**Antibiotic Stewardship Program/Plan**

**Purpose**

The purpose of your antibiotic stewardship program should at a minimum reflect the requirements laid out in the State Operations Manual: “*As part of their IPCP programs, facilities must develop an antibiotic stewardship program that promotes the appropriate use of antibiotics and includes a system of monitoring* *to improve resident outcomes and reduce antibiotic resistance.”* State Operations Manual. Appendix PP – Guidance to Surveyors for Long Term Care. §483.80 Infection Control. In addition, consider the mission and vision of your facility and how these align with antibiotic stewardship.

| The purpose of our antibiotic stewardship program/plan: |
| --- |

**Guiding Principles/Objectives**

The guiding principles or values or objectives for antibiotic stewardship should reflect the seven core elements of nursing home antibiotic stewardship, as defined by the Center for Disease Control and Prevention (CDC), and frequently referenced in the State Operations Manual. This is guidance for the whole organization and frames the culture in the organization. Include additional guiding principles as appropriate for your organization. The core elements include:

* Facility leadership commitment to safe and appropriate antibiotic use
* Appropriate facility staff accountable for promoting and overseeing antibiotic stewardship
* Accessing pharmacists and others with experience or training in antibiotic stewardship
* Implement policy(ies) or practice to improve antibiotic use
* Track measures of antibiotic use in the facility (i.e., one process and one outcome measure)
* Regular reporting on antibiotic use and resistance to relevant staff such as prescribing clinicians and nursing staff
* Educate staff and residents about antibiotic stewardship

**Leadership Support, Accountability and Expertise**

In order to satisfy the core elements, identify a multidisciplinary team and leadership who will demonstrate support for antibiotic stewardship and support these safety efforts.

*Identify the members of your multidisciplinary team and consider including a statement of leadership support as a part of your written antibiotic stewardship plan and to be shared emphasizing this important subject. Other ways to demonstrate leadership support and accountability is to include antibiotic stewardship duties in job descriptions, to note and demonstrate that leadership does monitor whether antibiotic stewardship policies are followed, as well as assuring that antibiotic use and resistance data is reviewed in quality assurance meetings. The multidisciplinary team must meet to review efforts, provide recommendations and support endeavors to reduce antibiotic resistance and provide for best care for residents.*

| **Antibiotic Stewardship Multidisciplinary Team (\*DENOTES LEAD)** |
| --- |
| Executive Leadership |
| Pharmacist |
| Physician Champion |
| Director of Nursing |
| Infection Preventionist |
| Quality Improvement/Staff Educators |
| Environmental Services: |
| Partnering/Consulting Experts (e.g. laboratory personnel): |
| Meeting frequency: |

**Actions to Improve Use**

**(Including Reporting Information to Staff on Improving Antibiotic Use and Resistance and Education)**

Antibiotic stewardship refers to a set of commitments and actions designed to “optimize the treatment of infections while reducing the adverse events associated with antibiotic use.” Nursing homes are encouraged to work in a step-wise fashion, implementing one or two activities to start and gradually add new strategies from each (of the CDC’s Core) elements over time. Any action taken to improve antibiotic use is expected to reduce adverse events, prevent emergence of resistance, and lead to better outcomes for residents in this setting.

*Describe how your antibiotic stewardship plan will augment delivery of high quality, safe resident care. Consider including policies, processes and procedures that describe how the team will engage in antibiotic stewardship efforts.* To implement planned changes, the State Operations Manuals mandates that antibiotic stewardship program protocols must:

* Be incorporated in the overall infection prevention and control program (to be further developed within the required time frame, no later than November 28, 2019)
* Be reviewed on an annual basis and as needed
* Contain a system of reports related to monitoring antibiotic usage and resistance data (our current focused efforts and goals are identified on a separate page at the end of this program document)
* Incorporate monitoring of antibiotic use, including the frequency of monitoring/review

*(As it is recommended that implementation be “step-wise,” it is allowable that you note that you recognize the need for these policies and are in the process of developing these in a manner reflective of your prioritization – use check marks and numbering to recognize areas of importance for your organization and prioritize):*

*Develop policies to improve antibiotic prescribing/use (these may include):*

* + *Requiring prescribers to document a dose, duration, and indication for all antibiotic prescriptions*
  + *Developing facility-specific algorithm for assessing residents*
  + *Developing facility-specific algorithms for appropriate diagnostic testing (e.g. obtaining cultures) for specific infections*
  + *Developing facility-specific treatment recommendations for infections*
  + *Reviewing antibiotic agents listed on the medication formulary*

*Implement practices to improve antibiotic use (these may include):*

* + *Utilizing a standard assessment and communication tool for residents suspected of having an infection*
  + *Implementing process for communicating or receiving antibiotic use information when residents are transferred to/from other healthcare facilities*
  + *Developing reports summarizing the antibiotic susceptibility patterns (e.g., facility antibiogram);*
  + *Implementing an antibiotic review process/”antibiotic time out”*
  + *Implementing infection-specific interventions to improve antibiotic use*

*Identify and prioritize problems and opportunities for antibiotic stewardship and spread*

*Utilize evidence-based practices*

*Engage the necessary experts, including your consultant pharmacist*

*Optimize antibiotic stewardship education for providers, staff, residents and families*

| Our priorities and plan: |
| --- |

**Tracking: Monitoring Antibiotic Prescribing, Use and Resistance (and Reporting)**

“The nursing home should monitor both antibiotic use practices and outcomes related to antibiotics in order to guide practice changes and track the impact of new interventions.”

*Identify data sources, frequency of data collection/analysis, targets/benchmarks your organization will use and establish a plan to communicate data analysis. Choose data sources your organization will use to develop and monitor performance indicators that will track your ongoing performance. Identify evidence-based sources that will be utilized by and throughout your organization to set standards of the surveillance criteria, treatment indicators and protocols, etc.*

*Consider including use of data input and tracking through the CDC’s National Health and Safety Network (NHSN) and/or the Quality Health Associates (QHA) –developed Infection and Antibiotic Use Tracking Tool. Many organizations indicate that they will:*

Assess residents for any infection using standardized tools and criteria – our standard criteria follows the evidence-based resource noted below, while recognizing that some instances may not exactly meet these criteria and we will respect and follow the expertise of the prescribers that work with our residents:

* + SBAR tools/protocols defined by the Agency for Health Research and Quality and INTERACT
  + Loeb minimum criteria for initiation of antibiotics
  + McGeer surveillance criteria
  + National Health and Safety Network (NHSN) infection surveillance criteria
  + Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Include the mode and frequency of education for prescribing practitioners and nursing staff on antibiotic use (stewardship) and the facility’s antibiotic use protocols. At (insert facility name) we will provide for this education via:

* + (mode)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + (frequency)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Our plan: |
| --- |

Describe your approach to ensure sustainment and that planned changes/interventions are implemented and effective. Many organizations choose from the following courses of action to ensure that planned changes/interventions are implemented and effective:

Choose indicators/measures that tie directly to antibiotic stewardship

Conduct ongoing periodic measurement and review to ensure the new action has been adopted and is performed consistently

Review some intervention/measures more frequently (even daily) by staff to show incremental changes, which can serve as a reminder for the new action and provide encouragement and reinforcement

Based on intervention/measures review, make changes in procedure(s), policy(ies) and process(es) as needed to help facilitate the change

Other

| Our plan: |
| --- |

Data on adherence to antibiotic prescribing policies and antibiotic use are shared with clinicians and nurses to maintain awareness about the progress being made in antibiotic stewardship. Clinician response to antibiotic feedback (e.g., acceptance) may help determine whether feedback if effective in changing prescribing behaviors. Nursing homes engage residents and their family members in antibiotic use and stewardship educational efforts to ensure clinicians have their support to make appropriate antibiotic use decisions. Working with residents and families will reduce the perception that their expectations may be a barrier to improving antibiotic use in nursing homes and providing for best care in the community as a whole.

| **Report to/Communicate with:** | **Frequency:** | **Mode (written, verbal, dashboard, etc.):** |
| --- | --- | --- |
| Board of Directors/Corporate leadership |  |  |
| Executive Leadership |  |  |
| Other Committees (specify) |  |  |
| Residents |  |  |
| Families |  |  |
| Other stakeholders (specify) |  |  |

\*Excerpts taken from Centers for Disease Control and Prevention. (2015). The Core Elements of Antibiotic Stewardship for Nursing Homes. Accessed September 13, 2017, from [CDC's Core Elements of Antibiotic Stewardship for Nursing Homes](https://www.cdc.gov/longtermcare/prevention/antibioti-stewardship.html).

**Current Antibiotic Stewardship Efforts – 2018**

| What are you currently working on? |
| --- |

*Where will you focus your antibiotic stewardship efforts?*

Smart

**Organizational Antibiotic Stewardship Goals**

Commitment and accountability to antibiotic stewardship

Action for policy and practice

Tracking and reporting

Education and expertise

**Tracking and Reporting Goals**

Specific Diagnoses

Antibiotic Use

Infections

Measurable

Attainable

Relevant

Time-bound

**Goal #1**

|  |
| --- |

**Goal #2**

|  |
| --- |

**Goal #3**

|  |
| --- |

**Goal #4**

|  |
| --- |



This material was prepared by the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for Kansas, Nebraska, North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11S0W-GPQIN-ND-C3-150/1017