

Introduction

Antimicrobial stewardship programs (ASP) facilitate the responsible use and protection of all antimicrobials and in turn, improve patient safety, reduce healthcare costs and potentially impact rates of antimicrobial resistance. The 2012 Policy Statement on Antimicrobial Stewardship published by the Society for Healthcare Epidemiology of America, Infectious Diseases Society of America, and the Pediatric Infectious Diseases Society, emphasized that “antimicrobial stewardship must be a fiduciary responsibility for all healthcare institutions across the continuum of care.” Additionally, it recognizes that there are significant knowledge gaps regarding antimicrobial resistance and effective interventions that reduce the emergence of resistance and prevent transmission of resistant organisms in healthcare facilities. Published antimicrobial stewardship guidance is lacking for long-term care facilities (LTCF), in particular, which spurred the creation of the *Minnesota Antimicrobial Stewardship Program Toolkit for Long-term Care Facilities*.

Antimicrobial use in LTCF is high; antimicrobials are often prescribed empirically, and for extended durations. Overuse and misuse of antimicrobials potentially contributes to 1) unintended clinical consequences and increased rates of healthcare-associated infections (HAI) such as *Clostridium difficile* infection and urinary tract infections, 2) worsening antimicrobial resistance, and 3) unnecessary healthcare expenditures across the spectrum of healthcare. Because patients move between healthcare facilities across the spectrum of care, efforts to promote antimicrobial stewardship lay the foundation for HAI prevention in various types of facilities.

While the concept of antimicrobial stewardship may seem abstract, this toolkit was developed in collaboration with several LTCF partners (see Acknowledgements) to offer concrete tools that help LTCF start and maintain an ASP by, 1) recognizing their baseline antimicrobial stewardship capacity and 2) enhancing their existing assessment, documentation, and communication processes (see Appendix A). The core tools include: action steps and strategies for implementing an ASP and an accompanying audit tool, nursing staff and provider antibiotic use attitudes and beliefs surveys, an antimicrobial use assessment tool, and a nursing process evaluation tool. These core tools will provide the LTCF with a solid awareness of existing facility infrastructure, LTCF staff attitudes and beliefs about antibiotic use, facility antimicrobial use, and nursing assessment, documentation, and communication processes. The information provided by the core tools can provide goals and specific areas of focus for building ASP capacity. Supplemental tools include: communication tools, infection surveillance tips, *C. difficile* infection prevention and management algorithms, and antibiotic initiation criteria. Additional resources include: educational modules, fact sheets, and helpful references. The information contained within this toolkit is based on published guidelines (e.g., Loeb et al. [2001]), and is intended to be used in conjunction with clinical judgment. Links to published guidelines and additional references are available in the Resources section.

Now more than ever, antimicrobial stewardship is of the utmost importance as an approach to optimizing antimicrobial use, stemming the tide of antimicrobial resistance, and improving resident outcomes.