



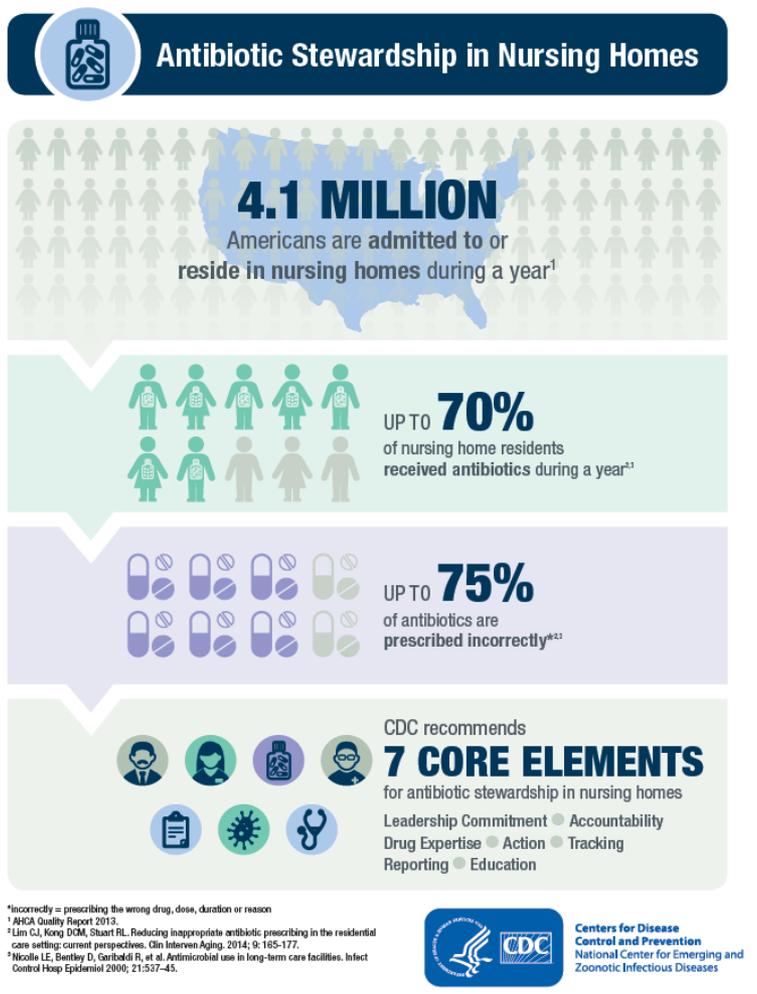
Antibiotic Stewardship in the Nursing Home

Donna S. Thorson, MS, CPHQ, CPPS | Senior Project Manager, HealthInsight

Objectives

- Describe the core elements of an antibiotic stewardship program in long-term care
- Identify two strategies for supporting appropriate prescribing patterns for antibiotic therapy
- Explain how the antibiotic stewardship program in long-term care supports continuity of care

Nursing Home Requirements of Participation – Phase 2



§483.80(a) Infection prevention and control program.

The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:

§483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use.

F881

INTENT

The intent of this regulation is to ensure that the facility:

- Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic are prescribed the appropriate antibiotic
- Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use
- Develops, promotes and implements a facility-wide system to monitor the use of antibiotics

Guidance on F881

- The facility must develop an antibiotic stewardship program that includes the development of protocols and a system to monitor antibiotic use.
- This development should include leadership support and accountability via the participation of the medical director, consulting pharmacist, nursing and administrative leadership, and individual with designated responsibility for the infection control program, if different.

F881 – ASP in Relation to Pharmacy Services

- The assessment, monitoring and communication of antibiotic use shall occur by a licensed pharmacist in accordance with §483.45(c), F756, Drug Regimen Review.
- A pharmacist must perform a medication regimen review (MRR) at least monthly, including review of the medical record and identify any irregularities, including unnecessary drugs.

Advanced Copy – Appendix PP with Final IGs, SOM

CDC Core Elements

- Leadership support
- Accountability
- Drug expertise
- Actions to improve use
- Tracking: Monitoring antibiotic prescribing, use and resistance
- Reporting information to staff on improving antibiotic use and resistance
- Education

Agency for Healthcare Research and Quality (AHRQ)

- Nursing Home Antimicrobial Stewardship Guide
- Toolkits
 - Implement, Monitor and Sustain an Antibiotic Stewardship Program (ASP)
 - Determine Whether It Is Necessary To Treat a Potential Infection With Antibiotics
 - Help Prescribing Clinicians Choose the Right Antibiotic
 - Educate and Engage Residents and Family Members

Starting the Antibiotic Stewardship Program

- Gather a team and become familiar with antibiotic stewardship
- Assign roles and responsibilities
- Assess readiness to adopt and implement a program
- Establish a timeline for implementation
- Draft policies and procedures for the program
 - Educate staff on antibiotic stewardship and introduce new policies and procedures

Monitor and Sustain the Antibiotic Stewardship Program

- Attendance at regularly scheduled team meetings
- Track antibiotic use
- Provide monthly summary reports on infections and antibiotic use
- Share prescribing profiles with clinicians on a monthly or quarterly basis
- Review and update guidelines (CDC)

ASP POLICIES AND PROCEDURES

Communicating and Decision-Making

- Evidence-based communication between nurses and prescribers
- Nursing vigilance to 12 common situations and infection control practices (pocket cards available from AHRQ)
- Prescriber training
- Resident and family education
- Quality improvement practices

Antibiotics: Appropriate or Not?

- Suspected infection (most common):
 - Urinary tract
 - Skin or soft tissue
 - Respiratory
 - Gastrointestinal
- Course of action:
 - Review minimum criteria for prescribing antibiotics
 - Refer to the antibiogram and/or consulting pharmacist in choosing the most efficacious antibiotic for the infection and resident
 - Optimize the duration of antibiotic therapy

Determining the Need for Antibiotics

- Introduce tools, such as the AHRQ Minimum Criteria for Antibiotics interactive tool <http://nhguide.airprojects.org/tool3>

Monday, July 10, 2017 Login

PREVENT HAIs
Healthcare-Associated Infections

Nursing Home Antimicrobial Stewardship Guide

Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

Overview of the Guide | Using the Guide | Implement, Monitor, & Sustain a Program | Determine Whether to Treat | Help Clinicians Choose the Right Antibiotic | Educate & Engage Residents, Family | Contact Us

Minimum Criteria for Antibiotics Tool

CHOOSE POTENTIAL INFECTION (CHOOSE ONE):

[File Formats](#) | [Contact Us](#)

Supporting Documentation

- Notation of onset and description of the symptoms that require a change in the care plan/medical treatment (based on minimum criteria outlined in policy)
- Diagnostics – standards for ordering and assessing the reliability of the process for ordering and obtaining a culture before starting antibiotics
- Treatment
 - If minimum criteria are not met
 - If minimum criteria are met
 - Duration of antibiotic therapy (recommendations included for key infections)
 - Antibiotic timeout (trigger tool to stop and reassess antibiotic therapy – usually 72 hours)
 - De-escalation of antibiotic therapy

Support Choosing the Right Antibiotic

ANTIBIOGRAMS

- Work with the lab to get an antibiogram report
- Develop written instructions for use
- Identify champions to drive successful implementation
- Inform nursing home staff, prescribing clinicians and local hospitals about plans to use the antibiogram
- Plan distribution beforehand
- Distribute information to prescribing clinicians and nursing home staff
- Monitor use of antibiotics
- Keep the antibiogram updated annually

Education and Engagement

- Encourage discussion about
 - The benefits and risks
 - When antibiotics are helpful and when they are not
 - Optimal treatment
- Make information and tools/materials available
 - Nursing home staff
 - Prescribing clinicians
 - Residents
 - Family members

MONITOR AND SUSTAIN ASP

Tracking

- Bring all the data together in one place
 - Infection control logs
 - Lab results and X-rays
 - Organisms
 - Names of prescribing clinicians
 - Antibiotic therapies
 - Whether or not follow-up communication has occurred
 - Residents
 - Prescribing clinicians
- Allows ASP team to see trends and patterns

Monitoring and Sustaining

- Summarize data on a monthly basis
 - Month-to-month comparison of totals over time
 - Evaluate use of antibiotics (increasing, decreasing, remaining the same)
 - Evaluate progress on other goals
 - Decrease in use of antibiotic therapy with residents who do not meet diagnostic criteria
 - Decrease use of particular antibiotics that may be a concern
- Communicate results to prescribing clinicians

Quality Improvement

- Share monthly summary reports with QAA/QAPI
 - Potential opportunities for improvement
- Consider these elements in choosing areas for improvement
 - The frequency of occurrence
 - The risk to the well-being of residents; how it impacts quality of life and/or quality of care
 - The cost incurred with each occurrence

Continuity of Care Across Providers

- Partner with the antibiotic stewardship team at referring hospitals
- Optimize antibiotic therapy
- Utilize community antibiograms (in partnership with nursing home antibiogram)
- Slow the growth of antibiotic resistance (decrease MDROs)
- Manage resident/family expectations regarding antibiotic use

Key Points

- Nursing homes required to have an antibiotic stewardship program in place by Nov. 28
- Optimize antibiotic therapy
 - Improve patient outcomes
 - Slow antibiotic resistance
 - Reduce the risk of citation for F757 Unnecessary Drugs
- Partner with the antimicrobial stewardship team from hospitals in your referral network

Questions?



Resources

- Centers for Disease Prevention and Control
- Agency for Healthcare Research and Quality
- Federal Register
- Advanced Copy – Appendix PP SOM

Contact Us

Donna Thorson, MS, CPHQ, CPPS

Senior Project Manager

HealthInsight

dthorson@healthinsight.org

Office: 702-933-7327

Mobile: 702-743-8975

This material was prepared by HealthInsight, the Medicare Quality Innovation Network - Quality Improvement Organization for Nevada, New Mexico, Oregon and Utah, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 11SOW-CORP-17-110-NV

