EXAMPLE POLICY FOR AN ANTIBIOTIC STEWARDSHIP PROGRAM

Example policy from Infection Control Assessment and Response Program, retrieved from APIC IP Talk, July 2017

BACKGROUND:

Antibiotic resistance is now considered one of the most urgent national and global public health threats.

Antibiotic use is receiving considerable national attention. Diseases caused by multi-resistant bacteria are increasing in long-term care facilities and contributing to higher rates of morbidity and mortality. With the SNF rules changes effective November 28, 2017, post-acute and long-term care facilities will be mandated by CMS to regularly review antibiotic utilization and to have programs in place to promote optimal prescribing practices.

[Insert facility name] is now implementing a practical antibiotic stewardship protocol, now available as an implementation-ready package.[1] This policy is aligned with the *CDC Core Elements of Antibiotic Stewardship for Nursing Homes (2015).*[2]

POLICY:

It is the policy of **[Insert facility name]** to implement an Antibiotic Stewardship Program (ASP) which will promote appropriate use of antibiotics while optimizing the treatment of infections, and at the same time reducing the adverse events associated with antibiotic use. This policy is intended to limit antibiotic resistance in the post-acute care setting, while improving treatment efficacy, resident safety, and reducing treatment-related costs.[1,2]

ASP activities in post-acute facilities include these basic elements: leadership commitment, accountability, drug expertise, action to implement recommended policies or practices, tracking measures, reporting data, education for clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improvement [1,2]

PROCEDURE:

1. **Leadership commitment[3]**
    a. The senior leadership of **[Insert facility name]** is committed to supporting the safe and appropriate use of antibiotics.

i. The medical director will communicate the facility's expectations for antibiotic use to prescribing clinicians.

b. ASP champions within facility staff will be identified and supported.

2. Accountability[3]

a. An ASP Team will be established to be accountable for stewardship activities. The ASP Team will consist of: Medical Director, Administrator, Director of Nursing, Infection Preventionist (IP), MDS coordinator, and pharmacy consultant. As a team they will:

i. Review infections and monitor antibiotic usage patterns on a regular basis

ii. Obtain and review antibiograms for institutional trends of resistance

iii. Monitor multi-drug-resistant organisms (MRSA, VRE, ESBL, CRE etc.) and *Clostridium difficile* infections.

iv. Report monthly or quarterly, as appropriate, the number of antibiotics prescribed (e.g., days-of-therapy) and other standardized metrics per protocol.

v. Include a separate report section for the number of residents on antibiotics that did not meet criteria for active infection.

b. Microbiology laboratory provider will submit a facility-specific antibiogram on a regular basis, e.g. annually.

c. Facility will designate who will collect and review antibiotic surveillance data.

3. **Drug Expertise[3]**

a. Pharmacy consultant will be engaged to review and make written recommendation on antibiotic usage patterns.

b. Facility may consider retaining an infectious-disease-trained physician or pharmacist to provide additional guidance to the ASP team for developing new methods for working with prescribers and residents' families.

4. **Action[3]**

a. The antibiotic stewardship protocol will address:

i. Root cause of widespread antibiotic resistance.

ii. Focused improvement response aimed at altering outmoded prescribing habits.
iii. Auditing antibiotic usage as related to specific clinical syndromes, e.g. urinary tract.
iv. Structured feedback to prescribers and nurses directed toward facilitating a transition in thinking.
v. New approach to common urinary tract scenarios as an alternative to empiric antibiotic Rx in low-likelihood scenarios, e.g. 48-hour observation pathway.

b. A method of identifying and tracking residents with multi-drug-resistant organisms (MDROs) will be established.

5. **Tracking[3]**
   a. IP will be responsible for infection surveillance and MDRO tracking
   b. IP will collect and report data per protocol such as:
      i. Number of positive cultures
      ii. Number of patients with positive cultures who were treated with an antibiotic
      iii. Number of patients treated with antibiotics who meet the McGeer criteria for active infection.
      iv. Number of post-antibiotic complications, e.g. *Clostridium difficile* infections.
   c. Pharmacy consultant will review and report antibiotic usage patterns, most specifically recommendations made to prescribers as follow up to quarterly stewardship protocol reporting.

6. Reporting[3]
   a. IP and/or other members of the ASP team will review and report findings to facility staff and to Quality Assurance/QAPI committee, who will then provide feedback to facility staff.
   b. Feedback will be given by the medical director to prescribers on their individual laboratory ordering practices and prescribing patterns, as indicated.

7. Education[3]

a. Educational opportunities as identified by the ASP Team, repeated regularly, will be provided for clinical staff as well as residents and their families on appropriate use of antibiotics.

[1.] Caring for the Ages, August 2016 http://www.caringfortheages.com/article/S1526-4114(16)30173-1/fulltext

[2.] Centers for Disease Control and Prevention. CDC Recommends all nursing homes implement Core Elements to improve antibiotic use. www.cdc.gov/media/rcleascs/2015/p0915-nursing-home-antibiotics.html. Last accessed August, 2016.

[3.] The Core Elements of Antibiotic Stewardship for Nursing Homes. Atlanta, Georgia; US Department of Health and Human Services, CDC; 2015. http://www.cdc.gov/longtenncare/prevention/antibiotic-stewardship.html Last accessed August 2016.