



**Background:** The Minnesota Department of Health's (MDH) Action Steps for Implementing Antimicrobial Stewardship in Long-Term Care Facilities was used to direct and monitor the development of antibiotic stewardship programs at facilities participating in the CareChoice RCMS project. Using the MDH Gap Analysis Tool and the Center for Disease Control's Core Elements of Antibiotic Stewardship for Nursing Homes, CareChoice focused on the education of the nursing staff, families and prescribers to begin reducing unnecessary prescribing of antibiotics at participating facilities.

- SBAR communication and the use of Loeb's criteria was introduced to nursing staff as a way for nurses to consistently communicate with providers about patients showing signs and symptoms of a potential infection.
- Brochures for family education and training for nursing staff on how to communicate with families was performed to better inform families of project goals and intentions.
- Webinars were made available to facility providers to learn more about the goals of antibiotic stewardship at the facilities they were practicing in. An Antibiotic Stewardship Best Practice Provider Prescribing Guideline process for was introduced to facilities to continue this work with providers.
  - Per the Gap Analysis referenced above, very few facilities had specific clinical practice guidelines available that were regularly used by providers practicing at the facility. Facilities may benefit from working with providers to develop best practice guidelines around antibiotic stewardship to ensure safe care of their patient population and further reduce unnecessary antibiotic prescribing rates at their facility.

**Antibiotic Stewardship Best Practice Guideline Process:**

1. Review SBAR/Loeb's criteria communication process to determine its current rate of implementation at the facility.
2. Review in house provider prescribing patterns.
3. Schedule a meeting including Medical Director, DON, Infection Control Specialist and facility providers to identify needs for clinical practice guideline around antibiotic stewardship at the facility. May use MDH Action Steps as a guide help identify greatest needs within the facility around infection management.
4. Once focus for guideline is determined, research available literature to create guideline specific to needs identified at the facility. Create proposed guideline. Include scope and purpose within the document. (See example of guideline developed by CareChoice for RCMS project.)
5. Meet a second/third time with providers to determine validity of proposed guidelines and sort out process details related to proposed guideline. Suggested focus: How is this guideline noted within the facility's Antibiotic Stewardship Policy?
6. Introduction of final guideline to provider group at facility via a scheduled provider meeting. Offer time for explanation of purpose and background, relationship of process to specific outcomes, feedback by providers at the meeting. Provide data on prescribing patterns as appropriate.