

**\*\*Template\*\***

This template contains sample content which can be edited, it is advised to retain headings and subheadings and to edit other content to align with local activity, please refer to “*AMS guidance for all healthcare settings* *2022”* as a reference guidance.



**Antimicrobial Stewardship** **Annual Action Plan 20xx**

**Prepared by: Antimicrobial Stewardship Operational Team**

**Approved by: Antimicrobial Stewardship Oversight Committee**

**January 20xx**

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| **Annual Action Plan**  |
| All hospitals should develop an annual plan that is approved by the relevant AMS oversight committee. The plan should include the below core elements. |
|  | **Start Date** | **Planned Completed Date** | **Responsible Person(s)/ Team** | **Deliverable** |
| **Governance** |
| Complete the AMRIC governance implementation checklist and identify gaps including write/update terms of reference and other actions |  |  |  |  |
| Schedule of AMS oversight meetings to take place/year |  |  |  |  |
| Schedule of AMS operational meetings to take place/year |  |  |  |  |
| Schedule of regional IPC/AMS/HCAI group meetings to take place/year |  |  |  |  |
| Prepare input for four health region IPC/AMS/HCAI meetings  |  |  |  |  |
| Complete and sign off AMS annual report and AMS terms of reference |  |  |  |  |
| Disseminate AMS annual report to hospital staff including director of nursing, clinical leads, chief pharmacist and all relevant stakeholders |  |  |  |  |
| **Measurement and Monitoring** |  |
| Antimicrobial consumption data to be submitted nationally  |  |  |  |  |
| Review, analyse and take action on trends/outliers emerging within the national consumption data (AMRIC target total consumption 72.1 DDD/100BDU by 2025) |  |  |  |  |
| Reserve antimicrobial monitoring – review usage of reserve antimicrobials and check if administration is compliant (>90% compliant ) with reserve antimicrobial policy  |  |  |  |  |
| Antimicrobial Stewardship rounds schedule agreed for the year |  |  |  |  |
| Collaborate with medication safety pharmacist to review antimicrobial safety incidents every quarter (Q) |  |  |  |  |
| Review key HCAI surveillance data (*C difficile*, CPE, *S aureus* bacteraemia) submitted to the business information unit (BIU) and include a summary in AMS Oversight Committee presentations |  |  |  |  |
| Targets for antimicrobial stewardship rounds agreed including high priority antimicrobials, wards, *C difficile* patients |  |  |  |  |
| Antimicrobial Stewardship rounds key performance metrics to be collected and analysed  |  |  |  |  |
| Antimicrobial resistance data to be presented to the oversight committee by surveillance scientist. The committee decide if any resistance data findings require action for example change of local prescribing guidance |  |  |  |  |
| Annual national Point Prevalence Survey (PPS) to be completed and data findings, communicated to local stakeholders |  |  |  |  |
| Review key recommendations from PPS results and schedule time in Q4 to action |  |  |  |  |
| Quarterly review of any antimicrobial related safety incidents, adverse antimicrobial drug events and follow up on outstanding actions |  |  |  |  |
| **AMS QI Projects**  |  |
| Review and plan for national AMRIC initiatives e.g. IV/PO toolkit, Surgical Antibiotic Prophylaxis (SAP) guidance (Target 20% SAP <24 hours duration by 2025) |  |  |  |  |
| Utilise the learning from data analysis, feedback, audits and patient safety incidents to inform local improvement plans and to decide on priorities for the year |  |  |  |  |
| Review local HCAI data and support local improvement strategies as appropriate |  |  |  |  |

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| **Education & Training**  |
| Pharmacist education sessions to be delivered annually |  |  |  |  |
| Intern education to be delivered annually  |  |  |  |  |
| Nurse education/ nursing grand rounds to be delivered annually |  |  |  |  |
| Schedule AMS presentations at speciality specific journal clubs for example attend respiratory journal club and highlight local AMS work |  |  |  |  |
| Plan audit feedback sessions for example SAP audit initiative undertaken, plan to feedback to surgical teams  |  |  |  |  |
| **Guidelines and Guideline Review** |
| Compile summary of current status of guidance, each guidance document should be reviewed every 3 years |  |  |  |  |
| Plan for updating guidance for upcoming year with other stakeholders as appropriate |  |  |  |  |
| Review national guidance and utilise national guidance locally |  |  |  |  |
| **Communications** |
| Awareness Days |
| Plan for promoting World Sepsis Day (Sept 13th) |  |  |  |  |
| Plan for European Antibiotic Awareness Day (Nov 18th) (EAAD) |  |  |  |  |
| Plan for Hand Hygiene Day (May 5th) |  |  |  |  |
| Advertising of key messages to hospital staff population |  |
| Utilise pre-existing communication streams including hospital intranet banner bar, hospital newsletters |  |  |  |  |
| Promotion of HSeLanD AMRIC eLearning modules [www.hseland.ie](http://www.hseland.ie)  |  |  |  |  |

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| **AMS Research and Audits** |
| Audit plan defined/approved by AMS oversight committee |  |  |  |  |
| Plan resources and time to PPS  |  |  |  |  |
| Plan NCHD AMS audits (July-July) |  |  |  |  |
| Review conferences taking place and consider attendance for team members +/- submission of local research e.g. ECCMID, IDSI, ICSM |  |  |  |  |

The annual action plan for AMS oversight committee is formally approved on xxx 202x.

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr x, Clinical Lead for AMS at x hospital

Appendix Abbreviations

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| AMR  | Antimicrobial Resistance |
| AMRIC  | Antimicrobial Resistance and Infection Control |
| AMS | Antimicrobial Stewardship |
| BDU | Bed Days Used |
| BIU | Business Information Unit |
| CPE  | Carbapenemase-producing Enterobacterales |
| EAAD | European Antibiotic Awareness Day |
| ECCMID | European Society of Clinical Microbiology and Infectious Diseases |
| HCAI | Healthcare Associated Infections |
| IDSI | Infectious Diseases Society of Ireland |
| ISCM | Irish Society of Clinical Microbiologists |
| ID | Infectious Disease |
| iNAP | Irish National Action Plan on Antimicrobial Resistance |
| IV/PO | Intravenous to Per Oral |
| KPI | Key Performance Indicators |
| NCHD | Non Consultant Hospital Doctor |
| PPS | Point Prevalence Study |
| QI | Quality Improvement |
| SAP | Surgical Antibiotic Prophylaxis |