



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

Toolkit 1. Start an Antimicrobial Stewardship Program

Tool 3. Readiness Assessment

This tool can be used to assess readiness for an antimicrobial stewardship program in general as well as to assess readiness for specific interventions.

Use this tool to—

- Determine whether the nursing home has the right staff
- Determine whether the nursing home has the necessary resources
- Identify areas to focus on before implementation

If there are only a few “yes” responses and many “no” answers, the antimicrobial stewardship program team may want to start with one of the tools that targets the common uses of antibiotics in nursing homes—the treatment of urinary tract, lower respiratory, or skin and soft tissue infections—or the toolkit for working with a lab to improve prescribing. The team could also consider how to address the “no” answers. For example, how could the nursing home develop the resources and staff needed for a specific intervention?

If there are a higher number of “yes” responses, the nursing home may be ready to implement complex toolkits like the Comprehensive AntibioGram toolkit.



Is the Nursing Home Ready?	Yes	No
Is key leadership supportive of this effort? Support by leadership (i.e., the board and/or administrator, director of nursing, or medical director) is critical to change.		
Is the medical director actively involved in quality improvement and/or infection control?		
Is the nursing home financially stable?		
Is the nursing home's ownership and/or management stable (i.e., no changes anticipated over the next six months)?		
Is the nursing home in good standing with the State Survey Agency (e.g., not identified as a Special Focus Facility, not under State receivership, has not had admissions frozen)?		
Are there at least two staff who can serve as program champions and commit to leading the activity? Program champions could include (but are not limited to) the director of nursing, assistant director of nursing, charge nurse(s), infection prevention consultant/practitioner, and the medical director or other prescribing clinician. It is critical that at least two, if not more, staff are willing to lead the effort and champion it.		
Is there time to train staff? Implementation will require training for nursing staff and possibly prescribing clinicians, depending on the toolkit. Initial training for nurses and prescribing clinicians may take approximately 30 minutes to 2 hours. Are there sufficient resources (e.g., time, funds) to cover such training?		
Are there sufficient funds to make copies of materials for nurses, prescribing clinicians, and, as appropriate, residents and family members?		
Are there resources for implementing mechanisms to sustain the effort (e.g., staff who can train new nurses as they are hired and include the topic in the annual education program)? The key to sustaining any new activity is ensuring everyone is knowledgeable about it.		