### GNYHA/UHF ANTIMICROBIAL STEWARDSHIP TOOLKIT MAP

#### ASSESSMENT OF CURRENT PRACTICES
- Pharmacy: Review aggregate antibiotic use and patterns of use.
- Clinical microbiology: Review rates of resistance in common pathogens.
- Identify common clinical infectious disease syndromes.
- Identify whether an antibiogram is currently developed and disseminated to all departments and prescribers.
- Identify IT infrastructure (e.g., CPOE, computer-based surveillance for antibiotic use).
- Administer baseline survey to assess clinicians’ baseline knowledge and perception of antimicrobial resistance, prescribing and stewardship.

#### ESTABLISH CORE TEAM
- Infectious disease–trained physician
- Clinical pharmacist
- Clinical microbiologist
- Infection control representative
- Epidemiologist
- IT Representative
- Senior leadership
- Identify group of champion prescribing physicians

#### PLANNING AND IMPLEMENTATION
- Identify 1 to 2 target areas for intervention.
  - Common clinical infectious syndromes treated at the facility (e.g., UTI, CAP, “fever”)
  - Specific pathogens
  - Specific antimicrobial agents
- Strategize rollout.
  - Consider:
    - Hospital-wide vs. Unit
    - Resources
    - Timeline
  - Determine which strategies may be most feasible and effective for your institution (Figure A).
- Develop materials to educate facility staff.

#### OUTCOMES AND BUSINESS CASE
- Identify data sources and develop ongoing data collection strategies.
- Consider usage, clinical, microbiologic, and costs.
- Present program’s clinical outcomes and business case (e.g., impact on costs) to leadership.

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#### FIGURE A - STRATEGIES
1. Develop or update antibiogram.
2. Develop guidelines (e.g., care path) for diagnosis, treatment, and duration of antibiotic therapy and other interventions to treat infections.
3. Identify dose optimization strategies.
4. Provide guidelines for parenteral to oral conversion.
5. Create formulary decisions, including antibiotic restrictions.
6. Develop policy/guidelines to streamline/de-escalate therapy.
7. Develop antimicrobial order forms with algorithms for common entities.
8. Provide continuous prospective review with feedback and interventions.
9. Communicate recommendations via chart stickers, notes, or face-to-face.

#### FIGURE B - SCENARIOS AND STRATEGIES USED
- Overtreatment of asymptomatic bacteriuria—Strategies 2, 7, 8 and 9
- Patients on broad-spectrum antibiotics—Strategies 2, 6, 8, and 9

http://www.gnyha.org/antimicrobial/toolkit