**SAMPLE**

**STATEMENT OF LEADERSHIP COMMITMENT**

**FOR ANTIBIOTIC STEWARDSHIP**

**IN A SKILLED NURSING FACILITY**

INSERT FACILITY NAME commits to improving antibiotic use in our facility. Facility leadership, INSERT NAME OF FACILITY ADMINISTRATOR AND OF DIRECTOR OF NURSING, is committed to embracing and executing the Centers for Disease Control and Prevention’s (CDC) *Core Elements of Antibiotic Stewardship for Nursing Homes*. The seven core elements for antimicrobial stewardship include leadership commitment, accountability, drug expertise, action, tracking, reporting, and education.

Our administration has identified an Antimicrobial Stewardship (AMS) Leadership Team at our facility. Our AMS leadership team includes a physician/physician assistant/nurse practitioner champion, a nurse champion, an infection prevention champion, and a pharmacist champion working in collaboration as appropriate by facility resources and/or structure. This team will meet at least quarterly and they are (as applicable):

1. Our AMS physician champion is: INSERT PHYSICIAN’S FULL NAME AND TITLE
2. Our AMS physician assistant or nurse practioneirs champion: INSERT PA/NP FULL NAME AND TITLE HERE
3. Our AMS nursing champion: INSERT NURSE’S FULL NAME AND TITLE
4. Our AMS infection prevention champion: INSERT IP’S FULL NAME AND TITLE
5. Our AMS pharmacy champion: INSERT PHARMACIST’S FULL NAME AND TITLE

Of the people listed above, INSERT FACILITY’S NAME designated Lead Antimicrobial Stewardship Champion is: INSERT FULL NAME, TITLE, EMAIL

**STATEMENT OF COMMITMENT**

1. We, the administration, are committed to supporting efforts that improve antibiotic use in our facility. *(Leadership Commitment Core Element)*
2. We understand that antimicrobial stewardship is an interdisciplinary activity that improves the selection of an antibiotictherapy (correct drug, dose, duration and ordered only when necessary).
3. We will include antimicrobial stewardship-related duties in position descriptions for the medical director, clinical nurse leads, and consultant pharmacists. (*Accountability Core Element*)
4. We will provide dedicated and protected time for the facility’s infection preventionist to serve as a member of the facility’s AMS Leadership Team. He/she will work with the physician champion and pharmacist champion to implement the antimicrobial stewardship program. He/she will coordinate educational initiatives for staff on the risks and benefits of antibiotic use as well as improved nurse-prescriber communication for symptoms and diagnostic testing. (*Accountability Core Element*)

1. We will communicate with nursing staff and prescribing clinicians the facility’s expectations about use of antibiotics and the monitoring and enforcement of antimicrobial stewardship policies. *(Action Core Element)*
2. We will financially and educationally support a commitment to safe and appropriate antibiotic use in our facility (per proposed 2017 CMS recommendations) which currently states: “*Requires an antibiotic stewardship program that includes antibiotic use protocols and a system for monitoring antibiotic use* *(§ 483.80)*.” pg. 14.
   1. We will require practitioners to document in the medical record or during order entry an indication for all antibiotics, in addition to other required elements, such as dose and duration. (*CMS F-tag requirement)*
   2. We will assist our prescribers, nurses, and our consultant pharmacists in developing *antibiotic use protocols* thatensure the appropriateness (drug, dose and duration of therapy) of any new antimicrobial agent ordered. We will attempt to reach out to clinicians with infectious diseases expertise in the hospital community (physicians and/or pharmacists) to develop these antibiotic use protocols. (*Drug Expertise Core Element*)
   3. We will reassess the use of antibiotics after they are initiated. One to two days after the initiation of antibiotic therapy, culture results will be available. The day that laboratory test (cultures) results become available, it shall be entered into the resident’s medical record the action(s) taken in response to these results. Actions may include: discontinue antibiotics, continue antibiotics, or switch antibiotics. (*Action Core Element*)
   4. We will work with our prescribers, nurses and our consultant pharmacist to create a system that monitors and shares reports regarding antibiotic use (consumption) in the facility**.** *(Tracking and Reporting Core Element)*
3. We commit to creating a culture, through messaging, education, and celebrating improvement, which promotes antimicrobial stewardship within our facility. (*Education Core Element*)

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Medical Director/ Administrator (Printed Name and Signature) Date

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Director of Nursing (Printed Name and Signature) Date

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Facility’s Lead AMS Champion (Printed Name and Signature) Date