ANTIMICROBIAL STEWARDSHIP IN NURSING HOMES

It’s our turn now

Grow Good Knowledge Not Bad Bugs

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DISCLOSURE

I have no actual or potential conflict of interest in relation to this program or presentation.

LEARNING OBJECTIVES

- Evaluate current state of Antimicrobial Stewardship preparedness in post acute/long term care (PALTC)

- Review upcoming regulatory changes in PALTC related to Antimicrobial Stewardship

- Describe CDC's core elements of antibiotic stewardship for nursing homes

- Discuss practical approaches to starting a successful and long-lasting Antimicrobial Stewardship Program in PALTC

Pretest Question 1

Which of the following is not a core element of antibiotic stewardship in nursing homes?

A. Leadership Commitment
B. Accountability
C. Obtaining cultures upon admission
D. Drug Expertise

Pretest Question 2

Which of the following exemplifies a good antibiotic stewardship program?

A. Policies that support optimal antibiotic use
B. Broad interventions (antibiograms and antibiotic time-outs)
C. Positive cultures must be treated immediately
D. Infection and syndrome specific interventions (asymptomatic bacteriuria – ASB)

DEFINITION

Antibiotic stewardship refers to a set of commitments and activities designed to **“optimize the treatment of infections while reducing the adverse events associated with antibiotic use.”**

DATA POINTS

- **70%** of NH residents **receive** one or more courses of antibiotics in a year
- **40%-75%** of antibiotics prescribed in NH may be **unnecessary or inappropriate**
- **Cost** of antibiotic use in NHs is **$ 38 to 137 million** per year
- Residents with higher antibiotic use are at **24 % higher** risk of antibiotic related **harm**
- **20 %** of **providers prescribe 80 %** of antibiotics
- **40-75%** of antibiotics in NH are prescribed **incorrectly**
- **50 %** of antibiotics in NH are prescribed for **longer duration than necessary**

NATIONAL STRATEGY FOR COMBATING ANTIBIOTIC-RESISTANT BACTERIA

Vision: *The United States will work domestically and internationally to prevent, detect, and control illness and death related to infections caused by antibiotic- resistant bacteria by implementing measures to mitigate the emergence and spread of antibiotic resistance and ensuring the continued availability of therapeutics for the treatment of bacterial infections.*

September 2014

THE WHITE HOUSE
WASHINGTON

FEDERAL REGISTER

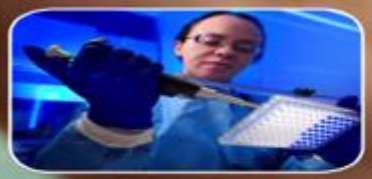
Vol. 80 Thursday,
No. 136 July 16, 2015

Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

42 CFR Parts 405, 431, 447, *et al.*
Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities; Proposed Rule



The Core Elements of **Antibiotic Stewardship for Nursing Homes**

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

CS256066-A

Leadership commitment
Demonstrate support and commitment to safe and appropriate antibiotic use in your facility

Accountability
Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility

Drug expertise
Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility

Action
Implement **at least one** policy or practice to improve antibiotic use

Tracking
Monitor **at least one process** measure of antibiotic use and **at least one outcome** from antibiotic use in your facility

Reporting
Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff

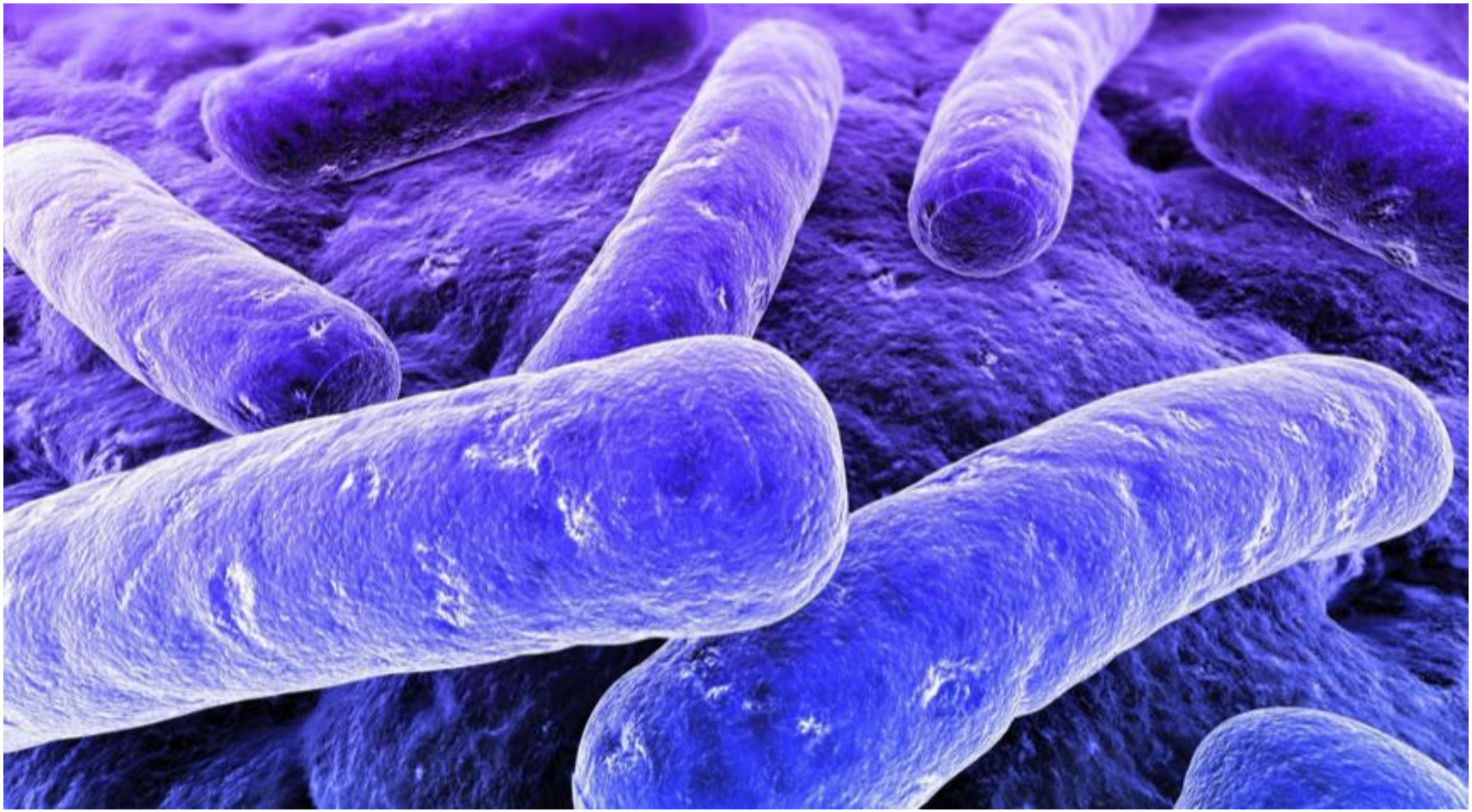
Education
Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

Leadership Commitment

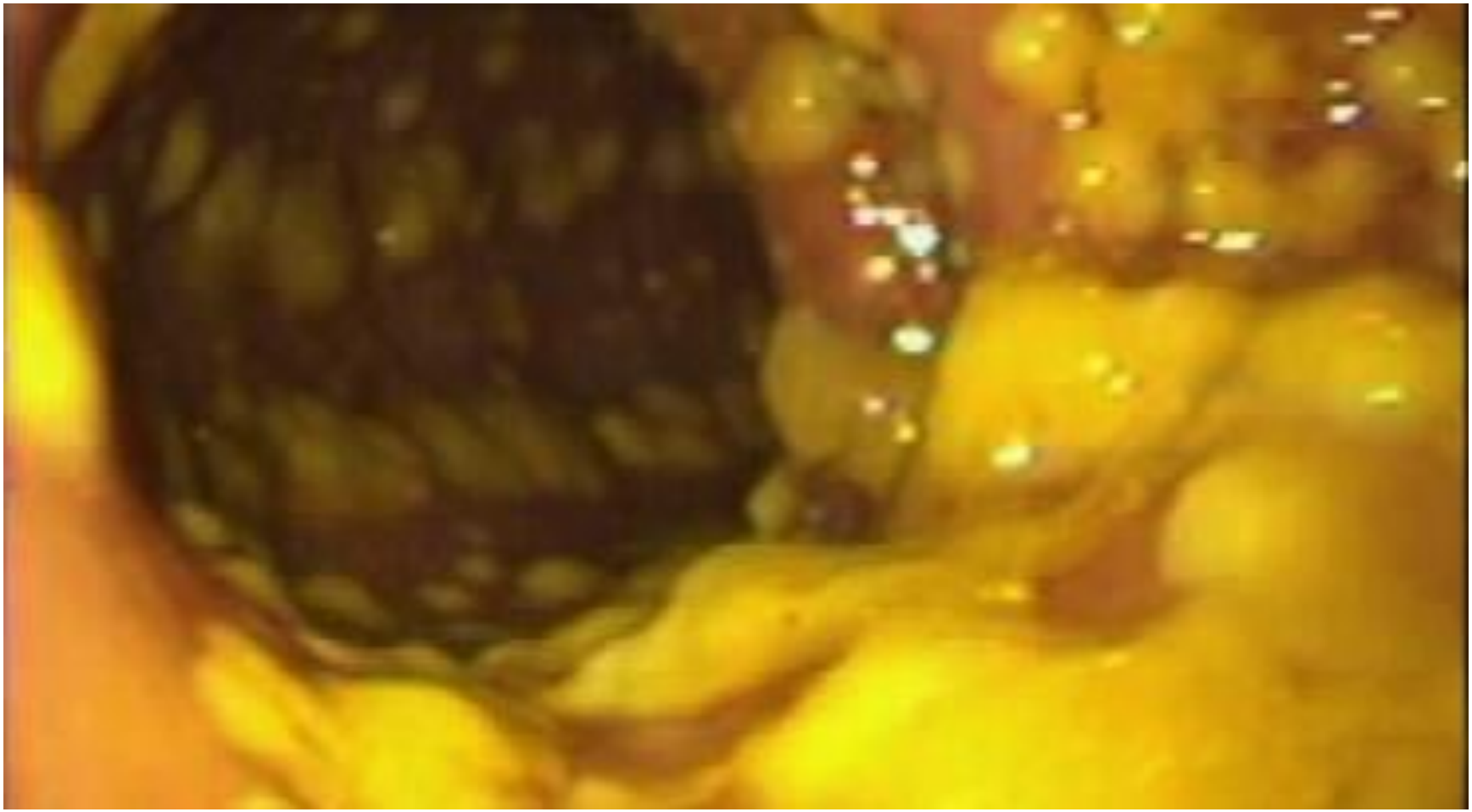
- **Written statements** of Leadership support
- **Define Duties** of leaders and champions
- Notify and **communicate**
- Create and promote a **culture**

Normal Colon

C. Difficile



C. Diff Colitis



Side by Side

Accountability

- The medical director
- The director of nursing
- The pharmacist

} **LEADERS**

- The Infection prevention program coordinator
- The laboratory
- State and local health departments

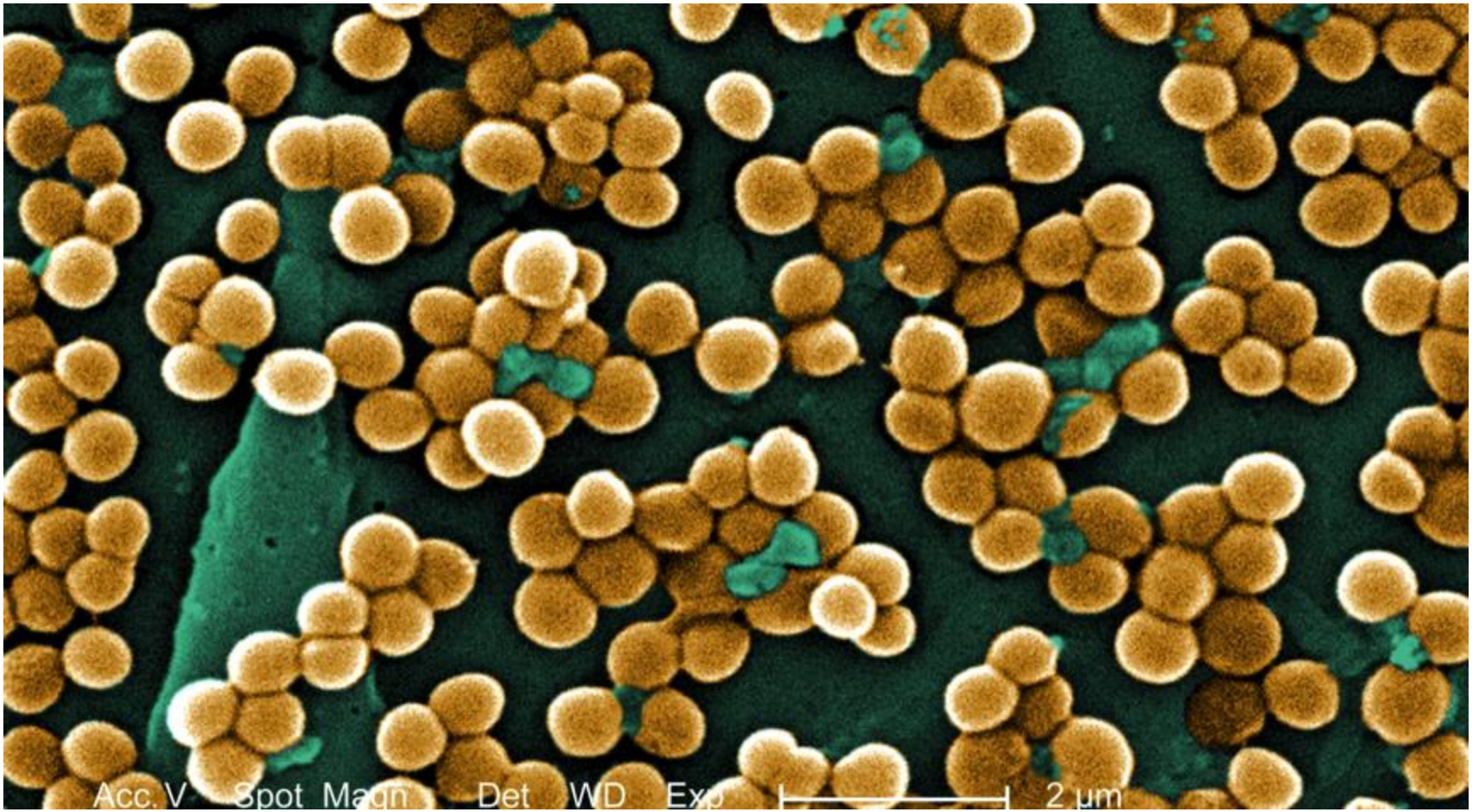
Drug Expertise

- Work with consultant **pharmacists with additional training**
- Network with area hospital with similar AMS philosophy and **engage with Infection prevention personnel**
- Develop relationships with **infectious disease consultants**

Policy and Practice Change

- Policies that support optimal antibiotic use
- Broad interventions (antibiograms and antibiotic time-outs)
- Pharmacy interventions (review of labs, cultures etc.)
- Infection and syndrome specific interventions (asymptomatic bacteriuria, ASB)

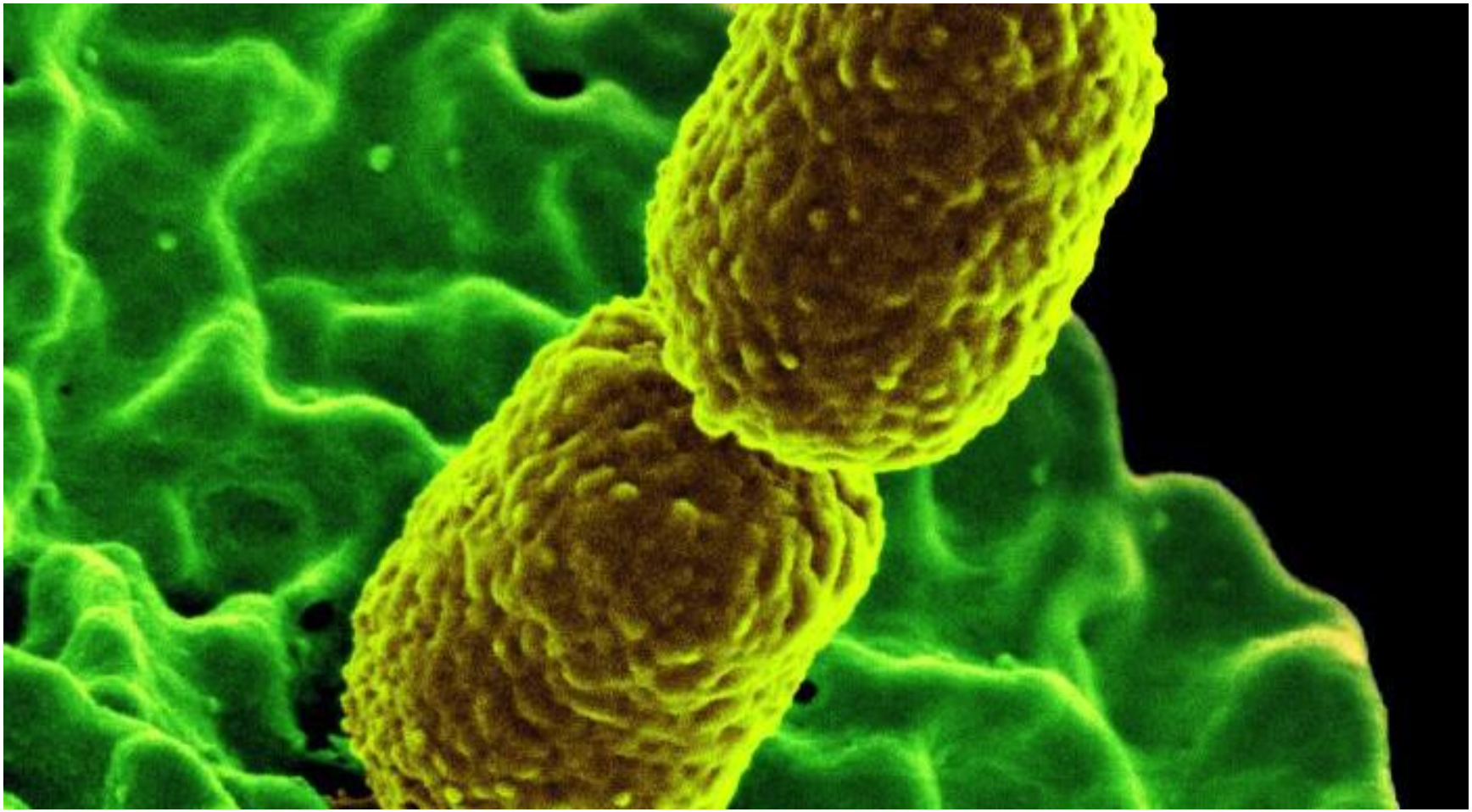
Picture Quiz # 1



Tracking and Reporting

- Tracking **how and why** antibiotics are prescribed (process measure)
- Tracking **how often and how many** antibiotics are prescribed (antibiotic use measure)
- Tracking the **adverse outcomes** and costs from antibiotics (outcome measure)

Picture Quiz # 2



Education

- WHO

Physicians, NPPs, Nursing, residents and families

- HOW

Flyers, Newsletters, Emails/listserves and In-person sessions

….FEEDBACK goes a long way

CONCLUSION

- AMS core elements are similar for hospitals and nursing homes
- NHs should start with 1 or 2 activities and build on success
- Celebrate your achievements and recognize the staff

Post-test Question 1

Which of the following is not a core element of antibiotic stewardship in nursing homes?

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Post-test Question 2

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