Example 2.1 Diagnostic Laboratories Skilled Nursing Facility ASP Policy/Procedure (1 of 3)

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Example 2.1 Diagnostic Laboratories Skilled Nursing Facility ASP Policy/Procedure (2 of 3)

2. Accountability
   a. An ASP Team will be established to be accountable for stewardship activities. The ASP Team may consist of: ASP Physician Champion and/or Medical Director, Administrator, Director of Nursing, Infection Preventionist (IP), pharmacy consultant, and laboratory representative. As a team they will:
      i. Review infections and monitor antibiotic usage patterns on a regular basis
      ii. Obtain and review antibiograms for institutional trends of resistance
      iii. Monitor antibiotic resistance patterns (MRSA, VRE, ESBL, CRE etc.) and *Clostridium difficile* infections.
      iv. Report on number of antibiotics prescribed (e.g., days of therapy) and the number of residents treated each month
      v. Include a separate report for the number of residents on antibiotics that did not meet criteria for active infection.
   b. Laboratory will provide facility-specific antibiogram on a regular basis, e.g., annually
   c. Facility will designate who will collect and review data for clinical and cost efficacy.

3. Drug Expertise
   a. Pharmacy consultant will be engaged to review and report antibiotic usage data to the ASP Team
   b. Facility may consider obtaining an infectious disease physician consultant to provide guidance for developing protocols, and assist pharmacist and nursing staff in reviewing antibiotic orders and usage

4. Action
   a. Facility may consider protocols to address:
      i. Improving the evaluation and communication of clinical signs and symptoms when a resident is first suspected of having an infection.
      ii. Optimizing the use of diagnostic testing
      iii. An antibiotic review process, also known as “antibiotic time-out” (ATO) for all antibiotics prescribed in the facility. ATO’s prompt clinicians to reassess the ongoing need for and choice of an antibiotic when the clinical picture is clearer and more information available. A-TO can be considered a stop order of an antibiotic when diagnostic test results or symptoms of resident do not support the diagnosis of “infection”.

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b. A method of flagging residents with multidrug-resistant organisms (MDROs) should be instituted by the laboratory

5. Tracking
   a. IP will be responsible for infection surveillance and MDRO tracking
   b. IP will collect and review data such as:
      i. Type of antibiotic ordered, route of administration, antibiotic costs
      ii. Whether the order was made by phone, if order was given by attending physician or on-call doctor
      iii. Whether appropriate tests such as cultures were obtained before ordering antibiotic
      iv. Whether the antibiotic was changed during the course of treatment
   c. Pharmacy consultant will review and report antibiotic usage data including numbers of antibiotic prescribed (e.g., days of therapy) and the number of residents treated each month

6. Reporting
   a. IP and/or other members of the ASP team will review and report findings to facility staff and to QA committee, who will then provide feedback to facility staff.
   b. Feedback will be given to physicians by the ASP team on their individual prescribing patterns of cultures ordered and antibiotics prescribed, as indicated.

7. Education
   a. Educational opportunities as identified by the ASP Team, repeated regularly, should be provided for clinical staff as well as residents and their families on appropriate use of antibiotics.

1. Medscape, expert commentary, Dr. Nimalie Stone, CDC. September 21, 2015

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