Example 2.1 Diagnostic Laboratories Skilled Nursing Facility ASP Policy/Procedure (1 of 3)

SECTION	INFECTION CONTROL
SUBJECT	POLICY FOR ANTIBIOTIC STEWARDSHIP PROGRAM 2016
EFFECTIVE DATE	

BACKGROUND:
The World Health Organization has reported that antibiotic resistance is one of the major threats to human health, especially because some bacteria have developed resistance to all known classes of antibiotics. According to the CDC, "improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority."1 Diseases caused by these bacteria are increasing in long-term care facilities and contributing to higher rates of morbidity and mortality. This policy is aligned with the ***CDC Core Elements of Antibiotic Stewardship for Nursing Homes (2015)2***

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

The Core Elements of stewardship are the same for both acute care settings and nursing homes, as outlined by CDC; however, the implementation of these elements may differ. Nursing home ASP activities should, at a minimum, include these basic elements: leadership, 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**:
    a. An ASP Physician Champion will be identified, and committed to supporting a facility's safe and appropriate use of antibiotics.
        i. The ASP Physician Champion will communicate the facility's expectations for antibiotic use to prescribing clinicians.
    b. Consider developing an ASP mission statement.

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2. Accountability
    a. An ASP Team will be established to be accountable for stewardship activities. The ASP Team may consist of: ASP Physician Champion and/or Medical Director, Administrator, Director of Nursing, Infection Preventionist (IP), pharmacy consultant, and laboratory representative. 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 antibiotic resistance patterns (MRSA, VRE, ESBL, CRE etc.) and *Clostridium difficile* infections.
        iv. Report on number of antibiotics prescribed (e.g., days of therapy) and the number of residents treated each month
        v. Include a separate report for the number of residents on antibiotics that did not meet criteria for active infection.
    b. Laboratory will provide facility-specific antibiogram on a regular basis, e.g., annually
    c. Facility will designate who will collect and review data for clinical and cost efficacy.

3. **Drug Expertise**
    a. Pharmacy consultant will be engaged to review and report antibiotic usage data to the ASP Team
    b. Facility may consider obtaining an infectious disease physician consultant to provide guidance for developing protocols, and assist pharmacist and nursing staff in reviewing antibiotic orders and usage
4. **Action**
    a. Facility may consider protocols to address:
        i. Improving the evaluation and communication of clinical signs and symptoms when a resident is first suspected of having an infection.
        ii. Optimizing the use of diagnostic testing
        iii. An antibiotic review process, also known as "antibiotic time-out" (ATO) for all antibiotics prescribed in the facility. ATOs prompt clinicians to reassess the ongoing need for and choice of an antibiotic when the clinical picture is clearer and more information available. A- TO can be considered a stop order of an antibiotic when diagnostic test results or symptoms of resident do not support the diagnosis of "infection".

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b. A method of flagging residents with multidrug-resistant organisms (MDROs) should be instituted by the laboratory

5. **Tracking**
   a. IP will be responsible for infection surveillance and MDRO tracking
   b. IP will collect and review data such as:
      i. Type of antibiotic ordered, route of administration, antibiotic costs
      ii. Whether the order was made by phone, if order was given by attending physician or on-call doctor
      iii. Whether appropriate tests such as cultures were obtained before ordering antibiotic
      iv. Whether the antibiotic was changed during the course of treatment
   c. Pharmacy consultant will review and report antibiotic usage data including numbers of antibiotic prescribed (e.g., days of therapy) and the number of residents treated each month

6. **Reporting**
   a. IP and/or other members of the ASP team will review and report findings to facility staff and to QA committee, who will then provide feedback to facility staff.
   b. Feedback will be given to physicians by the ASP team on their individual prescribing patterns of cultures ordered and antibiotics prescribed, as indicated.

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

1 Medscape, expert commentary, Dr. Nimalie Stone, CDC. September 21, 2015
2 Centers for Disease Control and Prevention. CDC Recommends all nursing homes implement Core Elements to improve antibiotic use. www.cdc.gov. Accessed October 29, 2015.

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