



Nebraska Antimicrobial Stewardship Assessment and Promotion Program  
In conjunction with UNMC, Nebraska Medicine, and Nebraska DHHS Epidemiology Unit

## Implementation of Antimicrobial Stewardship Practices Stratified by Level of Resources

**Basic Antimicrobial Stewardship Best Practices**

IV-to-PO conversion Antibiotic time-out at 48-72 hours	Indication for all antibiotic orders Access experts through ASAP program
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Action	Low Level of Resources	Moderate Level of Resources	High Level of Resources
<b>Survey</b>	Current antibiotic prescribing practices and issues		
<b>Educate</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Why, what, and how of stewardship</li> <li><input type="checkbox"/> IV-to-PO conversion</li> <li><input type="checkbox"/> Antibiotic indications</li> <li><input type="checkbox"/> Antibiotic time-out</li> <li><input type="checkbox"/> Bug-drug mismatch</li> <li><input type="checkbox"/> <i>C difficile</i> control</li> <li><input type="checkbox"/> When to access expert</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> As in low-level of resource, <i>PLUS</i></li> <li><input type="checkbox"/> Antibiotic de-escalation</li> <li><input type="checkbox"/> Therapy with redundant coverage</li> <li><input type="checkbox"/> Allergy documentation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> As in moderate-level of resource <i>PLUS</i></li> <li><input type="checkbox"/> Combination therapy</li> <li><input type="checkbox"/> Use of biomarkers</li> <li><input type="checkbox"/> Sepsis Quality Care</li> </ul>
<b>Implement</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Basic stewardship best practices (see above)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Basic stewardship best practices <i>PLUS</i> one or both below</li> <li><input type="checkbox"/> Restriction of selected antimicrobials (e.g., daptomycin, carbapenems)</li> <li><input type="checkbox"/> Audit-feedback of select agents (e.g., vancomycin, carbapenems)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Basic stewardship best practices <i>PLUS</i></li> <li><input type="checkbox"/> Both interventions from moderate-level resource list <i>PLUS</i> at least one below</li> <li><input type="checkbox"/> Review positive blood culture results</li> <li><input type="checkbox"/> Audit-feedback of expanded list of agents</li> <li><input type="checkbox"/> Syndrome-based practice guidelines (e.g., SSTI, PNA, UTI, CDI, sepsis)</li> </ul>



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## **General Approach to Antimicrobial Stewardship Program Development**

- A. Survey program and develop needs assessment using CDC tool
- B. Ensure leadership support – provide policies, assist with business plan, and presentation to C-suite if needed
- C. Develop local accountability – appoint program leader, preferably local MD and pharmacist
  - a. Local MD and pharmacist will serve as clinical leader of local effort
  - b. Engage others at facility – microbiology, infection control, quality/safety committee, nursing
- D. Assist with development of systems for monitoring antibiotic use (AU) and antibiotic resistance (AR)
  - a. Work to institute AU and AR reporting
  - b. Provide technical expertise for reporting this data
  - c. Assist in developing antibiotic measurement tools using standardized methods
  - d. Assist in developing tools for monitoring healthcare-associated infection (HAI) and AR pathogens, especially CDI
- E. Provide education to facilities
  - a. Stakeholders involved in program on methods of stewardship and how to implement successfully using ASAP framework
  - b. Clinicians in facility on appropriate antibiotic use, importance of infection control, antimicrobial stewardship, etc.
- F. Provide consultative expertise to local program leaders through ASAP
- G. Implement actions designed to optimize antimicrobial use based on level of resources available (see table on reverse side)