

## 2017 Minnesota Antibiotic Stewardship Conference: Pre-Conference Worksheet

### Focus on Stewardship in Long-Term Care (LTC)

March 15, 2017

This worksheet is meant to get you thinking about the seven core elements of antibiotic stewardship in LTC facilities before the conference. Each of the core elements is listed below in italics. Fill in what you can. Simply thinking about these questions ahead of time will help put what you hear at the conference into the context of your specific facility.

#### Getting Started

1. Familiarize yourself with these antibiotic stewardship resources.
  - CDC Core Elements of Antibiotic Stewardship for Nursing Homes (<https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html>)
  - Minnesota Antimicrobial Stewardship Program Toolkit for LTC Facilities (<http://www.health.state.mn.us/divs/idepc/dtopics/antibioticresistance/asp/ltc/index.html>)
2. Review the new CMS requirements for antibiotic stewardship in nursing homes.
  - Read the CMS summary included on the last two pages of this document, referring, if desired, to the complete source CMS memorandum (link below).

#### Part 1: Leadership Commitment

*Demonstrate support and commitment to safe and appropriate antibiotic use in your facility.*

1. Do you have a written statement or policy for antibiotic stewardship that can be shared with staff, residents, and families?  Yes  No
  - If no, who in your facility administration do you need to involve in this process?  
\_\_\_\_\_
2. How do you communicate the facility's expectations of stewardship with new and existing staff?  Posters  Included in job descriptions  Education for staff, resident, and families  Other \_\_\_\_\_

## Part 2: Accountability

Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility.

1. Are the medical director, director of nursing, and consultant pharmacist involved in setting standards for antibiotic prescribing practices and promoting stewardship activities?  
 Yes  No
  - If yes, engage with them before the conference and describe the role of each in stewardship:  
Medical director \_\_\_\_\_  
Nursing director \_\_\_\_\_  
Consultant pharmacist \_\_\_\_\_
2. Who are your facility's point persons for the following?  
Infection prevention and control \_\_\_\_\_  
Consultant laboratory \_\_\_\_\_  
Health department \_\_\_\_\_

## Part 3: Drug Expertise

Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility.

1. Who is your consultant pharmacist? \_\_\_\_\_  
Do they have specialized antibiotic stewardship training?  Yes  No
2. Is there an antibiotic stewardship program lead in your referral network?  
 Yes  No  
If so, who is it? \_\_\_\_\_

## Part 4: Action

Implement at least one policy or practice to improve antibiotic use.

- List your policies or pharmacy interventions that support optimal antibiotic use.  
\_\_\_\_\_  
\_\_\_\_\_

## Part 5: Tracking Antibiotic Use and Outcomes

Monitor at least one process measure of antibiotic use and at least one outcome from antibiotic use in your facility.

- Describe how you track antibiotic use.  
\_\_\_\_\_  
\_\_\_\_\_

## Part 6: Reporting

Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff.

- To whom do you report antibiotic use?
  - Medical director
  - Nursing director
  - Consultant pharmacist
  - QAA Committee
  - QAPI Committee
  - Other \_\_\_\_\_

## Part 7: Education

- List your education efforts for antibiotic use and antibiotic resistance targeted to the following:
  - Care staff \_\_\_\_\_
  - Administration \_\_\_\_\_
  - Residents \_\_\_\_\_
  - Families \_\_\_\_\_

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## Summary of New “CMS Nursing Facility Requirements of Participation” Related to Infection Control and Antibiotic Stewardship, including Effective Dates

The following is summarized from a CMS memorandum, dated November 9, 2016, available at Advance Copy – Revisions to State Operations Manual (SOM), Appendix PP-Revised Regulations and Tags (<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-17-07.pdf>).

### CMS Nursing Facility Requirements of Participation

#### F441 Infection Control

(Does not include requirements related to linens or either influenza or pneumococcal immunizations)

#### §483.80 (all new requirements are italicized)

The facility must establish and maintain an infection *prevention and control* program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of *communicable* diseases and infections.

**November 28, 2016** - The facility must establish an infection *prevention and control* program (IPCP) that must include, at a minimum, the following elements:

1. *A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services utilizing accepted national standards;*
2. *Written standards, policies, and procedures for the program, which must include, but are not limited to:*
  - a. *A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;*
  - b. *When and to whom possible incidents of communicable disease or infections should be reported;*
  - c. *Standard and transmission-based precautions to be followed to prevent spread of infections;*
  - d. *When and how isolation should be used for a resident; including but not limited to:*
    - i. *The type and duration of the isolation, depending upon the infectious agent or organism involved, and*
    - ii. *A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.*
  - e. *The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and*
  - f. *The hand hygiene procedures to be followed by staff involved in direct resident contact.*
3. *A system for recording incidents identified under the facility’s IPCP and the corrective actions taken by the facility.*

**November 28, 2016** – *The facility will conduct an annual review of its IPCP and update their program, as necessary.*

**November 28, 2017** - *The facility must establish an infection prevention and control program (IPCP) that must include an antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.*

**November 28, 2017** – *The facility must establish an infection prevention and control program (IPCP) based on the required annual facility assessment.*

**November 28, 2019** - *The facility must designate one or more individual(s) as the infection preventionist(s)(IP) who is responsible for the facility's IPCP. The IP must:*

- 1. Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;*
- 2. Is qualified by education, training, experience or certification;*
- 3. Works at least part-time at the facility; and*
- 4. Has completed specialized training in infection prevention and control.*

**November 28, 2019** - *IP participation on quality assessment and assurance committee. The individual designated as the IP, or at least one of the individuals if there is more than one IP, must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPCP on a regular basis.*

**CMS summary compiled by Doug Beardsley, Care Providers of Minnesota.**

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