



Nursing Home Antimicrobial Stewardship Guide Implement, Monitor, & Sustain a Program

Toolkit 1. Start an Antimicrobial Stewardship Program

Tool 1. Gather a Team

1. **Choose members to serve on the antimicrobial stewardship program team.** Depending on the size of the nursing home, the team may be very small (two or three members) or large (five or six members). At a minimum, the antimicrobial stewardship program team should include several individuals with different responsibilities in the nursing home, such as charge nurses, the director of nursing, the assistant director of nursing, the medical director, the infection preventionist, and possibly an information technology staff member (if the home uses electronic health records). If possible, include outside consultants such as a consultant pharmacist, prescribing clinician, and/or resident or family representative. Staff may already consult with these individuals and developing new relationships may not be required to start a program. Including nursing home leadership will help the program receive adequate support and attention, and improve the likelihood that it will succeed.
2. **Familiarize the team with antimicrobial stewardship.** It is likely that many staff may be new to antimicrobial stewardship. The team must learn about antimicrobial stewardship and understand why it is important. There are many online resources that team members can review. The Centers for Disease Control and Prevention (CDC) Web site is a good place to start and includes links to many relevant resources, including the following:
 - a. [CDC's Core Elements of Antibiotic Stewardship in Nursing Homes](#)
 - b. [CDC's About Antimicrobial Resistance](#)
 - c. [CDC's Antibiotic Resistance Threats in the United States](#)

A bibliography of journal articles is also provided below.



3. **Appoint two champions to promote the importance of an antimicrobial stewardship program in the nursing home.** These individuals should lead the effort and be responsible for program outcomes. Two champions are recommended to increase the chance that the antimicrobial stewardship program always has a leader through periods of staff change. These champions should have the following qualities:
 - a. A basic knowledge of antibiotics
 - b. An interest in playing a leadership role in the nursing home
 - c. The respect of his or her peers
 - d. An understanding of how to be a good team player
 - e. An understanding of the importance of improving antibiotic use in nursing homes

4. **Assign initial roles and responsibilities.** Assign roles and responsibilities within the team for initial tasks like scheduling meetings and conducting the readiness assessment, as well as long-term tasks like monitoring the program. Suggested roles include:
 - a. Champions: develop agendas and policies, lead training, provide leadership and support
 - b. Stewardship staff: Help develop training, review use of tools, remind staff to use tools, help solve problems with implementation
 - c. Monitoring staff: Abstract data for monitoring, develop findings and communicate themTool 2 provides further suggestions and can be used to track assigned roles and responsibilities.

Bibliography

- Crnich CJ, Drinka P. [Improving the management of urinary tract infections in nursing homes: it's time to stop the tail from wagging the dog](#). Ann Longterm Care 22(9).
- Crnich CJ, Duster M, Hess T, et al. [Antibiotic resistance in non-major metropolitan skilled nursing facilities: prevalence and interfacility variation](#). Infect Control Hosp Epidemiol. 2012 Nov;33(11):1172-4.
- Dellit TH, Owens RC, McGowan JE Jr, et al. [Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America guidelines for developing an institutional program to enhance antimicrobial stewardship](#). Clin Infect Dis. 2007 Jan 15;44(2):159-77.
- Drinka PJ, Crnich CJ, Nace DA. [An antibiotic prescription induces resistance at the individual level more than the group level](#). J Am Med Dir Assoc. 2013 Sep;14(9):707-8.
- Drinka P, Podzorski RP, Griffin V, et al. [Antibiogram of urinary isolates](#). J Am Med Dir Assoc. 14(6):443.
- Gugkaeva Z, Franson M. [Pharmacist-led model of antibiotic stewardship in a long-term care facility](#). Ann Longterm Care. 2012;20(10):22-6.
- Jump RL, Olds DM, Seifi N, et al. [Effective antimicrobial stewardship in a long-term care facility through an infectious disease consultation service: keeping a LID on antibiotic use](#). Infect Control Hosp Epidemiol. 2012;33(12):1185-92.
- Nace DA, Drinka PJ, Crnich CJ. [Clinical uncertainties in the approach to LTC residents with possible UTI](#). J Am Med Dir Assoc 2014 Feb; 15: 133-139.
- Smith, PW, Watkins K, Miller H, et al. [Antibiotic stewardship programs in long-term care facilities](#). Ann Longterm Care. 2011;19(4):20-25.
- Wisconsin Department of Health Services, Division of Quality Assurance. Antibiotic use in nursing homes. 2014 Oct. Publication P-00886. Accessed from <https://www.dhs.wisconsin.gov/publication/p00886.pdf>