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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: | | | |
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| **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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |