



New York State
Partnership
for Patients
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Antibiotic Stewardship/MDRO/CDI Action Planning Tool

Action Plan developed from NQF Playbook. For Core Element Example of Implementation Strategies (Basic, Intermediate, and Advanced) see correlating page(s) number(s).
http://www.qualityforum.org/NQP/Antibiotic_Stewardship_Playbook.aspx

Initiative: Antimicrobial Stewardship Program Hospital: _____

Administrative Champion: _____ Team Lead: _____

Lead Physician: _____ Nurse Lead: _____

Data Lead: _____ Other Team Member(s): _____

Aim Statement: _____

Consider each process change or key strategy below, and complete the worksheet components for implementing them. Add other strategies as appropriate for your hospital.

PROCESS CHANGE/KEY STRATEGY*	List Next Steps (How will you implement process change/key strategy?)	Resources/ Stakeholders available/needed? (Which depts/staff will be involved?)	Owner(s)	Completion Date (If not in place)	Measurement Strategy (What data will be used to monitor progress/track impact of changes?)
PHASE 1					
Core Element 1: Leadership Commitment – examples of implementation strategies pages 6–7 of the NQF playbook					
Facility leadership will provide a visible, written statement of support for the antibiotic stewardship program (ASP).					
Facility leadership will provide support (financial and time) for training and education on antibiotic stewardship (AS), ensure adequate staffing, and establish a clear communication strategy on AS.					
Facility leadership will provide sustained financial support and ensure that ASP team leaders have time to perform the functions of the program.					

PROCESS CHANGE/KEY STRATEGY*	List Next Steps (How will you implement process change/key strategy?)	Resources/ Stakeholders available/needed? (Which depts/staff will be involved?)	Owner(s)	Completion Date (If not in place)	Measurement Strategy (What data will be used to monitor progress/track impact of changes?)
PHASE 1 (continued)					
Core Element 2: Accountability – examples of implementation strategies page 9 of the NQF playbook					
The antibiotic stewardship program (ASP) will have a designated leader or co-leaders who are accountable to the hospital leadership for meeting goals and targets. Published studies and guidelines have recommended physicians with training in infectious diseases as effective ASP leaders.					
Criteria for a physician and/or pharmacy leader will include expertise in antibiotic use, training in stewardship, leadership skills, respect from peers, and good team skills.					
Core Element 3: Drug Expertise – examples of implementation strategies page 12 of the NQF playbook					
A pharmacist leader with expertise in antibiotic use is identified and is responsible for partnering with the antibiotic stewardship physician leader or physician champion to improve antibiotic use. Published studies and guidelines have recommended pharmacists with training in infectious diseases as effective ASP pharmacy leaders.					
Criteria for a pharmacy leader will include expertise in antibiotic use, training in stewardship, leadership skills, respect from peers, and good team skills					

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PHASE 2					
Core Element 4: Actions to Support Optimal Antibiotic Use – examples of implementation strategies page 14–15 of the NQF playbook					
The antibiotic stewardship program (ASP) identifies and implements one or more specific interventions to improve antibiotic use at the hospital. The intervention(s) will align with local needs and have measurable outcomes for reporting purposes.					
PHASE 3					
Core Element 5: Tracking and Monitoring Antibiotic Prescribing, Use and Resistance – examples of implementation strategies page 17 of the NQF playbook					
Systematic collection of antibiotic use and resistance data allows facilities to assess, monitor, and improve prescribing practices.					
Core Element 6: Reporting Information on Improving Antibiotic Use and Resistance – examples of implementation strategies page 19 of the NQF playbook					
The antibiotic stewardship program (ASP) team regularly shares facility-specific antibiotic use and outcomes results with all healthcare providers, hospital leadership, and other key stakeholders.					
Core Element 7: Education of Clinicians and Patients and Families – examples of implementation strategies page 21 of the NQF playbook					
Education about causes and trends of antibiotic resistance and guidance on approaches to promote optimal prescribing are key to an effective antibiotic stewardship program. Regardless of discipline, ongoing training opportunities should be available to physicians, pharmacists, and nurses. Hospitals and medical staff should also engage and provide education to patients and families.					