

# Sample Letter to Providers: Communicate Antibiotic Stewardship Priorities

USE THIS TEMPLATE TO DEVELOP YOUR OWN FACILITY LETTER

TO: [Relevant staff, associated providers]  
FROM: [Medical Director and Antimicrobial Stewardship Program staff, as appropriate]  
RE: [Antibiotic Stewardship Program Policy and Procedures]  
DATE: [Date]

Dear Prescriber,

This letter is written to inform you of our facility's commitment to antibiotic stewardship. Antibiotics are important tools and are among the most commonly prescribed pharmaceuticals in long-term care settings. However, research has shown that a high proportion of antibiotic prescriptions are unnecessary or inappropriately prescribed.<sup>1</sup> To improve resident outcomes and reduce resistance, and in response to requirements from CMS (Centers for Medicare & Medicaid Services), [NAME OF FACILITY] has implemented an antibiotic stewardship program (ASP). Please review [NAME OF FACILITY's] AS policy attached. **We are asking you to commit to AS by supporting these current activities:**

## **[EXAMPLE 1] Prescription record keeping.**

Dose, duration, route, and indication of every antibiotic prescription MUST be documented in the medical record for every resident, regardless of prior prescriptions or documentation elsewhere (e.g., in medical record of a discharging facility). Notation of this information should be made on the day that an in-house prescription is written or on the day that a resident returns to the facility on an antibiotic prescribed elsewhere.

## **[EXAMPLE 2] Antibiotic "time-out."**

At 72 hours after antibiotic initiation or first dose in the facility, each resident will be reassessed for consideration of antibiotic need, duration, selection, and de-escalation potential. At this time, laboratory testing results, response to therapy, resident condition, and facility needs (e.g., outbreak situation) will be considered. Completion of an antibiotic time-out must be recorded in the resident record.

## **[EXAMPLE 3] Use of a clinical algorithm and evidence-based criteria to guide the decision to initiate antibiotics for suspected urinary tract infection.**

Our facility has developed a Situation-Background-Assessment-Recommendation (SBAR) form to be used for all suspect urinary tract infections. The SBAR form provides a standard for communication among staff and providers and outlines the peer-reviewed clinical criteria to which our facility refers to determine appropriateness of antibiotic initiation and diagnostic urine testing.

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<sup>1</sup> Pakyz AL, Dwyer LL. Prevalence of antimicrobial use among United States nursing home residents: results from a national survey. *Infect Control Hosp Epidemiol.* 2010;31(6):661–662.

SAMPLE LETTER: COMMUNICATE ANTIBIOTIC STEWARDSHIP PRIORITIES

[AS APPROPRIATE] Records will be reviewed monthly to assess compliance with these requirements. Each provider will receive an individual compliance report, and results will be discussed at monthly quality meetings.

Please see the entire AS policy for a more comprehensive description of the AS program. To support your stewardship practice, we have also included [AS APPROPRIATE] a facility antibiogram, resident and family information materials, and Loeb criteria for initiation of antibiotics in long-term care residents.

Sincerely,

[MEDICAL DIRECTOR] [OTHER AS LEADER IF APPROPRIATE]

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*To obtain this information in a different format, call: 651-201-5414.*