

Nebraska Antimicrobial Stewardship Assessment and Promotion Program (ASAP) Long-Term Care Facility Antibiotic Use Tracking Collaborative Commitment Letter

An opportunity is available for Nebraska long-term care facilities to collaborate with antimicrobial stewardship experts at the University of Nebraska Medical Center and Nebraska Medicine through the Nebraska ASAP program. Nebraska ASAP is non-regulatory and is funded by the Nebraska Department of Health and Human Services Healthcare Associated Infections and Antimicrobial Resistance (HAI/AR) Program through a CDC grant. The aim of the Nebraska ASAP Long-Term Care Facility Antibiotic Use Tracking Collaborative is to provide participating long-term care facilities with both facility-specific and benchmarked state of Nebraska antibiotic use information to guide their antibiotic stewardship initiatives.

_____(Facility Name) is opting to participate in the Nebraska ASAP Long-Term Care Facility Antibiotic Use Tracking Collaborative.

As part of this collaborative, the Facility agrees to:

- Submit aggregated monthly facility antibiotic use data to the secure, online database developed by Nebraska ASAP.
 - Minimum monthly data submission will include:
 - Days of Antibiotic Therapy
 - Number of antibiotic starts
 - Total resident days
 - Optional monthly data (if chosen by the facility and pharmacist) may include:
 - Short-stay resident numbers
 - Number of infections treated in the facility by indication
 - Appropriateness of antibiotic prescriptions based on consultant pharmacist review
 - Facility antibiotic use by agent

Note: Monthly data submission can be completed by any of the facility's staff members (e.g., infection preventionist, director of nursing, administrator etc.) or their consultant pharmacist.

Check this box if facility agrees to allow their consultant pharmacist(s) to submit the data on facility's behalf

Participating facilities will expect Nebraska ASAP to:

1. Develop and maintain the online antibiotic use database
2. Provide education, tools, and templates to consultant pharmacists and infection preventionists for antibiotic tracking
3. Provide antibiotic use data reports to the facility
4. Provide assistance in data analysis and interpretation
5. Maintain confidentiality. (The information collected in the antibiotic use database may be used by Nebraska ASAP and HAI/AR program for additional quality improvement purposes and only de-identified, aggregated data may be shared outside of the HAI/AR program and the submitting facility).

On behalf of _____ (Facility Name), I hereby commit to supporting our facility's participation in the Nebraska ASAP Long-Term Care Facility Antibiotic Use Tracking Collaborative in the above stated ways.

Signature of Facility Representative (Enter Initials)

Title

Printed Name

Date