Academic □□NGO
Number of beds?		
Type of services offered	□□Medical □□Surgical □□Pediatrics □□Other (specify)	□□Intensive Care Unit □□Obstetrics / Gynae □□Emergency / Trauma
How many other clinical facilities (e.g. hospitals or clinics) does this clinical facility serve?		
Location of clinical facility being assessed (City/Town, District and Country)		
Contact details for person at clinical facility		
Name		
Position		
Qualification		
Email		
Phone		
Date of last assessment visit		
Date of the current assessment visit		

#### **B. Clinical Site Assessment**

#### **Section 1: Clinical Facility Documents, Policies & Structures**

The following section of the checklist is the same for all departments assessed. Complete this section only once if evaluating multiple departments during one assessment. The score for this section will apply to all departments being evaluated.

Number	Standard		NA	Υ	Р	N	Comments	Score
LC1.1	F1 / U1 /	Does the clinical facility have						
	B1	an oversight committee that						
		revises treatment guidelines						
		and medicines formulary						
		and/or stewardship practices						
		based on cumulative AST						
		antibiograms, pharmacy						
		antibiotic usage data and the						
		outcomes from stewardship						
		ward rounds?						
		Has an oversight committee						
		been established?						5
		Does the committee carry out						
		essential functions including:						
		<ol> <li>Develop/revise</li> </ol>						
		treatment guidelines						
		<ol><li>Use cumulative AST</li></ol>						
		data to inform						
		guidelines						
		<ol><li>Review antibiotic</li></ol>						
		consumption data						
		4. Review data from AMS						
		rounds						
LC1.2	F2 / U2 /	Does the clinical facility have a						
	B2	"Laboratory Handbook" which						
		describes specimen collection,						
		storage, and transportation of						
		samples? Does the						
		"Laboratory Handbook" state:						
		Consent should be obtained						
		before collection of feces, urine						
		or blood for culture						5
		Samples should be collected						
		using recommended						
		precautions/aseptic						
		techniques as applicable						
		Minimum of 1g of feces should						
		be collected for feces culture						
		Urine and blood should be						
		collected before administration						
		of antibiotics						

Number	Standard		NA	Υ	Р	N	Comments	Score
		A minimum of 3 mL urine						
		should be collected for urine						
		culture						
		Handwashing should be						
		performed prior to performing						
		blood collection for culture						
		Hands should be disinfected						
		prior to performing a blood						
		culture						
		Sterile gloves should be used						
		when performing a blood						
		culture						
		Blood cultures should be						
		drawn from peripheral sites						
		Minimum of 2 and maximum of						
		3 blood cultures should be						
		drawn within 24 hours						
		Serial blood cultures should be						
		collected from separate						
		venipuncture sites						
		Puncture site should be						
		cleaned properly as per						
		manufacturer recommended						
		technique and using						
		appropriate disinfectant						
		Bottle-top should be						
		disinfected and disinfectant						
		should be allowed to dry prior						
		to inoculation						
		Needles should be exchanged						
		between blood culture						
		collection and inoculation of						
		blood culture bottles						
		The volume of blood collected						
		should follow the						
		manufacturer's						
		recommendations: typically 10						
		mL per bottle for adults, 1-3 mL						
		per bottle for children						
LC1.3		Collection containers for feces,						
		urine & blood should be						2
1.0		correctly labelled						
LC1.4	F3	Do the facility treatment						
		guidelines include requirement						
		to do faecal culture if there is						•
		dysentery, suspicion of a public						2
		health threat / outbreak or if						
		there are associated signs of						
101-	1.10	systemic infection?						
LC1.5	U3	Do the facility treatment						2
		guidelines include requirement						

Number	Standard		NA	Υ	Р	Ν	Comments	Score
		to do urine culture if there are						
		clinical indications such as						
		suspected urinary tract						
		infection; systemic sepsis						
		without a clear focus or						
		asymptomatic bacteriuria in						
		pregnancy?						
LC1.6	B3	Do the facility treatment						
		guidelines include requirement						
		to do blood culture with clinical						2
		suspicion of blood stream						
		infection?						
LC1.7	F8 / U9 /	Does the laboratory request						
	B21	form include:						
		Patient identifiers						
		Site name						
		Date of admission						
		Date & time of						3
		collection						5
		Clinical information						
		regarding suspected						
		diagnosis						
		Contact details of						
		requesting doctor						
Section 1	: Clinical Fa	acility Documents, Policies & St	ructu	res S	ub-T	ota		21

Depa	rtment /	ward	assessed:					

**Section 2: Department Documents, Policies & Structures** 

Number	Standard		NA	Υ	Р	Ν	Comments	Score
LC2.1	F1 / U1 / B1	Is a copy of the current treatment guidelines available in this ward or department?						3
LC2.2	F17 / U19 / B30	Is there evidence that the ward or department actively monitors test results for patterns suggestive of nosocomial outbreaks or hospital acquired infections?						
		Does the ward or department engage the laboratory if there is suggestive of nosocomial outbreaks or hospital acquired infections?						5
		Do the ward or						

Number	Standard		NA	Υ	Р	N	Comments	Score
		department clinical staff and laboratory staff regularly meet (at least quarterly) to troubleshoot gaps in laboratory-clinical linkages, including specimen collection, referral, interpretation and reporting?						
Section 2	2: Departme	ent Documents, Policies & Struct	ures	Sub-	·Tota	al		8

## **Section 3: Sample Requisition**

Number	Standard		NA	Υ	Р	Ν	Comments	Score
LC3.1	F2 / U2 /	Is a "Laboratory Handbook"						
	B2	which describes specimen						
		collection, storage, and						2
		transportation of samples						_
		available to clinical staff in the						
		ward or department?						
LC3.2	F3 & F9	Is consent obtained before						
	/ U3 &	performing blood, urine or feces						2
		culture?						
LC3.3	U10 / B4	Is sample collection						
	& B22	documented in the clinical						2
		notes while performing blood,						2
		urine or feces culture?						
Section 3	3: Sample R	equisition Sub-Total						6

### **Section 4: Sample Collection & Transport**

Number	Standard		NA	Υ	Р	Ν	Comments	Score
LC4.1	F7 / U9 /	Are blood, urine & feces culture						
	B20	containers correctly labelled						
		and matched with lab request						2
		form before sending to the						
		laboratory?						
LC4.2	F11 / U13	Are samples for blood, urine &						
	/ B24	feces culture delivered to the						
		laboratory as soon as possible						2
		and within the recommended						
		time periods for each sample?						
Section 4	4: Sample C	collection & Transport GENERAL	Sub-1	Tota	1		_	4

Blood cu	lture						
Number	Standard		NA	Υ	P N	Comment	Score
LC4.3	B3	Is blood culture requested if					
		there is a clinical suspicion of					2
		bloodstream infection?					
	B5	Are blood cultures collected					
		before administration of					
		antibiotics?					
		Is the history of any					
		antibiotics taken during					2
		the current episode of					
		illness/infection					
		specifically requested					
		and recorded?					
	B6	Is handwashing performed					
		prior to performing a blood					2
		culture?					
	B7	Are hands disinfected prior to					2
		performing a blood culture?					2
	B8	Are sterile gloves used when					2
		performing a blood culture?					2
	B9	Are blood cultures drawn from					2
		peripheral sites?					2
	B10	Are serial blood culture					
		samples collected from					2
		separate venipuncture sites?					
	B11	Is the puncture site cleaned					
		using an appropriate					2
		disinfectant?					
	B12	Is the skin disinfectant allowed					
		time to dry before inserting the					2
		needle?					
	B13	Are blood culture bottle tops					2
		disinfected prior to inoculation?					_
	B14	Is the bottle-top disinfectant					
		allowed to dry prior to					2
		inoculation?					
	B15	Are needles exchanged					
		between blood culture					2
		collection and inoculation of					
		blood culture bottles?					
	B16	Are blood culture bottles					
		inoculated first, if blood is					2
	D.F	collected for other tests?					
	B17	Is a minimum of 2 and a					
		maximum of 3 blood cultures					2
	Dio	drawn within 24 hours?					
	B18	Are aerobic blood culture					
		bottles used in a resource-					2
	D40	limited setting?					
	B19	Is a minimum of 20 mL of blood					2
		(10 mL per bottle) collected for					

Blood culture								
Number	Standard		NA	Υ	Р	Ν	Comment	Score
		each blood culture?						
	B23	Are blood culture bottles stored at room temperature if there is a delay in transporting them to the laboratory?						2
Section 4	4: Sample C	collection & Transport BLOOD C	JLTU	RE S	ub-	Tota	I	34

Number St LC4.4 US		Is urine culture performed if there are clinical indications such as suspected urinary tract infection; systemic sepsis without a clear focus or asymptomatic bacteriuria in pregnancy?	NA	Υ	P	N	Comment	Score 2
U		there are clinical indications such as suspected urinary tract infection; systemic sepsis without a clear focus or asymptomatic bacteriuria in						2
	J5	- · - · · · · · · - · · · - · · · · · ·						
U		Is urine collected before administration of antibiotics?						2
	J6	Are clinical staff available to advise patients on the correct procedure for mid-stream urine collection?						2
U	J7	Do clinical staff use sterile techniques for collecting suprapubic urine samples?						2
U	J8	Is a minimum of 3 mL urine collected for urine culture?						2
U1	J12	Is urine for culture stored in a fridge (2-8 degrees C) if there is a delay in transporting it to the laboratory?						2

Feces culture								
Number	Standard		NA	Υ	Р	Ν	Comment	Score
LC4.5	F3	Is feces culture performed if there is dysentery, suspicion of a public health threat / outbreak or if there are associated signs of systemic infection?						2
	F5	Is feces collected using aseptic technique?						2
	F6	Is a minimum of 1 g of feces collected for feces culture?						2
	F10	Is feces for culture stored in a fridge (2-8 degrees C) if there is a delay in transporting it to the laboratory?						2
Section 4: Sample Collection & Transport FECES CULTURE Sub-Total								8

**Section 5: Laboratory Result Review & Patient Management** 

Numbe	Standar		Ν	Υ	Р	N	Comment	Score
r	d		Α					
LC5.1	F14 /	Is there evidence that						
	U15 /	laboratory test results are						
	B27	promptly received, filed &						
		reported?						
		Is there evidence that						
		laboratory test results						
		are placed in the						
		patient folder?						3
		Is there evidence that						
		critical call outs						
		regarding patients test						
		results received from						
		lab are promptly						
		communicated to the						
		clinician/wards and						
		documented?						
LC5.2	F16 /	Is there evidence that antibiotic						
	U17 /	treatment is revised (escalation						
	B29	/ substitution / addition / de-						
		escalation / termination of						
		antibiotics) based on the						
		laboratory AST result?						
		Does antibiotic						5
		treatment follow the						
		clinical sites prescriber						
		guidelines for common						
		medical conditions?						
		Is antibiotic treatment						
		consistent with the						
Castan	E. Labaurt	medicines formulary?			\L	Tal	.1	0
Section 5: Laboratory Result Review & Patient Management Sub-Total								

The Antimicrobial Resistance (AMR) Laboratory Quality Scorecard was developed in collaboration with and support from Becton Dickinson and Company (BD)





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