

Is your Service Ready for a Time-out? Antibiotic Time-Outs Readiness Checklist

Antibiotic time-outs (ATOs) are formal reassessments of antimicrobials prescribed to patients under the care of a clinical team. Time-outs typically take place two to three days following the start of antimicrobial treatment. A time-out provides a structured “pause”: the healthcare provider takes new information into account—such as results from blood or urine cultures and how the patient responds to the drug -- and decides if adjustments are needed to the drug, dose, duration, or route. For example, drugs can be selected to more precisely target the organism identified in a culture, discontinued if the patient is not found to have an illness that will respond to antimicrobials after all, or changed from the IV to oral route. Sometimes, a time-out confirms that no change is needed.

Time-outs are useful to ensure patients receive optimal antimicrobial treatment and help reduce unnecessary, redundant, or longer-than-needed antimicrobial use. To preserve the effective life-span of antimicrobial drugs, interventions such as antibiotic time-outs help to combat resistance as a part of wider antimicrobial stewardship efforts.

The checklist below may help a patient care team determine whether conditions are favorable to begin implementing antibiotic time-outs. Answering “yes” to most or all questions indicates that antibiotic time-outs may be the right next step.



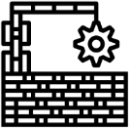
Defining Need

1. Do you feel that there is an opportunity to optimize antibiotic prescribing within your service?
2. Do you believe antibiotic time-outs would be an appropriate strategy to address this need?



Willingness to implement change

3. Are care team members receptive to implementing quality improvement initiatives?
4. Does your service have an established history of successful implementation of new practices, such as successful Quality Improvement projects?
5. Are there no other major changes taking place at this time that may compete with the culture change introduced by the ATO initiative?
6. Are service supervisors supportive of the ATO initiative? Are they willing to make accommodations to help staff successfully carry out the initiative?



Infrastructure, resources, and current practice

7. Does your care team discuss patients' status and plan of care in-person as a group?
8. Do pharmacists accompany the care team/unit on rounds?
9. Does the care team use a daily (or otherwise regularly scheduled) checklist for each patient?
10. Does the rounding team have the authority to make antibiotic changes on most patients?



Sustainability

11. Is your team willing to review performance metrics regularly (e.g., quarterly), such as the proportion of eligible patients with an ATO and the outcome of each ATO?
12. Will your team be receptive to feedback about performance and willing to make adjustments to improve performance?

Ready to take the next step?

There are other important considerations that a project representative will be happy to discuss with you that will factor into how a team implements time-outs, such as:

- *How many pharmacists typically staff this service?*
- *What is the composition of the rounding team daily?*
- *How often do personnel on the team/unit change or rotate?*
- *How many beds do you cover? For ward services, what is your typical daily volume?*
- *Approximately how many admissions are typical in a 24-hour period?*

To learn more about antibiotic time-outs or to schedule a consultation, please [contact a project representative](#).