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|  | **NC Clinical Antimicrobial Stewardship Program** |
|  | **NC CLASP Work Plan** |
|  | **OVERALL NC CLASP Goal** |
|  | **To optimize antibiotic stewardship in your nursing home** |
|  | **Your Nursing Home Community SMART Goal** |
|  | **[ Place goal here]** |
|  | **Intervention Strategy** |
|  | [How you propose to reach your goal]  |
|  | **NC CLASP Nursing Home Community** |
|  | [name of your nursing home here] |
| **Anticipated Outcome(s):**  | *[what concrete product or deliverable do you hope to achieve by the end of the sessions]* |
| **How will you measure strategy success?**  **[List how you plan to measure things]** | Mid-point Check-in: Session 5 Summary of progress, challenges:  | Final Check-in: Session 10 Summary of progress, challenges:  |
|  |  |  |  |  |  |
| **Objective:** [describe your objective then complete the activities needed to reach the objective at right] | **Activity** | **Expected Completion Date** | **Complete, Y/N** | **Person(s) Responsible** | **Expected Outcome** |
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| Potential Implementation Goals/Outcomes |
| Leadership |
| * Write a stewardship commitment statement for staff, physicians/APPs, and residents/families
* Rewrite leadership job descriptions to include stewardship
* Leadership communication about community expectations to staff, physicians/APPs, and

 residents/families * Recurrent and ongoing leadership efforts to celebrate stewardship
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| Accountability |
| * Empower team to perform stewardship activities of the medical director (required antibiotic data

 review); director of nursing (work with LPNs and aides); IP (dedicated time to track and report data) * Work with consultant pharmacists and labs- ask to help create an antibiogram
* Connect with local health departments- state and local HAI/AR programs have resources (like this!)
* Allocated IT resources
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| Drug Expertise |
| * Ensure pharmacists have ID and/or stewardship training
* Formulary management including prior authorizations for classes (e.g., fluoroquinolones)
* Partner with local ID physicians
* Partner with local hospitals and their HAI/AR programs
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| Action |
| * Specific disease diagnosis and treatment guidelines based on local microbiology and standards of

 Care (SBARS and IDSA guidelines)* Specific treatment order sets for certain populations: dementia, hospice, etc
* Antimicrobial dosing strategies, including recommended dose and durations
* Diagnostic test sequencing/cascading, information guided/interactive order entry- remove reflexive

 urine cultures, allow RN order chest xrays * Prospective audit and feedback
* De-escalation protocols
* 72-hour antimicrobial time-out
* Antimicrobial review to optimize treatment upon transition to next level of care
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| Tracking and Reporting |
| * Perform reviews of all new antibiotic starts, ensuring appropriate documentation for clinical

 assessment, antibiotic choice and duration * Track how many antibiotics are used for how long (like the Rochester excel tools)
* Track the costs and harms of antibiotics: C. Diff, CRE, MRSA, etc
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| Education |
| * Ongoing education for staff (in services etc), physicians/APPs, and residents/families (handouts or

 presentations) on the diagnosis and management of disease specific infections  * Ongoing education for staff, physicians/APPs, and residents/families on the harms of antibiotic use

 and overuse  |