

**Campbell County Memorial Hospital
Antibiotic Stewardship Plan/Protocol
Department: Long Term Care**

The scope and complexity of services provided by this department is...

Long Term Care, also referred to as LTC or The Legacy, provides services 24 hours a day to those in need of focused rehabilitation, intensive skilled nursing, intermediate and memory support care in a resident-centered homelike environment. LTC is licensed for 160 skilled nursing beds. LTC and postacute care requires a consistent application of antibiotic and infection prevention practices and protocols

The scope of antibiotic stewardship program is to provide appropriate antibiotic use to protect resident and to prevent antibiotic resistance.

Core Elements of Antibiotic Stewardship

- **Leadership commitment:**
 - Demonstrate support and commitment to safe and appropriate antibiotic use in your facility.
See attached letter
- **Accountability:**
 - Identify physician, nursing, and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility.
- **Drug expertise:**
 - Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility.
- **Action:**
 - Implement at least one policy or practice to improve antibiotic use.
- **Tracking:**
 - Monitor at least one process measure of antibiotic use and at least one outcome from antibiotic use in your facility.
- **Reporting:**

	<ul style="list-style-type: none"> ○ Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff, and other relevant staff. • Education: <ul style="list-style-type: none"> ○ Provide resources to clinicians, nursing staff, residents, and families about antibiotic resistance and opportunities for improving antibiotic use.
<p>Authority and Responsibility/Antibiotic Stewardship Plan</p>	<p>Antibiotic Stewardship Team consists of individuals listed below by title:</p> <ul style="list-style-type: none"> Medical Director Infection Preventionist Administrative Director of Nursing Clinical Pharmacist Nurse Director MDS Nursing staff Providers ad hoc Consultant Infectious Disease ad hoc Professional Development VP Continuing Health Services ad hoc Information Services ad hoc Community Relations ad hoc
<p>Reporting process</p>	<p>Monthly LTC Quality reporting on Infection Prevention practices Pharmacy meeting review of antibiotic usage per care pathways Infection Prevention Committee</p>
<p>The method(s) used to assess the community and/or patient/resident educational needs in order to customize the services provided are...</p>	<p>Staff education on infection prevention and antibiotic stewardship annually and prn Provider antibiotic stewardship education via consultant and educational flyers annually Completion of current state of antibiotic stewardship in LTC Education of families through newsletters and family forums annually Governance education on infection prevention practices in LTC biannually</p>

<p>The types and ages of patients served are... (note: refer to department specific competencies for age specific considerations) Population at risk for antibiotic adverse effects</p>	<p>Long term care population consists of adult and geriatric age groups. Types of conditions served include but are not limited to:</p> <ol style="list-style-type: none"> 1. Skilled nursing 2. Rehabilitation (PT/OT/Speech) 3. Nutrition Support 4. Restorative Care 5. Intermediate care 6. Memory Care 7. Hospice Care 8. Dementia Care <p>Antibiotic usage is a risk for any of the residents in post acute care.</p>
<p>The regulatory agencies that are relevant to this service are...</p>	<p>CMS Department of Health Veteran's Affairs Ombudsman Medicare/Medicaid/Private Insurance/Workers Comp Wyoming Department of Health APIC/Shea</p>
<p>- Methodology and Reporting Mechanisms</p>	<p>Methodology will include the following: Chart Review Pharmacy consultant and profiling review Infection Prevention submission of data via NHSN Dashboard data submission utilizing QAPI principles Reporting through Infection Prevention and Quality Committees</p>
<p>Quality monitors (include indicators monitored, who they are reported to and frequency)</p>	<p>Quality measures include the following Incidence of Cdif in LTC LTC CAUTI (# of UTI CAUTI/# of resident days) LTC Resident Infection rate (Residents with infection meeting McGeer criteria of LTC infections) LTC MRSA Positive residents (# of LTC MRSA Positive residents) Completeness of clinical pathway documentation Appropriateness of antibiotic selection</p> <p>All data will be aggregated, evaluated and analyzed utilizing QAPI principles and techniques. Reporting of findings will be through Infection Prevention and Quality Committee</p> <p>Action plan will be developed utilizing data results</p>

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Initiated 09/17

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