



10 Steps to Getting Started with the ILPQC Babies Antibiotic Stewardship Improvement Collaborative (BASIC) Initiative

1. Schedule regular, at least monthly, BASIC QI **team meetings**.
2. Attend ILPQC QI **Team Lead Support Call on Friday November 13th from 12-1pm**. All team leads including provider and nurse champions should attend this special webinar. Recording will be offered.
3. Review the **ILPQC BASIC Data Collection Form** with your team and discuss strategies for data collection.
4. Complete the **BASIC Teams Readiness Survey**. Please work together as a team to complete the survey. Choose one designee to fill out the BASIC Readiness Survey. This survey will help teams understand current barriers and opportunities for getting started with BASIC. There are no right answers! It's ok to start with lots of opportunities for improvement!
5. Create a **process flow diagram** to reflect your current process for antibiotic decision making and **identify key opportunities** for improvement.
6. Reference the **BASIC Key Driver Diagram** to identify possible interventions and next steps. Focus first on understanding your team's clinical culture around antibiotics and how that culture can better promote and support antibiotic stewardship, consider standardized Key QI strategies for BASIC include:
 1. Facilitate clinical culture change that supports antibiotic stewardship (Driver 1)
 2. Develop standardized processes and protocols for the identification and response to support antibiotic stewardship (Driver 2 &3)
 3. Implement strategies and processes to assist with equitable care delivery for all newborns (Driver 4)
7. Review the **ILPQC BASIC Online Toolkit** for nationally vetted resources to support your improvement goals. Contact ILPQC if you need help identifying additional resources.
8. Meet with your QI team to create a draft **30/60/90 day plan**. This plan helps your team decide where to start and identify what you want to accomplish in the first 3 months. Call it the "where should we start" for your BASIC implementation plan.
9. Plan your first **PDSA cycle** with your team to address your 30/60/90-day plan. These small tests of change help your hospital test process/system changes to reach initiative goals. Be sure to review results, make improvements and implement if successful, repeat cycle if improvements needed.
10. Reach out to ILPQC for help (info@ilpqc.org) and celebrate your successes with your team early and often.