

Preventing Healthcare-Associated Infections in Long-Term Care Settings: Review of the Multisociety Guidance on IPC in Nursing Homes

Muhammad Salman Ashraf, MBBS

**Medical Director, Nebraska DHHS HAI/AR Program
Associate Professor,
Division of Infectious Diseases, Department of Internal Medicine
University of Nebraska Medical Center**

Email: salman.ashraf@unmc.edu



**University of Nebraska
Medical Center**

Disclosures

Received investigator-initiated research grant from Merck & Co. Inc



Objectives



Review IPC guidelines and regulations for the nursing homes



Describe nursing home infection prevention and control (IPC) core program elements



Discuss how SHEA nursing home IPC guidance may help strengthen IPC programs and prevent HAIs in Nursing Homes



CMS Requirement for Nursing Home IPC Program

The facility must establish an IPC program that must include, at a minimum, the following elements:

- A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases
- Written standards, policies, and procedures for the program
- An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.
- A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 431, 447, 482, 483, 485, 488, and 489

[CMS-3260-F]

RIN 0938-AR61

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities

AGENCY: Centers for Medicare & Medicaid Services (CMS), HHS.

ACTION: Final rule.



IPC Program Infrastructure Requirements

As per 2016 CMS final rule:

- The facility must designate one or more individual(s) as the infection preventionist (IP) who are responsible for the facility's IPC Program.
- The IP must:
 - (1) Have primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field;
 - (2) Be qualified by education, training, experience or certification;
 - (3) Work at least part-time at the facility; and
 - (4) Have completed specialized training in infection prevention and control.
- IP must be a member of the facility's quality assessment and assurance committee and report to the committee on the IPC Program on a regular basis.
- Number of hours required for IP activities toward IPCP will depend on facility risk assessment



Nursing Home IPC Program Core Elements

Core Elements of a Nursing Home Infection Prevention and Control Program

1 Surveillance

- Process surveillance
- Outcome surveillance (e.g., healthcare-associated infections [HAIs], antimicrobial resistance, etc.)

2 Outbreak Preparedness & Management

- Disease-specific outbreak preparedness and response including:
 - Influenza
 - Viral gastroenteritis
 - Scabies
 - COVID-19
 - RSV
 - MDROs (ESBL, CP-CRE, *C. auris*, etc.)

3 Infection Prevention Practices to Prevent HAIs

- Hand hygiene
- Transmission-based precautions
- Enhanced Barrier Precautions
- Source control
- Safe visitation
- Wound care
- Injection safety
- Product evaluation
- Device care
- Use of Quality Assurance and Performance Improvement (QAPI) to implement and sustain practice improvements

4 IPC Program Leadership & Risk Assessment

- Communication with leadership
- IPC risk assessment
- Outlining risk mitigation priorities
- Obtaining leadership support/resources to mitigate identified risks

5 Reporting & Communication

- Information transfer during care transitions
- Reporting to public health authorities

6 Antimicrobial Stewardship

- Implementation of CDC Core Elements of Antibiotic Stewardship
- Integration of antimicrobial stewardship interventions into the QAPI process

7 Resident & Healthcare Personnel Safety

- Resident immunizations
- TB screening
- Oral care
- Healthcare personnel immunizations
- Occupational exposure management
- Respiratory Protection Program

8 Environment & Facility Management

- Food preparation
- Laundry
- Infectious waste collection and disposal
- Environmental cleaning and disinfection
- Water management
- Airflow and ventilation
- Infection Control Risk Assessment (ICRA) for construction and renovation

Adapted and expanded from Montoya A et al. Clin Geriatr Med 32 (2016) 585–607.

Graphic developed with AI assistance

SHEA Expert Guidance: Infection Prevention And Control In Nursing Homes

IPC Program

- Leadership
- Risk Assessment
- Working Partners
- Consultants
- Occupational Health

HAI Surveillance

- Priorities
- Standardized definitions and methods

Implementation of IPC Practices

- Healthcare Personnel Training
- Auditing and Feedback
- Environment of Care

Outbreak Prevention and Response

Specific Strategies for select IPC practices

- Environmental Cleaning and Disinfection
- Resident Placement and PPE Use

Stewardship

- Diagnostic Stewardship
- Antimicrobial Stewardship

Future Research



SHEA Expert Guidance - Infection Prevention And Control In Nursing Homes: Intended Audience



Primary audience:

IPC program leaders in US nursing homes



Could also be applicable to:

Other residential care settings, such as assisted living communities or intermediate care facilities (however, implementation should be informed by unique considerations of those settings)



Effective HAI Prevention Starts with Strong Leadership Support and Robust IPC Program Infrastructure



Graphic developed with AI assistance

What are some of the highlights from the multisociety guidance related to building a strong IPC Program?



Recommendations for IPC Program Leadership



There should be at least **one dedicated infection preventionist (IP)** to manage the IPC program.



Sufficient and dedicated time for IPC duties should be based on the complexity of the resident population and services provided.

At least 1.0 FTE, if the facility has over 100 licensed beds or provides on-site ventilator or hemodialysis services

At least 0.5 FTE, if fewer than 100 beds



The nursing home should provide **dedicated time and financial support for the IP to receive specialized training and ongoing education in IPC**. Specialized training should also include topics of leadership, managing programs.



Administrative leadership, including the medical director, should actively participate in IPC program activities and provide clinical insight into protocols and processes.

Should also provide adequate staffing (e.g. nursing clinical), and IPC program related supplies to help HCP follow all recommended IPC practices



Access to information technology training and infrastructure to support facility-level surveillance activities and access to public health surveillance programs.

Also **provide access to expert advice, learning collaboratives and professional associations** specific to IPC



Recommendations for Maintaining IPC Program Continuity

Prioritize/ Provide	Identify and mentor	Encourage and support	Develop	Reduce/ Celebrate
Prioritize and invest in personnel retention strategies including competitive wages and benefits for the IP Provide ongoing, job-specific IPC training due to the likelihood that turnover of HCP leads to decreasing effectiveness of the IPC program	Identify and mentor individuals who participate in quality improvement initiatives and/or demonstrate interest in IPC; provide incentives for both mentors and mentees	Encourage and support participation in public health activities and with other organizations that work in IPC (e.g., APIC, SHEA)	Develop processes for succession planning, transitions, and cross-training for the activities that support the IPC program (e.g., conducting surveillance, developing IPC policies, implementing antimicrobial stewardship)	Reduce decision fatigue with checklists and standard processes Celebrate success and foster a team atmosphere



Recommendations on Performing IPC Risk Assessment

CMS Requirement for Facility Assessment

Facility Assessment: Is required to determine what resources are necessary to care for the residents competently during both day-to-day operations and emergencies

Review at least annually or more often if need arises (like a change in any factor considered in previous assessment)

The facility assessment must address or include a facility-based and community-based risk assessment

The results of the facility assessment must be used, in part, to establish and update the IPC program, its policies and/or protocols

Multisociety Guidance on Annual IPC Risk Assessment

Resident Level

- Risk of infections based on care and services provided

Facility Level

- Risk of infections based on geographic location, community circumstances, facility operations, and building infrastructure

Process Level

- Risk of infections based on gaps in knowledge, practice, resources



Recommendations on Working with Contract Staff and Services



Nursing homes **should involve the IPC program in identifying IPC risks related to the proposed services** (e.g., wound care podiatry) and the IPC program should participate in hiring considerations and defining contractors' responsibilities



Contract employees and consultants **should follow the same IPC training and occupational health vaccination requirements** that are applied to HCP who are directly hired by the nursing home.

This expectation should be made clear at the time of contract negotiations and included in the contract itself



If the contracted service provides annual IPC training to the HCP, the nursing home **should provide additional orientation and education on facility-specific IPC protocols** (e.g., the use of signage in the facility for Transmission-Based Precautions, proper use of facility-approved disinfectants including contact time)



Perform periodic audits to ensure compliance with the facility's IPC protocols related to the contracted services and provide appropriate feedback



Recommendations on Transition of Care

Nursing home HCP involved in resident transfers to or from hospitals, emergency departments, and primary care settings should be proficient in communicating and receiving IPC-specific information, including the resident/patient's:



History of colonization or infection with MDROs



Relevant microbiological data, including cultures and susceptibilities



Pending test results



The need for and type of Transmission-Based Precautions



The presence of indwelling medical devices, wounds, diarrhea, or uncontained secretions



Current skin conditions



Recent or current antimicrobial exposure



Vaccination status for relevant vaccines (e.g., influenza, pneumococcus, COVID-19).

Recommendations on Occupational Health

Nursing home personnel and individual HCP, including contractors, consultants, and others who enter the nursing home but may not be directly employed by it, are responsible to adhere to federal, state, and local requirements concerning vaccinations and reporting of illness (reportable or others with public health implications) to public health authorities

HCP should receive recommended vaccinations or have documented evidence of immunity against vaccine preventable diseases and nursing home should track the status.

Promote timely reporting by HCP of signs, symptoms (e.g., fever, cough, diarrhea, vomiting, draining skin lesions), or diagnosed illnesses that may represent a risk to residents and other HCP

Support HCP with acute infectious illness to adhere to work restrictions to prevent spread of illness to others in the facility

Identify and implement multimodal interventions to increase HCP acceptance of CDC-recommended vaccines

Consider the use of educational campaigns and strategies such as onsite delivery of vaccines, time off for receiving and recovering from vaccination, and other ways to promote vaccine uptake and to improve vaccine confidence.



Some Other Key Take Aways From IPC Program Infrastructure Recommendations



To be successful, IPC programs require **visible and tangible support from all levels** of nursing home personnel.



To proactively manage potential IPC concerns, particularly as they relate to water management, airflow, air filtration, air disinfection, and construction, **the IPC program should provide expert input and/or consultation to the facility management team**, which may include a facility engineer, maintenance director, and/or industrial hygienist.



Nursing homes should **evaluate IPC Program Surveillance reports and practices using** the Quality Assurance Performance Improvement (**QAPI**) process.



Nursing homes **may consider hiring external infectious diseases or IP consultants** if the IPC risk assessment reveals resident-level risk factors or process-level practice implementation gaps that require additional expertise.



Partner with public health departments, local hospitals, and other healthcare organizations in quality improvement and safety collaboratives to support antimicrobial stewardship, to prevent infections, outbreaks, and the spread of MDROs, and to improve resident outcomes.

Effective HAI Prevention Requires Standardized Surveillance



Graphic developed with AI assistance

What are some of the highlights from the multisociety guidance related to HAI Surveillance?



Recommendations on HAI Surveillance

Establish priorities for routine surveillance of HAIs in the nursing home based on the **needs of the facility, community risks, and regulatory requirements**

The IP in conjunction with the QAA committee should have a **written surveillance plan** outlining which HAIs will be routinely monitored and reported for quality improvement and/or regulatory purposes.

A routine surveillance plan **should address** transmissible, preventable infections with high morbidity, mortality, or impact on the quality of life for residents.

HAI surveillance **is used to set goals for** the IPC program's prevention activities and should be reassessed on at least an annual basis.

Facilities should **prioritize HAIs that link to IPC prevention goals** that can be reliably assessed and achieved

Adopt **standardized definitions** (e.g. Revised McGeer Criteria) and methods of reporting for HAI surveillance.

Each defined HAI should be recorded using standardized methods, such as line listings, and reported by the **number of HAIs and rates of each HAI per 1000 resident-days**.

Minimum Data Set definitions are not the same as those used for HAI surveillance and should not be substituted for infection surveillance purposes.



Effective HAI Prevention Depends on Implementation and Monitoring of Evidence-Based IPC Practices



Graphic developed with AI assistance

What are some of the highlights from the multisociety guidance related to Implementation of IPC Practices?



Recommendations on Hand Hygiene

A nursing home's hand hygiene program should include interactive, regular education with demonstrations of technique, auditing, feedback, and access to educational materials

Nursing home's leadership, clinical HCP, and nonclinical HCP should be actively engaged in the practice and promotion of hand hygiene

Make Alcohol-Based Hand Sanitizers (ABHS) dispensers widely available and place them where they are easily accessible at a room's entry and at the point of care.

- **Ingestion** of ABHS is cited as a barrier to installation of ABHS dispensers but **are exceedingly rare** and the **benefits of increasing ABHS access to support hand hygiene outweigh potential risks**.
- **In secure units**, ABHS that remain under the control of the healthcare worker, such as an **individual pocket-sized bottle**, or **specially designed anti-ligature wall-mounted dispensers** are strategies that make product available to HCP who care for and interact with residents with cognitive or behavioral impairment.
- Hand hygiene **products should be tailored to local preferences** to increase HCP engagement and adherence.



Recommendations on Use of PPE

Develop a written policy for Standard and Transmission-Based Precautions that describes the types of PPE, indications for use, and proper steps for donning and doffing the PPE

Provide HCP with ready access to PPE, including gowns, gloves, eye protection, surgical masks, and respirators

Ensure HCP select and use PPE based on the nature of the resident interaction and the potential for exposure to blood, body fluids, or infectious material

Monitor adherence to practices and provide feedback

Make PPE available at the point-of-care when residents are placed on Transmission-Based Precautions.

Nursing homes **should not restrict residents** who are chronically colonized with MDROs from visitation, social activities, dining, rehabilitation and therapy, or recreational activities

Apply Enhanced Barrier Precautions **for residents infected or colonized with MDROs targeted by CDC** and may also consider, based on their policies, applying Enhanced Barrier Precautions more broadly to include other epidemiologically important MDROs

Nursing homes **should not require** that visitor(s) seeing a single resident who is chronically colonized with an MDRO wear specific PPE, although nursing homes may offer PPE for high-contact care or for care, in which Standard Precautions would require PPE.



Recommendations on Cleaning and Disinfection

Nursing homes should have clearly written policies on processes, frequency and time involved in cleaning and disinfection

Cleaning supplies should be readily available and easily accessible, and facility should use EPA-registered disinfectants approved for use against anticipated pathogens of interest (e.g., C. auris, C. diff, etc.).

Routinely clean and disinfect resident rooms, shared bathrooms, and shared areas at least once a day.

Resident personal items (e.g., canes, walkers, phones) should be considered high-touch surfaces and cleaned/disinfected at least once a day

Items shared between residents should be cleaned and disinfected after each use as per MIFU to avoid damage to those items

Perform cleaning immediately upon noticing visibly soiled surfaces

Increase the frequency of cleaning and disinfection during outbreaks.

Audit practices for equipment and areas that are cleaned and disinfected, such as frequency and adequacy of cleaning and adherence to contact time

Use objective methods for evaluation of routine environmental cleaning, which may include direct observation, fluorescent markers, or adenosine triphosphate (ATP) bioluminescence

Focus on HCP education and training and provide regular performance feedback

Recommendations on Device Management



HCP should be knowledgeable about medical devices (e.g., central lines, indwelling urinary catheters, percutaneous gastrostomy tubes, tracheostomy tubes) including:

The risks associated with their use
Recommended IPC practices during placement, maintenance, and removal.



Nursing homes should document:

The presence, indication, and duration of a medical device
Regular assessment of the ongoing need for a device, presence of signs or symptoms of infection or device malfunction, and opportunities for early and prompt removal
Adherence to the recommended steps during insertion, maintenance, and removal of the medical device



Nursing homes may conduct audits using standardized forms or forms tailored to the needs and processes of the nursing home

Recommendations on Handling Laundry and Linens

Use industrial laundry equipment (onsite or offsite) to process laundry and linens. Exceptions may be made for clothing that is laundered by the resident; however, laundry machines used onsite for clothing that is laundered by the resident or family should be disinfected and maintained in accordance with the laundry machines' MIFUs

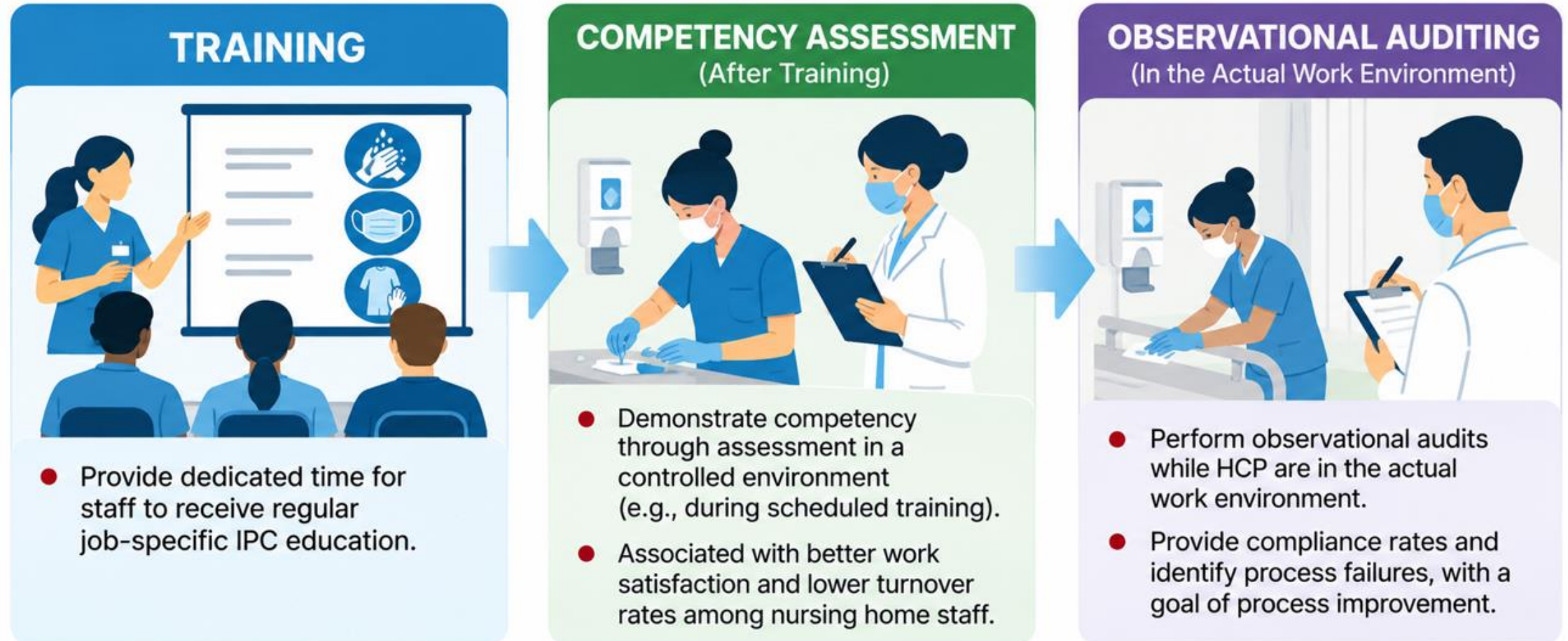
Store clean laundry and linens in a location that protects them from environmental contamination

Educate HCP on safe practices, including no shaking or sorting, not carrying against the body, and PPE selection (e.g., gowns and gloves when handling linens that are grossly soiled), when handling and/or changing used linens

Require HCP to wear gowns and gloves when changing bed linens of residents who are on Enhanced Barrier or Contact Precautions to prevent contamination of clothing and subsequent transmission to other residents



Focusing on Both Competency-Based Training and Auditing



Graphic developed with AI assistance



Recommendations on Competency-Based Training



Select training methods and content that addresses the diversity of the workforce and meets the needs of the HCP being trained



Provide job-specific, minimum IPC competency-based training, defined as the “minimum knowledge and skill needed to safely perform a task according to facility standards and policies”



Ensure dedicated time for HCP to receive regular, job-specific IPC education and to demonstrate competency



Document demonstrations of competency following IPC training



Conduct competency assessments through direct observations by trained observers or online skills training that include:

Initial or core competency training conducted at-hire or during orientation

Ongoing competency training done annually or when new skills or knowledge are needed

Specialized competency training related to an area of specialization, such as wound care, central line dressing change, or tracheostomy care.



Evaluate competency before provision of care, specific procedures, introduction of new equipment or protocols, and on an as-needed basis to prepare for and respond to an infectious diseases event



Recommendations on Monitoring IPC Practices and Providing Feedback

Use findings from the annual IPC risk assessment and infection surveillance data to inform which IPC practices to audit. Commonly audited practices include but are not limited to:

- Hand hygiene
- Device insertion, maintenance, and removal
- Cleaning and disinfection of environmental surfaces and reusable medical equipment
- Use of PPE
- Vaccination status of residents and HCP

HCP who perform practice audits should:

- Receive training
- Use standardized tools to support consistent monitoring

Nursing homes should provide feedback to HCP on signs of potential lapses in IPC practices during care.

- For individual HCP, nursing homes should use specific, just in-time feedback on the process being audited
- At the unit or facility-level, nursing homes should use simplified, aggregated data from audits during rounds, QAA meetings, personnel newsletters, and reporting huddles.



Recommendations on How to Implement Changes in IPC Practices



To effectively develop, disseminate, and implement IPC practices (including bundled practices and quality improvement interventions), **nursing homes should:**

- Engage administrative and clinical HCP leadership (e.g., nursing and providers), along with corporate leadership, if applicable.
- Obtain input from HCP for strategies to implement IPC practices.
- Ensure HCP who are implementing practices have adequate time to receive education, appropriate training, and competency evaluation.
- Involve HCP in ongoing evaluation of practice implementation and opportunities for improvement.
- Audit and provide feedback on HCP adherence to recommended practices.
- Establish metrics to evaluate the impact of practice implementation and quality improvement.



To make changes in IPC practices, nursing home should also consider barriers and facilitators, local collaborators, ways to build on prior collaborative relationships, ongoing formative evaluation, and organizational culture and climate.



Successful strategies may include the use of educational materials, engagement in national and regional quality improvement collaboratives, and leveraging electronic medical records, where available, to integrate reminders to prompt actions (e.g., assessment and removal of indwelling catheters) or perform key IPC tasks.

An Effective HAI Prevention Plan Includes Strategies to Detect and Respond to Outbreaks



Graphic developed with AI assistance

What are some of the highlights from the multisociety guidance related to Outbreak Preparedness and Response?



Recommendations on Outbreak Preparedness and Response

Educate HCP to identify and report when they or residents have symptoms suggestive of gastrointestinal, respiratory, and skin and soft tissue infections or other illness that could be secondary to a highly transmissible pathogen

Policies and procedures should include criteria for initiation of Transmission-Based Precautions (TBP), communication to visitors to postpone non-urgent in-person visitation if they are ill and guidance to staff about whether they should be excluded from work as a result of an infectious illness

IP should work with local resources (i.e., public health departments) to diagnose new cases and respond appropriately

Vaccinate residents and HCP

Educate HCP, residents, and visitors in how to prevent transmission of respiratory pathogens

Place Signage and reminders at entrances and in shared areas on hand hygiene and how and when to wear a mask for source control (and make masks easily accessible)

Have the capacity to perform point-of-care testing for early detection of viral respiratory pathogens

Identify approaches for the facility's access to and use of early therapeutics



Application of TBP When Residents Unable to Tolerate IPC Interventions (e.g. Significant Cognitive impairment) Implemented as Part of Outbreak Response

During outbreaks, when feasible, the nursing home should focus on interventions that do not require residents' participation.

Emphasize prevention measures that do not depend on room restriction to prevent spread among all residents .

- Vaccination
- Therapeutics

During outbreaks, utilize horizontal IPC approaches, which are intended to control the spread of multiple organisms simultaneously

- Increased frequency of cleaning and disinfection
- Universal use of masks
- Hand hygiene, including having HCP routinely assist residents in performing hand hygiene



Recommendations on Ventilation to control Spread of Respiratory Pathogens



Ensure compliance with building code requirements for heating, ventilation, and air conditioning



Monitor ventilation systems in accordance with engineers' and manufacturers' recommendations to ensure optimal performance



Ensure the IPC program collaborates with facility management, particularly in circumstances when considering implementation of any supplemental strategies to enhance ventilation (e.g., during a facility respiratory pathogen outbreak)



The IPC program should provide input to facility management for ventilation and have awareness of the general pattern of airflow throughout the building and the location of return registers and systems that exhaust to the outdoors.



Have a process in place for isolating residents with pathogens for which an airborne infection isolation room (AIIR) is recommended (e.g., tuberculosis)



If an AIIR is not available, the residents should be transferred as soon as is feasible to a facility where an AIIR is available. Place a mask on the resident (if tolerated) and isolate the resident in a private room with the door closed, while awaiting transfer

An Effective HAI Prevention Plan Also Addresses Antibiotic and Diagnostic Stewardship

What are some of the highlights from the multisociety guidance related to Antibiotic and Diagnostic Stewardship?



Graphic developed with AI assistance



Recommendations on Implementing Diagnostic Stewardship

If possible, work with the laboratory to set up specific criteria for diagnostic testing. Examples include:

- Performing urine culture only when pyuria is present on UA
- Rejecting *C. difficile* testing on formed stool samples

Laboratories can also help with:

- Developing facility antibiogram
- Alerting facility about cultures growing targeted MDROs
- Educating HCP about sample collection and transport procedures
- Describing types of diagnostic tests
- Providing periodic reports on specific diagnostic tests, Examples include:
 - Number of urine cultures ordered and percent positives,
 - Organisms identified on cultures

Use diagnostic algorithms, clinical decision support tools, and educational interventions to assist clinicians with appropriate decision making on ordering a diagnostic test

Train HCP and conduct annual competency assessments for when and how to collect clinical specimens for diagnostic testing or culture along with transport and processing process

Recommendations on Antibiotic Stewardship Team

Essential Team Members:

- Infection Preventionist
- Administrative and medical leadership (including the medical director)
- Consultant Pharmacist
- Nursing Leadership

May also decide to form a dedicated antimicrobial stewardship committee:

- Can add additional team members for specific initiatives such as:
 - Physicians
 - Nurse practitioners
 - Dispensing pharmacists
 - Nurses
 - Nurse aides
 - Allied health professionals
 - Representatives nursing home's QAPI program from resident and family council

Committee functions tailored to needs and activities within nursing home (e.g. identified during facility assessments)

Stewardship Initiatives should be incorporated into the nursing home's QAPI program



Recommendations on Strategies to Improve Antibiotic Use and Implement ASP Policies



Have antimicrobial use protocols



Implement systems for monitoring antimicrobial use.



Provide regular feedback to prescribing clinicians on the prescribing of antimicrobials.



Combine feedback with education to reduce inappropriate antimicrobial use in nursing homes



Consider using peer comparison audit and feedback to make clinicians aware of their prescribing habits.



Educate all frontline clinicians about antibiotic stewardship principles and antimicrobial use protocols



Some Other Stewardship Recommendations

Address antibiotic use with residents during advanced planning meetings.

Implement a process of medication review upon admission or return of a resident to avoid unnecessary treatments; consider implementing an antimicrobial timeout within 1 to 2 days of the resident's arrival.

Consider partnerships when the nursing home antimicrobial stewardship team lacks antimicrobial expertise (e.g., local hospital ASP programs, infectious diseases consultants in their community).

Contract with dispensing pharmacies to develop facility-specific antimicrobial use reports and to assess antimicrobial orders for safety and appropriateness (i.e., drug-drug interactions; avoidance of drug-bug mismatch, length of therapy, potential for intravenous to oral conversion, and/or de-escalation).



In Summary....



Strong leadership support and dedicated time for IPC program leaders are essential for implementing a comprehensive IPC program and preventing HAIs



Aim for making incremental improvement in IPC program infrastructure



Prioritize interventions based on IPC risk assessments and feasibility



HAI prevention is a team effort; partner with internal and external stakeholders



Monitor outcome metrics, mitigate barriers and celebrate successes along the way



Thank You

Questions?

<https://asap.nebraskamed.com/>



The screenshot shows the ASAP website homepage. At the top, there's a navigation bar with links: About Us, Facility Types, Pathogens of Interest, Conferences, Newsletters, and Subscribe. There are also buttons for 'Contact Us' and 'Visit ICAP'. A red banner at the top of the main content area reads: 'SAVE THE DATE! Join us for the Nebraska Infectious Diseases Conference on August 28, 2026. More details to follow!'. Below this, on the left, is a section for the 'Antimicrobial Stewardship Assessment and Promotion Program' with a description: 'Providing you with the resources to promote appropriate Antibiotic Use, Improve Patient Outcomes and Prevent Antibiotic Resistance. Learn more'. To the right of this text is a group photo of about 12 people standing outdoors in front of trees with autumn foliage.

<https://asap.nebraskamed.com/news/newsletters/>

The Antimicrobial Advocate Newsletter Archive

Welcome to the Antimicrobial Advocate Newsletter Archive.

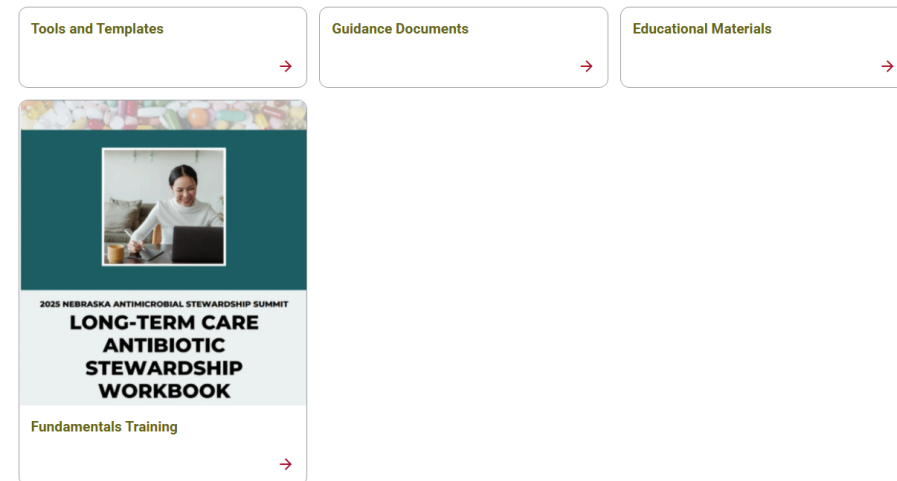
Here you can find past newsletters on topics applicable to antimicrobial stewardship.

The content of this newsletter reflects information and guidance available at the time of publication. Readers are encouraged to consult current resources or official guidance for the most up-to-date information.

If you have questions, feel free to reach out us at (402)552-2881 or nebraskaasap@nebraskamed.com.

<https://asap.nebraskamed.com/facilities/long-term-care/>

Long Term Care



This section displays resources for Long Term Care. It features three buttons at the top: 'Tools and Templates', 'Guidance Documents', and 'Educational Materials', each with a right-pointing arrow. Below these is a featured card for the '2025 NEBRASKA ANTIMICROBIAL STEWARDSHIP SUMMIT LONG-TERM CARE ANTIBIOTIC STEWARDSHIP WORKBOOK'. The card includes a small image of a person working on a laptop and a link to 'Fundamentals Training' with a right-pointing arrow.

Sign up for Email Updates

Nebraska ICAP & ASAP

