

Cultivating Excellence: Unveiling Our LTC Antimicrobial Stewardship Triumphs.

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Objectives:



Describe a model to empower stakeholders to actively engage in Antimicrobial Stewardship initiatives through targeted education and advocacy efforts



Promote collaboration among healthcare professionals to promote best practices and effective stewardship



Describe potential challenges when implementing an AS program in LTC

An effective model to empower stakeholders in antimicrobial stewardship initiatives involves three key components

- ▶ Targeted Education Programs
- ▶ Develop tailored educational materials and workshops for various stakeholder groups, including healthcare providers, residents, staff and families.
- ▶ These programs should focus on raising awareness about the importance of antimicrobial stewardship, the consequences of antimicrobial resistance and best practices for appropriate antibiotic use.

Resources

- ▶ There are many places to find education i.e. CDC, Lake Superior QIO, ICAR, Project Frontline.

<https://www.train.org/cdctrain/welcome>

Antibiotic Stewardship in Nursing Homes

<https://www.stratishealth.org>

Lake Superior Quality Innovation Network

<https://www.health.state.mn.us/facilities/patientsafety/infectioncontrol/icar/res/index.html>

ICAR Resources

<https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>

Project Frontline

Strategies that have worked for us

- ▶ Staff education is a big part of having a successful program.
- ▶ Assigning nurses to the CDC IC/AS courses.
- ▶ 1:1 education related to criteria for UTI and appropriate symptoms. Watch and Wait instead of immediately calling the physician to get an order for a U/A.
- ▶ In one quarter we prevented 7 antibiotics from being prescribed by watching and waiting.
- ▶ Assess what else could be going on with the resident i.e. poor fluid intake, are increased behaviors related to being tired, hungry, needing to use the bathroom, anxiety?

Prevention is a key component

- ▶ Resident and employee annual flu vaccine.
- ▶ RSV and Covid vaccines.
- ▶ If possible, have vaccines available for residents and staff onsite.
- ▶ Staff to stay home if they are ill.
- ▶ Good hand hygiene audit frequently, have hand sanitizers readily available to everyone.
- ▶ Have PPE readily available.
- ▶ Practice Enhanced Barrier Precautions.
- ▶ Clean and disinfect all shared equipment after use.

Education

- ▶ Educate about the misuse and overuse of antibiotics, which lead to antibiotic resistant bacteria and importance of antibiotic stewardship.
- ▶ Employees: it is helpful to educate in real time, besides routine formal training.
- ▶ Families/ Family: Provide 1:1 education when they are requesting an antibiotic.
- ▶ Residents/ Family : discuss at care conferences, resident counsel, find opportunities to educate to eliminate needing the hard conversations.

• Strategies to prevent infections

- Educate staff on strategies to prevent infections: adequate hydration, have fruit/veggie flavored water readily available, encourage fluids at mealtimes.
- Proper perineal hygiene and wiping from front to back can help prevent bacteria from entering the urinary tract. Frequent changing of wet, soiled briefs. Monitoring residents who are independent in toileting and grooming to ensure they are aware of proper hygiene practices. Providing them with education.
- Emptying bladder regularly: Prompt voiding and avoiding holding urine for long periods of time can reduce the risk of bacterial growth. Staff to follow care plan for toileting time frames.
- May consider cranberry products or probiotics.
- Avoidance of irritants: limiting irritants like caffeine or alcohol may reduce risk of UTI.
- Audit staff competencies and reeducate in real time.
- Assess reason for chronic UTI i.e. does the independent resident need education r/t hygiene, hydration do they need a referral to Urology?

Watch and Wait

- ▶ Watch and wait is a strategy where healthcare providers may choose to monitor a resident's condition without immediately prescribing antibiotics, especially in cases of mild or uncomplicated UTI symptoms.
- ▶ Staff to monitor symptoms, document precautions initiated, VS, COVID testing if symptomatic. Record any directives from Primary MD. Follow up if symptoms are worsening or not resolving.

72 Hour Time Out

- ▶ Once an antibiotic has been prescribed: within 72 hours the culture should be back, and sensitivities will need to be reviewed. Also review of resident condition to see if there is a resolution of symptoms.
- ▶ This approach allows time for the antibiotics to take effect and for the body to respond to treatment. If symptoms do not improve or worsen after this period, further follow up is advised with their primary physician.
- ▶ If there is no growth or the organism is resistant to the antibiotic prescribed, the MD will need to be updated and the treatment plan may need to be altered.

Watch and Wait: Our Wins

- ▶ In one quarter we had 7 potentially prevented infections.
- ▶ 2 residents who had respiratory symptoms later tested positive for Covid and were prescribed Paxlovid.
- ▶ 1 resident who had sore throat, nasal congestion, migraine, symptoms resolved with no antibiotic prescribed.
- ▶ 3 residents with urinary tract symptoms, dark urine, dysuria , tiredness, increased agitation, confusion. All 4 the symptoms resolved with pushing fluids and no antibiotics were prescribed.
- ▶ 1 resident with respiratory symptoms was evaluated and found to have cardiac problems, no antibiotic was prescribed.

Accomplishments

Prevalence of Infections is below the state average on the MN Quality Indicators Long Stay Report.

We had zero infections this February, 1 infection in March of this year.

We have been put on the Minnesota Gold Honor Roll for Antibiotic Stewardship.

We do not have any residents who have acquired resistance to an antibiotic.

Collaboration is Key

- ▶ Pharmacy
- ▶ Lab
- ▶ Medical director
- ▶ DON
- ▶ IP
- ▶ Nurse educator
- ▶ QAPI
- ▶ Housekeeping/laundry
- ▶ Dietary
- ▶ Maintenance

Antibiotic
Stewardship
Program
Committee

Highlights of the AS Committee

- ▶ We meet quarterly and consist of members for our Hospital, Assisted Living, Clinic and Long-Term Care.
- ▶ Physician, Pharmacist, IC/IP from the hospital, Lab Manager, RN from AL, Hospital DON, Director of Surgical and Ancillary Services , IP Consultant, Maintenance Manager and DON LTC.
- ▶ We discuss initiatives, Antibiotic use for the quarter, antibiogram.

Roadblocks and Challenges

- ▶ We still struggle with our UTI numbers.
- ▶ It is difficult to get full employee buy in to our Watch and Wait Program.
- ▶ Some staff still think any change in behaviors, must be a UTI.
- ▶ Staff concern that waiting could lead to a severe infection.
- ▶ Resident and/or family anxiety as “ Nothing is being done”.
- ▶ Providers receiving pressure for resident/family.
- ▶ Nurses having the time to accurately document symptoms and doing the follow up with either the Watch and Wait or 72 Hour follow up.



Questions?