



#### **WELCOME!**

#### Please MUTE your phones!

**EQuIP for LTC webinar will begin at 10:00 AM** 

Today's topic is
"Clinical Pearls to Reduce Antibiotic Overuse"
7/26/17

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY





# Housekeeping

#### Please...

- Mute your phone if you are not speaking
- O Do not put the phone line on hold
- O Use the chat box to ask questions during and after the presentation



# Enrollment in EQuIP Training and Professional Development Program

- Formal participation encouraged (not mandatory)
- Requires signed enrollment form by facility leadership & contact info for facility attendees
- O Annual facility self-assessment
- Opportunity to participate in small group collaborative and QI projects
  - Work together
  - Share outcome data
  - O Community of support
- Establish ASP & be recognized on DOH Honor Roll for Stewardship

| C constant | Courses - Outing - Industrian Presentian  Course - Course         | W Health  |
|------------|--|---|
| v          | Vashington State Participant Agreer  | nent  |
| V<br>A     | QuiP for Long Term Care is a professional development<br>// Ashington and Idaho state and local health departm<br>// Association for Professionals in Infaction Control (APIC)<br>// Association for Professionals in Infaction Control (APIC)<br>// Association for Professionals in Infaction for Infaction fo | ents, Qualis, Health, and local chapters of the<br>) to equip staff in nursing homes to improve<br>storship, collaborative learning, and data sharing   |
| Α.         | s a participant in the program, your facility will rece  | ive the following:  |
|            | Web-based aducation and training on antimic control specifically tailored to the needs of lon Access to expert consultants on antimicrobial Customizable tools, templates, sample policies stewardship and infection prevention and or Opportunities for networking and collaboratio   | g term care facilities<br>stewardship and infection prevention and contro<br>and other resources to support antimicrobial<br>trol activities in your nursing home   |
| т          | here are two ways to participate in EQuIP for LTC.   |   |
|            | stewardship leads.  Attend live and recorded web-based traini Participate in facilitated peer-to-peer, colli- Share outcome data from quality improve group.  Complete a facility self-assessment upon e Complete an annual facility self-assessment Achieve criteria to be recognized on the D  | in and commit to certain requirements:<br>lection prevention, quality management staff ar<br>ing modules<br>abovative learning and improvement activities<br>ment projects with other members of the small<br>inrollment in the program |
| 8          | y signing below, you attest to understanding the expe  | ctations and committing to participation in the   |
|            | QuiP Long Term Care program.   |   |
| S          | killed Nursing Home Name:  | City:   |
| Ε          | xecutive Signature:  | Date:   |
| _          | xecutive Name (print):   |   |

http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HealthcareAssociatedInfections/EQ uIP/LTC

# Nursing Home Quality Care Collaborative Antibiotic Stewardship Module

August-November 2017













#### **Qualis Health**

- A leading national population health management organization
- The Medicare Quality Innovation Network Quality Improvement Organization (QIN-QIO) for Idaho and Washington

#### The QIO Program

 One of the largest federal programs dedicated to improving health quality at the local level





#### **NHQCC**

- Over 200 SNFs in Washington & Idaho
- Collaborative Modules
  - Team STEPPS
  - Antibiotic Stewardship
  - Infection Prevention
  - Antipsychotics & Mobility & Person-Centered-Care
- National Healthcare Safety Network C-Diff Reporting



# Qualis Health Support for Antibiotic Stewardship in SNFs

- Aligned with Dept of Health EQuIP for LTC
- Based on CDC Core Elements / Antibiotic
   Stewardship for Nursing Homes Checklist
- Resources and technical assistance to address gaps identified in CDC Checklist



#### Qualis Health Antibiotic Stewardship Module

- Kick-off Webinar August 22<sup>nd</sup>
- "Office Hours" September November
- In-person half-day peer-support workshops
   Seattle and Spokane in October
- PRN consulting on process improvement, antibiotic stewardship implementation, and NHSN C-Diff reporting



#### Qualis Health NHQCC Antibiotic Stewardship Contacts

#### Washington

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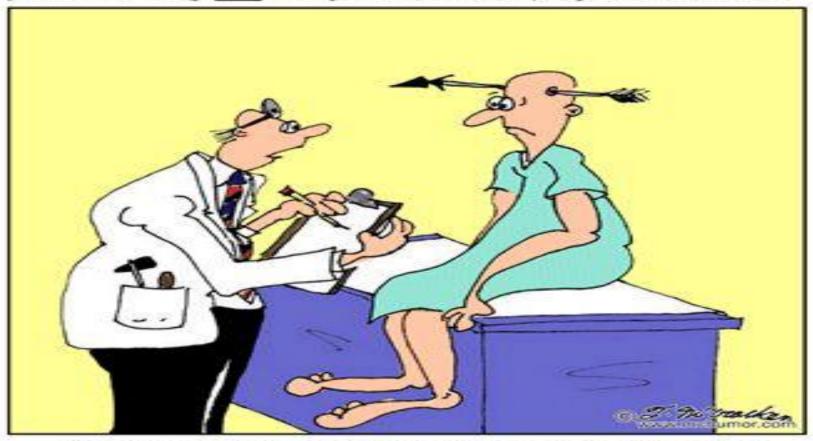


# Clinical pearls to reduce antibiotic overuse

Amit Desai, DO



## MCHUMOR by T. McCracken



"Off hand, I'd say you're suffering from an arrow through your head, but just to play it safe, I'm ordering a bunch of tests."

#### Outline

- Talk is practical and clinically oriented.
- Focused on UTI, PNA, cellulitis.
- Highlight the importance of communication.

#### Revised McGeer criteria

- Standardized criteria for diagnosing infection.
- For research and accurate tracking of infections.
- Hard to use at bedside.
- Useful as part SBAR form used for communication.

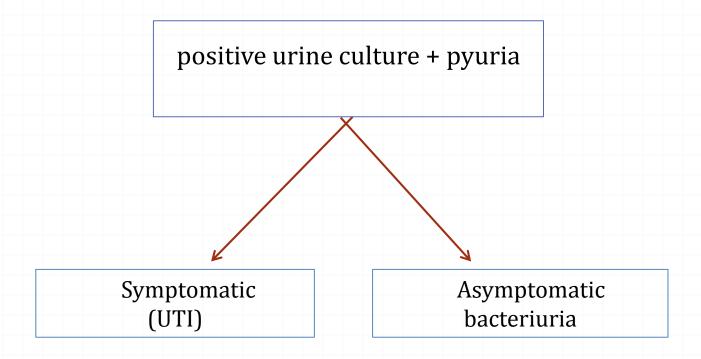
#### Why are antibiotics overused?

- Lack of knowledge
- Cognitive errors
- Fear of repercussion
- Family pressure
- Supply sensitive care
- System factors

# Diagnosing infections

- Does the patient have <u>new symptoms?</u>
- Are there localized signs of infection?
- How ill are they compared to baseline?
- Look for alternative causes?
- Can I wait and watch?

#### UTI



Don't treat asymptomatic bacteriuria.

#### UTI

2 new symptoms:

frequency, urgency, dysuria, flank pain, hematuria, suprapubic tenderness or fever.



**Pyuria** (>10 WBC/HPF) and **positive urine culture** (>10<sup>5</sup> CFU/ml)



Symptomatic UTI

Table 2. Prevalence of asymptomatic bacteriuria in selected populations.

| Population                                    | Prevalence, % | Reference |
|---|---------------|-----------|
| Healthy, premenopausal women                  | 1.0-5.0       | [31]      |
| Pregnant women                                | 1.9-9.5       | [31]      |
| Postmenopausal women aged 50–70 years         | 2.8-8.6       | [31]      |
| Diabetic patients                             |               |           |
| Women   | 9.0-27        | [32]      |
| Men   | 0.7-11        | [32]      |
| Elderly persons in the community <sup>a</sup> |               |           |
| Women   | 10.8-16       | [31]      |
| Men   | 3.6-19        | [31]      |
| Elderly persons in a long-term care facility  |               |           |
| Women   | 25-50         | [27]      |
| Men   | 15-40         | [27]      |
| Patients with spinal cord injuries            |               |           |
| Intermittent catheter use                     | 23-89         | [33]      |
| Sphincterotomy and condom catheter in place   | 57            | [34]      |
| Patients undergoing hemodialysis              | 28            | [28]      |
| Patients with indwelling catheter use         |               |           |
| Short-term                                    | 9–23          | [35]      |
| Long-term                                     | 100           | [22]      |

<sup>&</sup>quot; Age, ≥70 years.

Nicole L, Bradley S, Colgan R, et al. Infectious Disease Society of America Guidelines for Diagnosis and Treatment of Asymptomatic Bacteriuria in Adults. Clinical Infectious Diseases 2005; 40: 643-654.

# Myths of UTI

- Urinary odor should trigger UA and urine culture. FALSE
- Confusion and falls should trigger a UA and culture. FALSE
- Agitation should trigger UA and urine culture. FALSE
- Dipstick +ve LE and +ve nitrite means there is UTI. FALSE
- Pyuria and/or +ve urine culture means it is a UTI. FALSE

# High risk medication

- Benadryl (sleep, allergy)
- Flexiril (muscle relaxant)
- Xanax (anxiety)
- Ativan (anxiety)
- Clonazepam (anxiety)
- Oxybutinin (OAB)
- Meclizine (BPV)
- Opioids (pain)

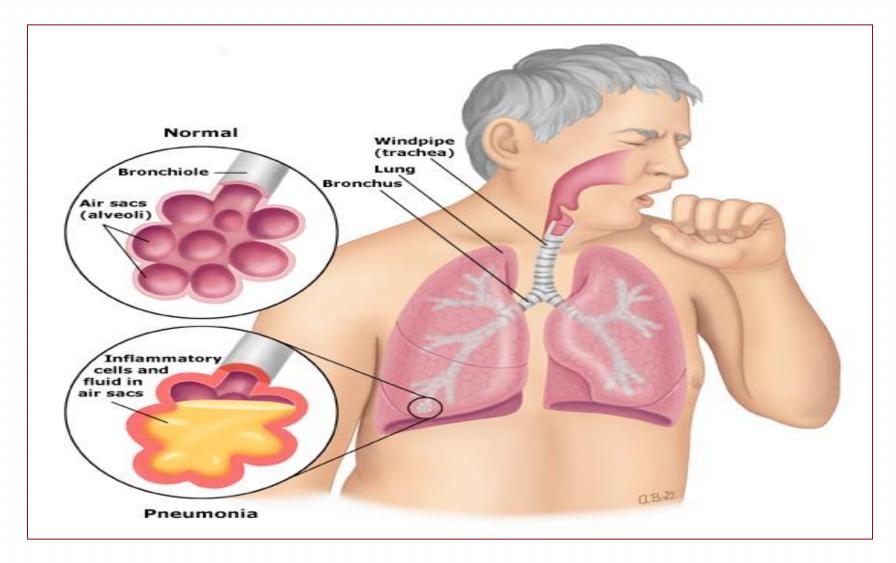
#### Treatment

- Treat cystitis for 3-5 days. Pyelonephritis 7-14 days.
- Don't use fluoroquinolones for cystitis as 1st line agent.
- Antibiogram for susceptibility based treatment.

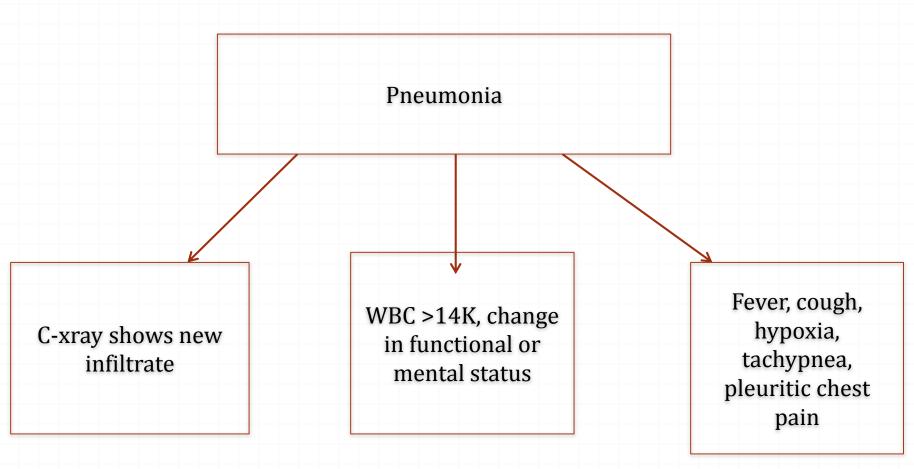
# Respiratory illnesses

- Differentiate between 3 illness:
  - Pneumonia
  - Bronchitis
  - Influenza

### Pneumonia



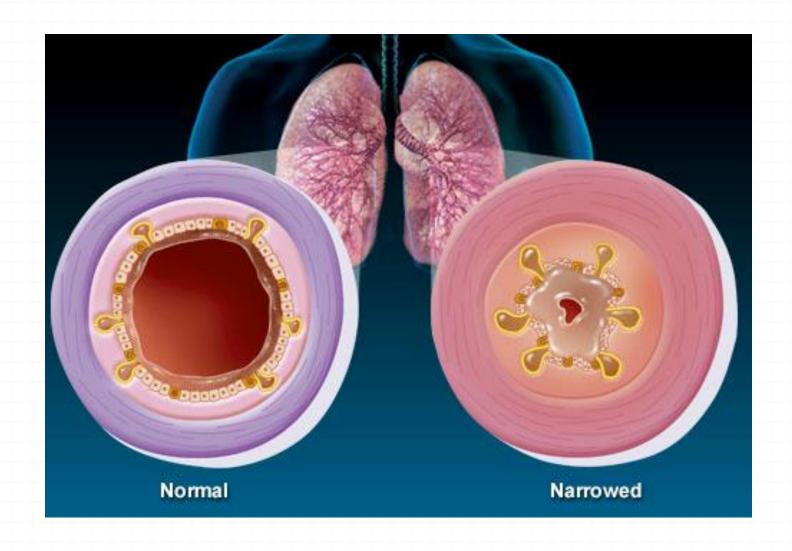
## Community acquired pneumonia



## Community acquired pneumonia

- Check Procalcitonin. If less than cutoff stop treatment.
- Beta-lactam + macrolide or doxycycline for 5-7 days.
- Crackles on nursing auscultation can predict pneumonia with good accuracy.

## Bronchitis



#### Acute Bronchitis

Acute Bronchitis (viral)

Chest X-Ray with **NO** infiltrate

**Fever**, **cough**, hypoxia, tachypnea, pleuritic chest pain

#### Influenza

- Fever
- At least 3 of the following influenza-like illness subcriteria
  - o Chills
  - o New headache or eye pain
  - Myalgias or body aches
  - Malaise or loss of appetite
  - Sore throat
  - New or increased dry cough

# Common cold (pharyngitis)

- Runny nose or sneezing
- Stuffy nose (congestion)
- Sore throat or hoarseness or difficulty in swallowing
- Dry cough
- Swollen or tender glands in the neck (cervical lymphadenopathy)
- No antibiotics for common cold

#### Cellulitis

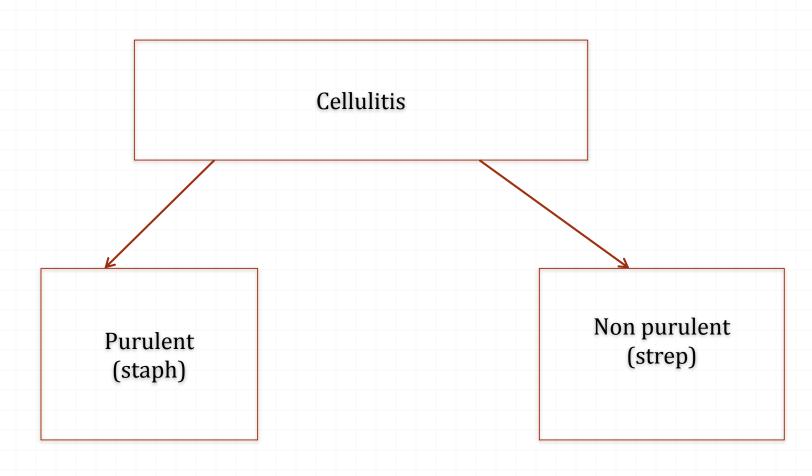
Learn to differentiate stasis dermatitis from cellulitis.

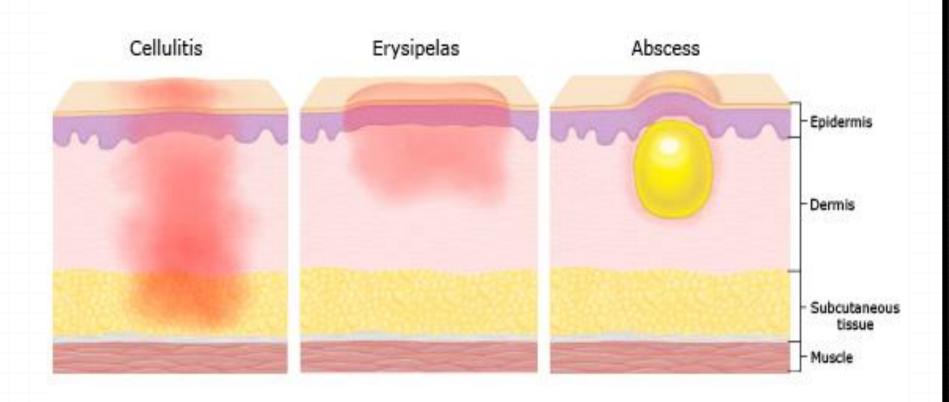
- Cellulitis:
- o Pus present at a wound, skin or soft tissue site.
- New presence of heat, redness, swelling, tenderness and drainage often with fever and leukocytosis.

#### Is It Cellulitis?

- Cellulitis is rarely bilateral.
- A chronic course points to a diagnosis other than cellulitis.
- Plaques with a "bound-down" appearance or dark pigmentation point to a chronic disease rather than cellulitis.

## Cellulitis





### **Cutaneous Abscess**



## Non Purulent Cellulitis



## Stasis Dermatitis



#### Treatment

- Purulent cellulitis require I&D. +/- short antibiotic course targeting MRSA, MSSA.
- Non purulent cellulitis requires 5 days of antibiotic targeting *Beta hemolytic strep*.
- Raise leg for non purulent cellulitis.

### Importance of communication

- Communication influences health care utilization.
- Communication impacts patient and provider satisfaction.
- Important to communicate <u>risk</u> and benefit of treatment.
- Communication is a learned skill.

#### References

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## References

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 Accessed November 1 2016. <a href="http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html">http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html</a>

# Questions

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