ANTIMICROBIAL STEWARDSHIP IN NURSING HOMES

It’s our turn now

Grow Good Knowledge Not Bad Bugs

Dheeraj Mahajan, MD, FACP, CMD, CIC, CHCQM
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 (antiбиograms 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.

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Part II

Department of Health and Human Services

Centers for Medicare & Medicaid Services

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities; Proposed Rule
The Core Elements of Antibiotic Stewardship for Nursing Homes
**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
Accountability

• The medical director
• The director of nursing
• The pharmacist


• 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?

A. Leadership Commitment
B. Accountability
C. Obtaining cultures upon admission
D. Drug Expertise
Post-test 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)