

Implementation of Antimicrobial Stewardship Components Stratified by Level of Resources

Basic Antimicrobial Stewardship Components

Obtain leadership commitment via formal written statement
Appoint physician and consultant pharmacist as program leaders
Develop policy and implement practices to improve antibiotic use
Track and report antibiotic prescribing practices and outcome measures
Educate providers, residents, and/or family on appropriate antibiotic use

Action	Low Level of Resources	Moderate-to-High Level of Resources
Survey	Current antibiot	ic prescribing practices and issues
Educate		
Educate	- Miles substantible of extiletation to condition	
	 Why, what, and how of antibiotic stewardship 	☐ As in low-level of resources,
	 Minimum criteria for testing for UTI 	PLUS one or more of the following:
	 Minimum criteria for initiating antibiotic 	☐ Criteria for testing and starting antibiotics for skin/soft tissue and
	for UTI	respiratory tract infections
	☐ Prevention of <i>C difficile</i> infection	☐ Effective communication strategy to providers (SBAR model)
	☐ Any other topic identified based on the survey	□ Antibiotic time-out
		□ Bug-drug mismatch
Implement		
	□ Basic stewardship components	☐ As in low-level of resources,
	(see above) PLUS	PLUS at least one additional example interventions listed below
	□ Facility antibiogram (if feasible)	(but are not limited to):
		□ Facility specific prescribing guidelines
		□ Standard provider communication tool
		 Antibiotic time-out and review processes
		 Antibiotic prescribing report cards for providers



General Approach to Antimicrobial Stewardship Program Development

- A. Survey program and develop needs assessment using CDC tool
- B. Ensure leadership support assist with policies, business plan, and presentation to organization leadership if needed
- C. Develop local accountability appoint program leader, preferably local MD and consultant pharmacist
 - a. Local MD and consultant pharmacist will serve as clinical leader of local effort
 - b. Engage others at or affiliated with facility infection control, QAPI, nursing staff, microbiology
- D. Educate nurses and clinicians regarding antimicrobial stewardship practices
 - a. Stewardship basics why, what, and how
 - b. Minimum criteria for initiating antibiotics for UTI
 - c. Prevention of *C difficile* infection
 - d. Effective communication strategy to convey clinical changes to providers
- E. Develop written policies on antibiotic prescribing that requires antibiotic orders to have correct dose, duration and indication and encourages provider to choose narrow spectrum agents whenever possible.
- F. Implement interventions to make sure the antibiotic use policies are being followed.
- G. Provide planning support on which antimicrobial stewardship interventions to implement based on available resources (see table on reverse side). Examples of interventions include (but are not limited to):
 - a. Implementing a standardized assessment and communication tool for residents suspected of having an infection
 - b. Using diagnostic algorithm for deciding when to obtain urine cultures
 - c. Developing antibiotic time out process (including regular review of culture results at 48-72 hours)
 - d. Developing and implementing facility-specific treatment guidelines (UTI preferred ,SSI, PNA)
- H. Assist with tracking antibiotic use, antibiotic resistance, and healthcare-associated infections