Leadership Commitment & Education:
Key elements for AMS program success

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Washington State Department of Health

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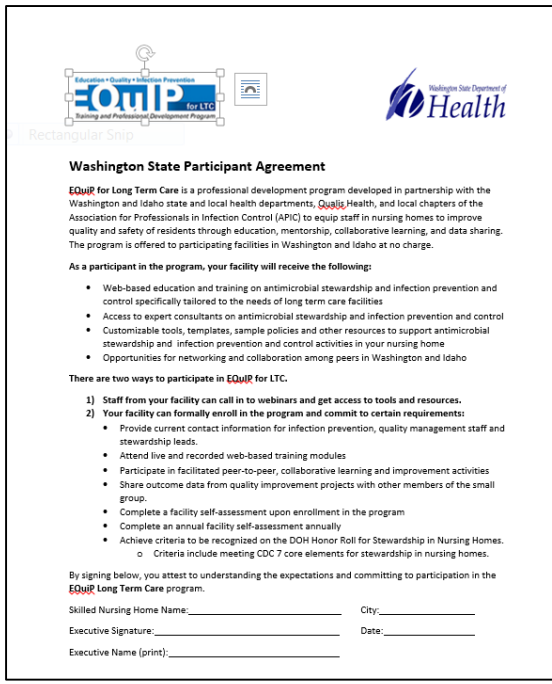
PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND HEALTHIER COMMUNITY

Enrollment in EQuIP

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



Washington State Participant Agreement

EQuIP for Long Term Care is a professional development program developed in partnership with the Washington and Idaho state and local health departments, Qualis Health, and local chapters of the Association for Professionals in Infection Control (APIC) to equip staff in nursing homes to improve quality and safety of residents through education, mentorship, collaborative learning, and data sharing. The program is offered to participating facilities in Washington and Idaho at no charge.

As a participant in the program, your facility will receive the following:

- Web-based education and training on antimicrobial stewardship and infection prevention and control specifically tailored to the needs of long term care facilities
- Access to expert consultants on antimicrobial stewardship and infection prevention and control
- Customizable tools, templates, sample policies and other resources to support antimicrobial stewardship and infection prevention and control activities in your nursing home
- Opportunities for networking and collaboration among peers in Washington and Idaho

There are two ways to participate in EQuIP for LTC.

1) **Staff from your facility can call in to webinars and get access to tools and resources.**
2) **Your facility can formally enroll in the program and commit to certain requirements:**
   - Provide current contact information for infection prevention, quality management staff and stewardship leads.
   - Attend live and recorded web-based training modules
   - Participate in facilitated peer-to-peer, collaborative learning and improvement activities
   - Share outcome data from quality improvement projects with other members of the small group.
   - Complete a facility self-assessment upon enrollment in the program
   - Complete an annual facility self-assessment annually
   - Achieve criteria to be recognized on the DOH Honor Roll for Stewardship in Nursing Homes.
     - Criteria include meeting CDC 7 core elements for stewardship in nursing homes.

By signing below, you attest to understanding the expectations and committing to participation in the **EQuIP Long Term Care** program.

Skilled Nursing Home Name:_____ City:_____

Executive Signature:_____ Date:_____

Executive Name (print):_____

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

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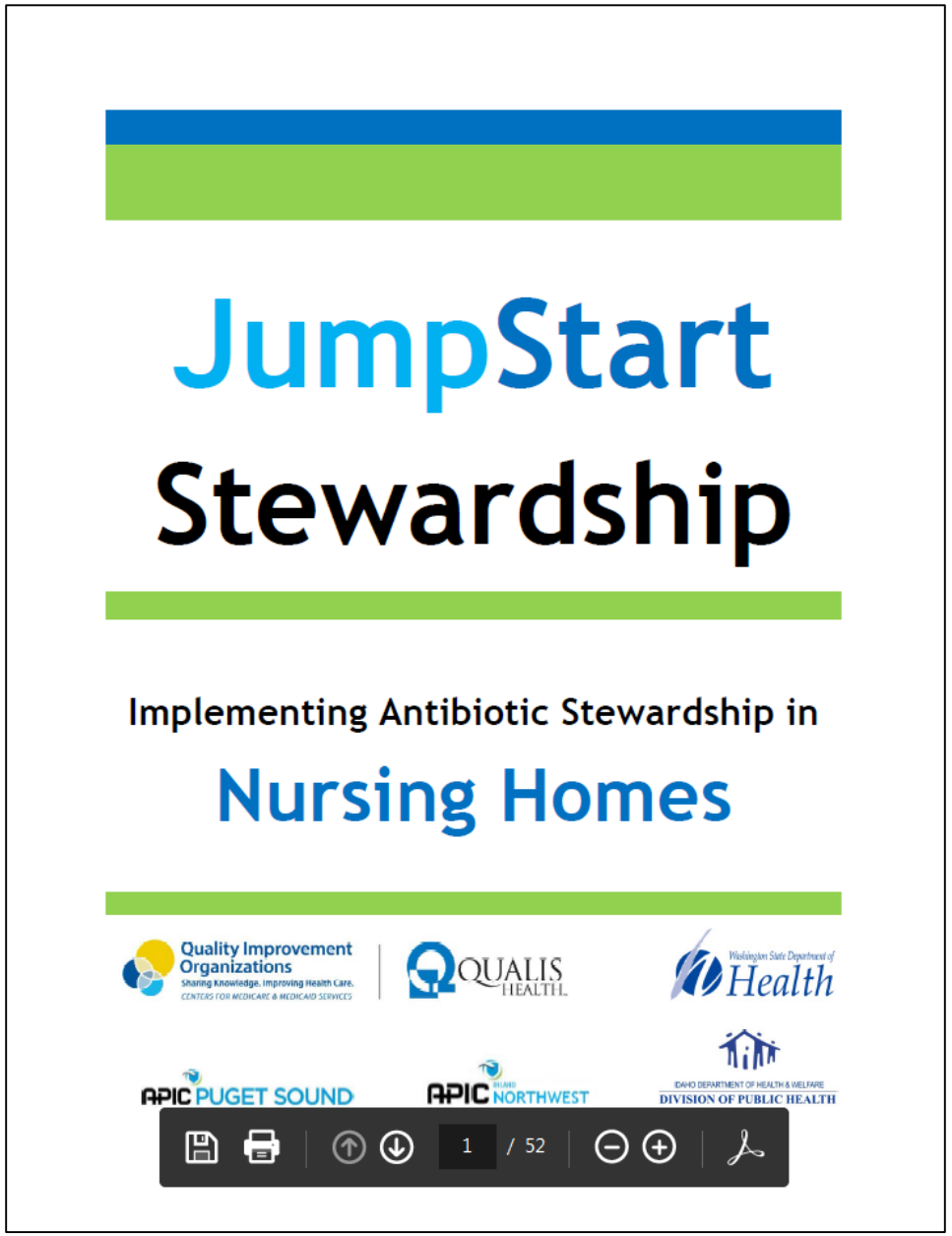
Training and Professional Development Program



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

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Outline

- Leadership Commitment to AMS
- AMS Education
- Examples from attendees
- Q & A

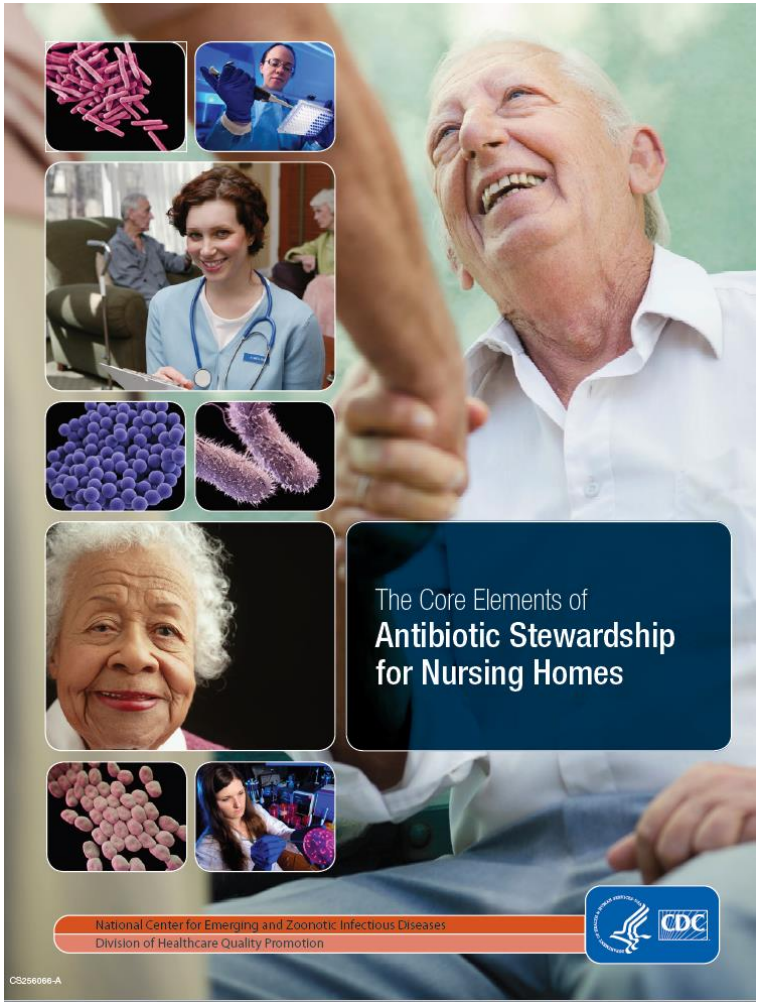
Abbreviations:

AMS Antimicrobial Stewardship

Abx Antibiotics

7 Core Elements of AMS for NH

- Leadership commitment
- Accountability
- Drug expertise
- Action
- Tracking
- Reporting
- Education



https://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf

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7 Core Elements of AMS for NH

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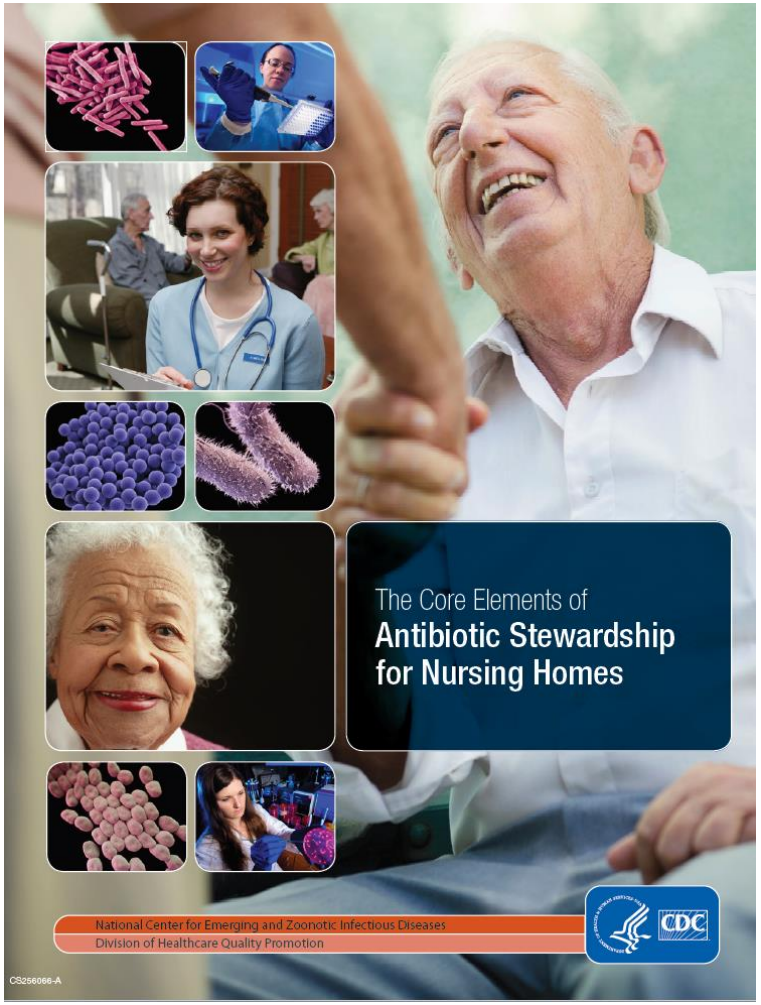

https://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf

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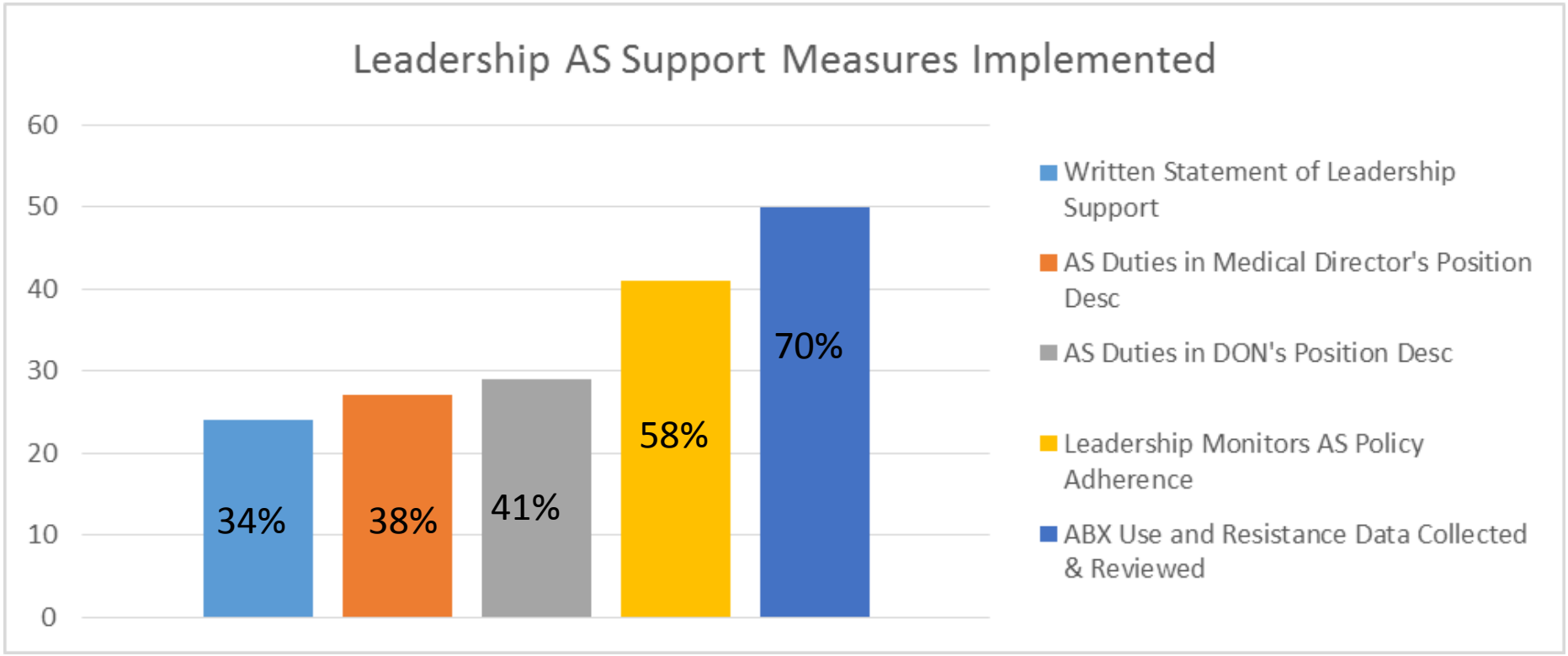
SNF Gap Survey—Leadership Commitment

- 71 (76%) have leadership support for AMS



Leadership commitment

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

- Leaders: Dedicate necessary human, financial, and information technology resources.
  - **Write statements** to staff, residents and facilities supporting improved antibiotic prescribing and use
  - **Include stewardship-related duties & allocate FTE** in position descriptions for medical director, clinical nurse leads, & consultant pharmacists in the facility
  - **Communicate** with staff and prescribing clinicians expectations about antibiotic use, monitoring & enforcement of stewardship policies
  - **Create a culture** of stewardship via messaging & education

Leadership Commitment

- Provide public statement supporting stewardship
  - Formal statement
  - Poster
  - Newsletter column
- Provide financial support & time for training and education on stewardship
- Ensure adequate staffing to accomplish stewardship goals
- Establish clear communication strategy on stewardship via tracking & regular reporting on progress

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Leadership Commitment Poster

- Customize for your facility
- Post in prominent location
- Include in admission packet

Your nursing home photo and logo here!

A Commitment to Our Patients about Antibiotics

What we will do as your healthcare team

Your health is important to us. When you have an illness, we promise to provide the best possible treatments for your condition. If an antibiotic is not needed, or would do more harm than good, we will explain this to you and offer other treatments that are better for you.

Antibiotics only fight infections caused by bacteria

- Antibiotics don't work for viral infections like the common cold, most coughs, and most sore throats.
- If you're sick from a virus and you take antibiotics, you won't get better and you could get bad side effects.
- Antibiotics should only be taken when necessary.
- Buying medications that won't help you is a waste of your money.

Problems with using antibiotics

Antibiotics make bacteria more resistant and can make future infections harder to treat.

Side effects include:

- Drug-resistant infections ("superbugs")
- Skin rashes
- Diarrhea (including *C.difficile* which can be serious and difficult to treat)
- Yeast infections

What should you do?

- If you get an antibiotic, take it as prescribed.
- If you don't get an antibiotic but think you need one, discuss your concerns with us.

Our promise

As your healthcare team, we promise to provide the best possible treatments for your condition. We are dedicated to prescribing antibiotics only when they are needed, and we will avoid giving them to you when they might do more harm than good.

If you have any questions, please feel free to ask your doctor, nurse, or pharmacist.

Clinic Picture Here

Clinic Name Here

Clinic Logo Here

Quality Improvement Organizations | QUALIS HEALTH | WSMA Washington State Medical Association | Washington State Department of Health

www.medicare.qualishealth.org

This material was prepared by the Washington State Department of Health, the Washington State Medical Association and Qualis Health, the Medicare Quality Innovation Network - Quality Improvement Organization (QIN-QIO) for Idaho and Washington, 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. ID/WA-C3 10-OH-2794-02-17

Material adapted from: Meeker D, Knight TK, Friedberg MW, et al. JAMA Intern Med. 2014;174(3):425-431. doi:10.1001/jamainternmed.2013.14191 and Centers for Disease Control and Prevention (CDC) Get Smart: Know When Antibiotics Work materials. https://www.cdc.gov/getsmart/community/index.html

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Nursing Home Antibiotic Use 101

- Abx are among most frequently prescribed medications
- Up to 70% of NH residents receive and antibiotic in a year
- 40-70% of abx prescribed in nursing homes are inappropriate or unnecessary
- Harms from abx use include C. diff infections, drug interactions and adverse events, and resistant infections

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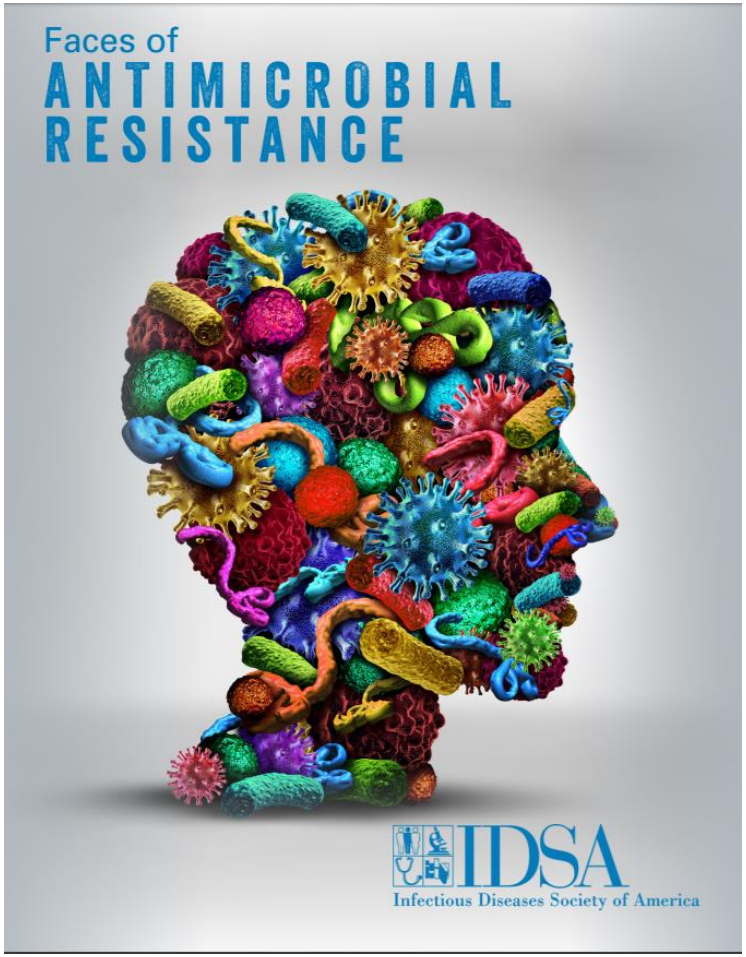
Nursing Home Antibiotic Use 201

- Abx costs $38-137 million per year[1]
- Residents in high abx use nursing homes have 25% increased risk of antibiotic related harm[2]
  - Even residents who do not receive antibiotics are at higher risk due to spread of *C. diff* and abx resistant bacteria

1. Strausbaugh LJ, Joseph CL. Burden of Infections in Long-Term Care. Infect Control Hosp Epidemiol 2000;21:674-679.
2. Daneman, N et.al. Variability in Antibiotic Use Across Nursing Homes and the Risk of Antibiotic-Related Adverse Outcomes for Individual Residents. JAMA Intern Med. 2015; E1-E9.



Addie Rerecich

A healthy 11-year-old girl from Tucson, Ariz., who spent months in the hospital fighting several antibiotic-resistant infections and needed a lung transplant to save her life.

Josh Nahum

A 27-year-old skydiving instructor in Colorado who died from an antibiotic-resistant Enterobacter aerogenes infection.

Brock Wade

An active, sports-driven 9-year-old boy survives a terrifying invasive infection and pneumonia caused by MRSA.

Rebecca Lohsen

A healthy 17-year old high school honor student and swimmer from Northern New Jersey who died of an MRSA infection.

Bryce Smith

A healthy 14-month old from Santee, California who contracted MRSA and spent many harrowing weeks in the intensive care unit as doctors struggled to save his life.

Joan Corboy

An Illinois woman nearly loses her life while struggling with a recurrent and drug-resistant C. difficile infection.

Simon Macario

Simon, a healthy baby from Chicago, who contracted MRSA and did not survive his infection.

Tatiana Chiprez Vargas

Just weeks after her wedding, Tatiana Chipraz Vargas began feeling ill and was admitted to the hospital. The doctors then found out she had contracted MRSA.

David Ricci

A 19-year-old from the Seattle area battles several NDM-1 positive antibiotic-resistant infections as he recovers from a train accident that cost him his right leg.

Carlos Don

A healthy 12-year old athlete from Southern California who died of pneumonia caused by an MRSA infection.

Tom Dukes

A healthy and active father in Southern California whose life was torn apart by a painful and drug-resistant E. coli infection.

Brandon Noble

Former Washington Redskins defensive tackle who had recurring serious MRSA infections in his knee.

Dee Dee Wallace

A Wisconsin woman nearly loses her leg, and her life, to MRSA.

Ricky Lannetti

A healthy 21-year old football player at Lycoming College in Williamsport, Pennsylvania who contracted MRSA and did not survive the infection.

Nicholas Johnson

A healthy 12-year-old from Texas who nearly died from an MRSA infection.

http://www.idsociety.org/uploadedFiles/IDSA/FOAR/FOAR%20Report%201-up%20final.pdf
http://www.idsociety.org/Patient_Stories/

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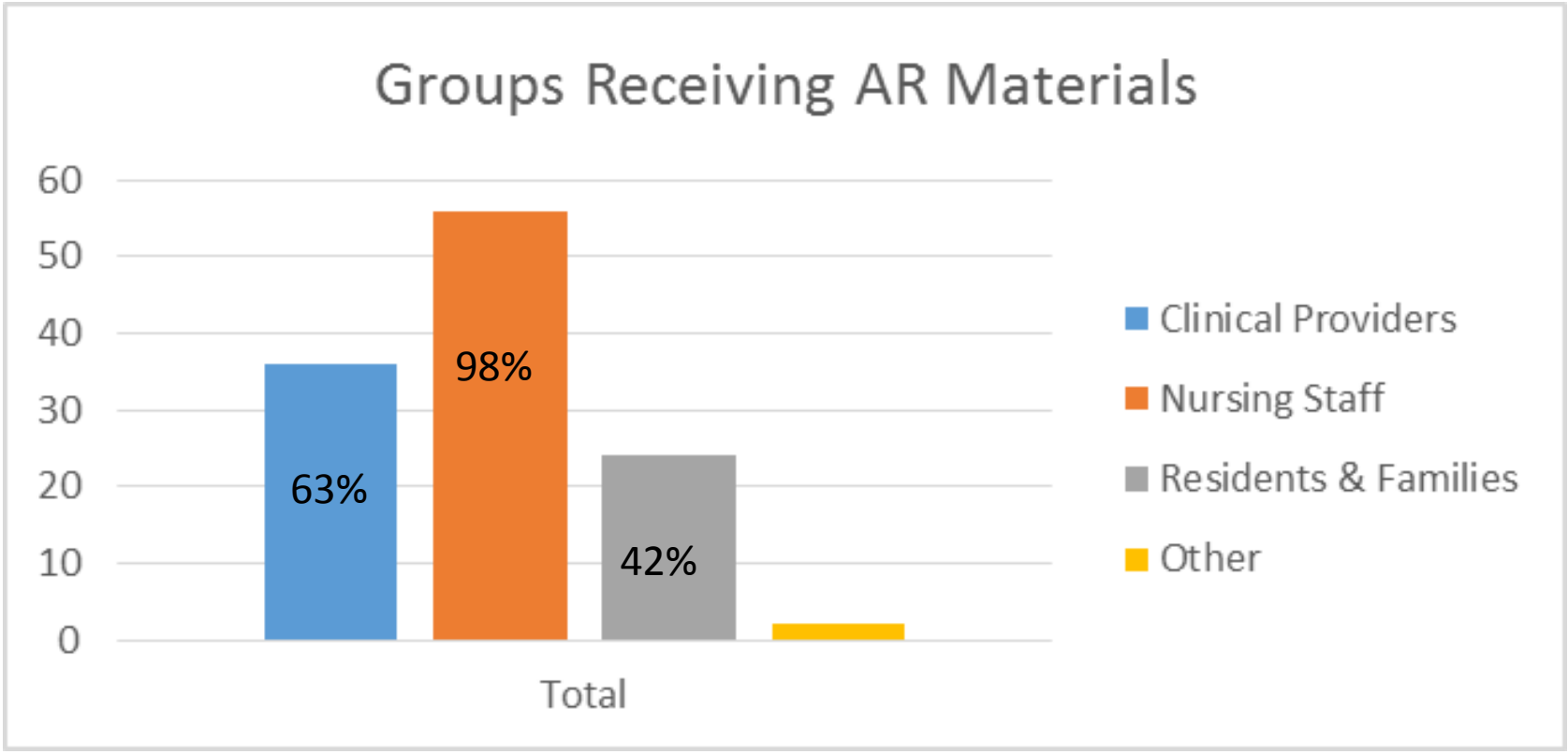
SNF Gap Survey—Education

- 57 (61%) provide AMS education



Education

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

- AMS education should be provided on a regular basis to all staff, residents and families
  - For staff, at hire and annually, at a minimum
  - For residents and families, on admission
  - Post public documents to serve as ongoing reminders
- Make sure everyone is aware of stewardship program goals
- Provide concrete suggestions for how to improve

Educational tools

For Bedside Staff and Prescribers:

- Learning management system
- Educational videos
- Webinars
- Live in-services
- Face-to-face academic detailing
- Posters
- Flyers
- Employee newsletters
- Intranet
- Blogs
- Pocket-guides
- Clinical practice guidelines
- Electronic decision-support tools

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Educational points to emphasize

- Patient stories can be very effective at showing harms from inappropriate antibiotic use
- Focus educational content on quality and safety, rather than cost savings
- AMS supports the triple aim of improved patient outcomes, improved population health, AND decreased healthcare expenses

Behavior Change

- Behavior change most effective when education combined with feedback
  - Reporting statistics of prescribers compared to peers
  - Monitoring adherence to prescribing elements or clinical practice guidelines
- Provide updates to staff and residents on progress of meeting AMS goals

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Educational Resources

- AHRQ Nursing Home Antimicrobial Stewardship Guide https://www.ahrq.gov/nhguide/toolkits/educate-and-engage/index.html
- CDC Get Smart https://www.cdc.gov/getsmart/community/
- Choosing Wisely http://www.choosingwisely.org/
- Society for Hospital Medicine "Fight the Resistance" http://www.fighttheresistance.org/

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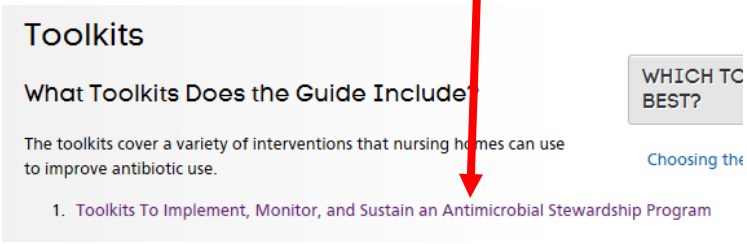
AHRQ Nursing Home Antimicrobial Stewardship Guide

1. Go to https://www.ahrq.gov/nhguide/toolkits.html
2. Click on "Browse the AMS Toolkits"

3. Click on #1. "Toolkits to Implement, Monitor and Sustain an AMS Program"

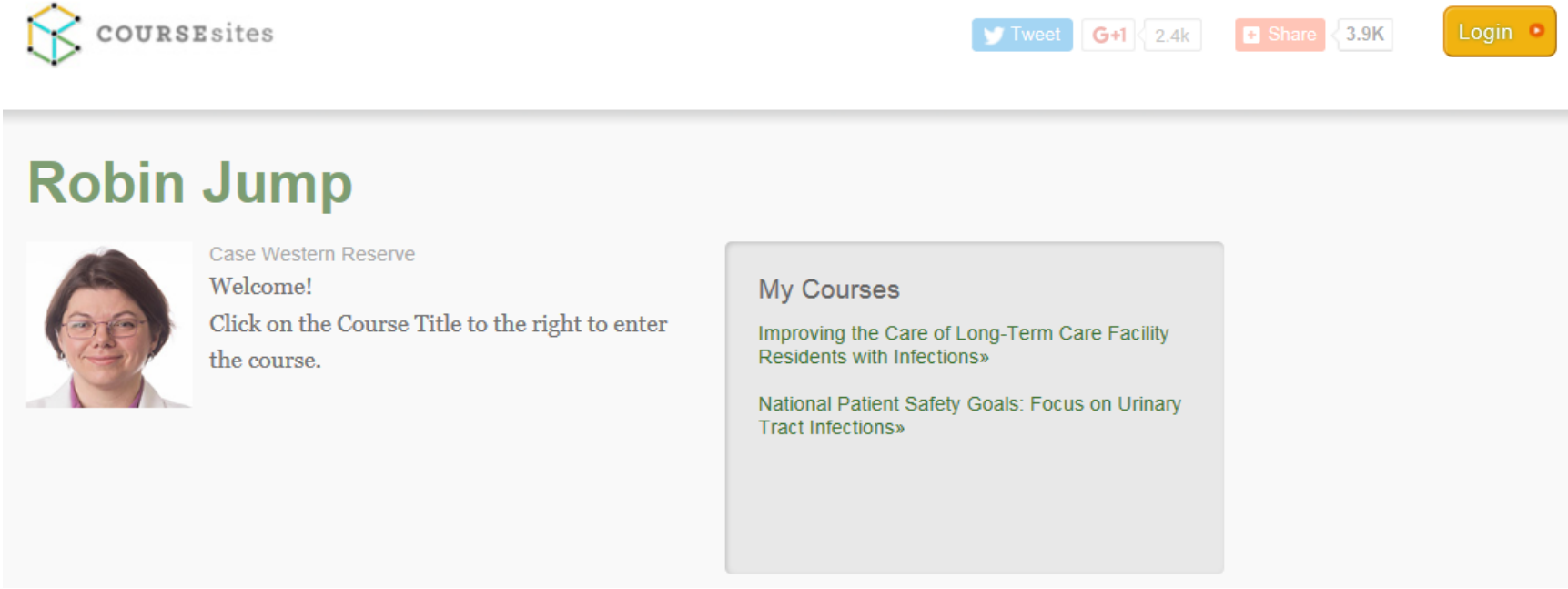


4. Click on Toolkit 1. "Start an Antimicrobial Stewardship Program"

https://www.ahrq.gov/nhguide/toolkits.html

AHRQ Educational Resources for Nursing Staff

- Improving the Care of LTCF Residents with Infections (3 nursing contact hours)



https://www.ahrq.gov/nhguide/toolkits/implement-monitor-sustain-program/toolkit1-start-program.html

AHRQ Educational Resources

- Promoting Wise Antibiotic Use in Nursing Homes
  - Offerings for Nurses, Medical Providers and Residents/Families

https://www.ahrq.gov/nhguide/toolkits/implement-monitor-sustain-program/toolkit1-start-program.html

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INFECTION MANAGEMENT AND ANTIBIOTIC STEWARDSHIP

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Continuing Education

Welcome, Marisa D'Angeli

Introduction to Infection Management and Antibiotic Stewardship

Module 1:	Module 2:	Module 3:	Module 4:	Module 5:
Antibiotic Resistance in Nursing Homes: Causes and Consequences	Colonization vs. Infection	Cloudy or Smelly Urine	Understanding Urinalysis and Urine Culture Results	Could It Be a Urine Infection?

Quiz 1:

Modules 1 - 5

Module 6:	Module 7:	Module 8:	Module 9:	Module 10:
Assessing and Treating Respiratory Infections	Common Skin Dilemmas	Communicating with Providers	Infection Control for Prevention	Putting It All Together

Quiz 2:

Modules 6 - 10

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Medical Providers

Physicians, nurse practitioners, and physician assistants make diagnoses and order treatments. If you provide medical care to nursing home residents, you may have learned that best practice was to prescribe antibiotics "just in case they might help to prevent infection," "to prevent sepsis," or for similar reasons. This represented defensive medicine and has contributed to the high and rising rate or resistant, difficult to treat infections we now see in nursing homes.

Because of the many negative effects of overprescribing, "best practice" has shifted to advocating antibiotics "only when needed" and NOT routinely for the many situations that in the past led to unnecessary overprescribing. This approach is called *antibiotic stewardship*.

In actual nursing home practice there are many factors that make antibiotic stewardship challenging. This website provides (and over time will add more) resources to help medical care providers better understand both the science and the practicalities of antibiotic stewardship, and apply it in their everyday practice.

These include:

- The following **downloadable audiocast case discussions of challenging antibiotic stewardship problems for nursing home clinicians**:

    1. Controversies in Management of Nursing Home Infections: A Round Table Discussion [1 hour CME available]
    2. Ten Tough Cases in Diagnosis and Management of Nursing Home Infections [1 hour CME available]

- The following **downloadable audiocast case discussion of challenging nursing home infection problems for emergency department providers:**
    1. *Controversies in Emergency Department Management of Nursing Home Patients with Suspected Infection* [1 hour CME available]

Note: To download MP3s, right click on 'Download..' and select 'Save Link As...."

Click here to register for your CME Credits

- The following **downloadable resources on nursing home infections:**

    - General Guidelines For Urine Testing
    - Twelve Clinical Situations in Long-Term Care for Which Antibiotics are Often Prescribed but Rarely Necessary

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Home › Residents & Families

Residents & Families

Nursing home residents and families sometimes pressure doctors or other medical providers to give antibiotics when doing so is against the medical provider's best judgment. This is often because the resident or family doesn't understand that times have changed, that society is running out of effective antibiotics, and the giving them when they are not needed could cause a very serious, possibly deadly complication later on.

Below are downloadable materials that explain some of these issues.

Click here to download brochure on antibiotic use in nursing homes

Click here to download two page fact sheet on antibiotics in nursing homes

Here are links to additional resources for residents and families on the crisis of antibiotic overuse in long-term care:

http://health.usnews.com/health-news/patient-advice/articles/2014/06/09/do-you-really-need-that-antibiotic.

http://www.publichealthreports.org/issueopen.cfm?articleID=3195.

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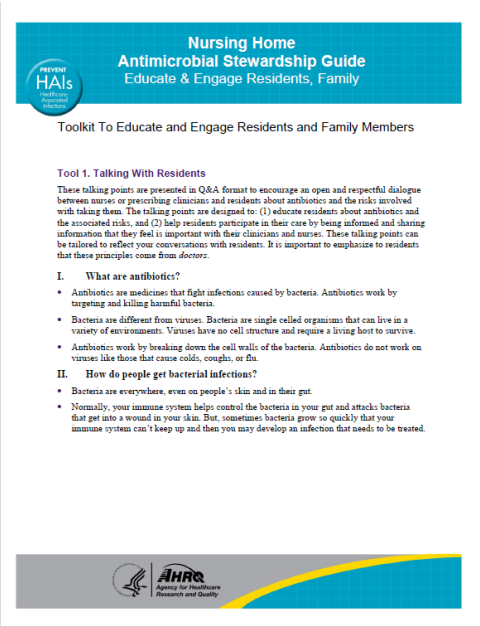
Educational Resources for Residents & Families

- AHRQ Nursing Home Antimicrobial Stewardship Guide
  - Talking with Residents and Family Members about Antibiotics
  - Info Sheet for Residents with Resistant Bacteria
  - Basic info about Antibiotics
  - Suspect a UTI? Harms of Taking Abx Don't Need Them
  - Managing Resident/Family Expectations


Nursing Home
Antimicrobial Stewardship Guide
Educate & Engage Residents, Family

Toolkit To Educate and Engage Residents and Family Members

Tool 1. Talking With Residents

These talking points are presented in Q&A format to encourage an open and respectful dialogue between nurses or prescribing clinicians and residents about antibiotics and the risks involved with taking them. The talking points are designed to: (1) educate residents about antibiotics and the associated risks, and (2) help residents participate in their care by being informed and sharing information that they feel is important with their clinicians and nurses. These talking points can be tailored to reflect your conversations with residents. It is important to emphasize to residents that these principles come from *doctors*.

I. What are antibiotics?

- Antibiotics are medicines that fight infections caused by bacteria. Antibiotics work by targeting and killing harmful bacteria.
- Bacteria are different from viruses. Bacteria are single celled organisms that can live in a variety of environments. Viruses have no cell structure and require a living host to survive.
- Antibiotics work by breaking down the cell walls of the bacteria. Antibiotics do not work on viruses like those that cause colds, coughs, or flu.

II. How do people get bacterial infections?

- Bacteria are everywhere, even on people's skin and in their gut.
- Normally, your immune system helps control the bacteria in your gut and attacks bacteria that get into a wound in your skin. But, sometimes bacteria grow so quickly that your immune system can't keep up and then you may develop an infection that needs to be treated.

AHRQ Agency for Healthcare Research and Quality

https://www.ahrq.gov/nhguide/toolkits/educate-and-engage/index.html

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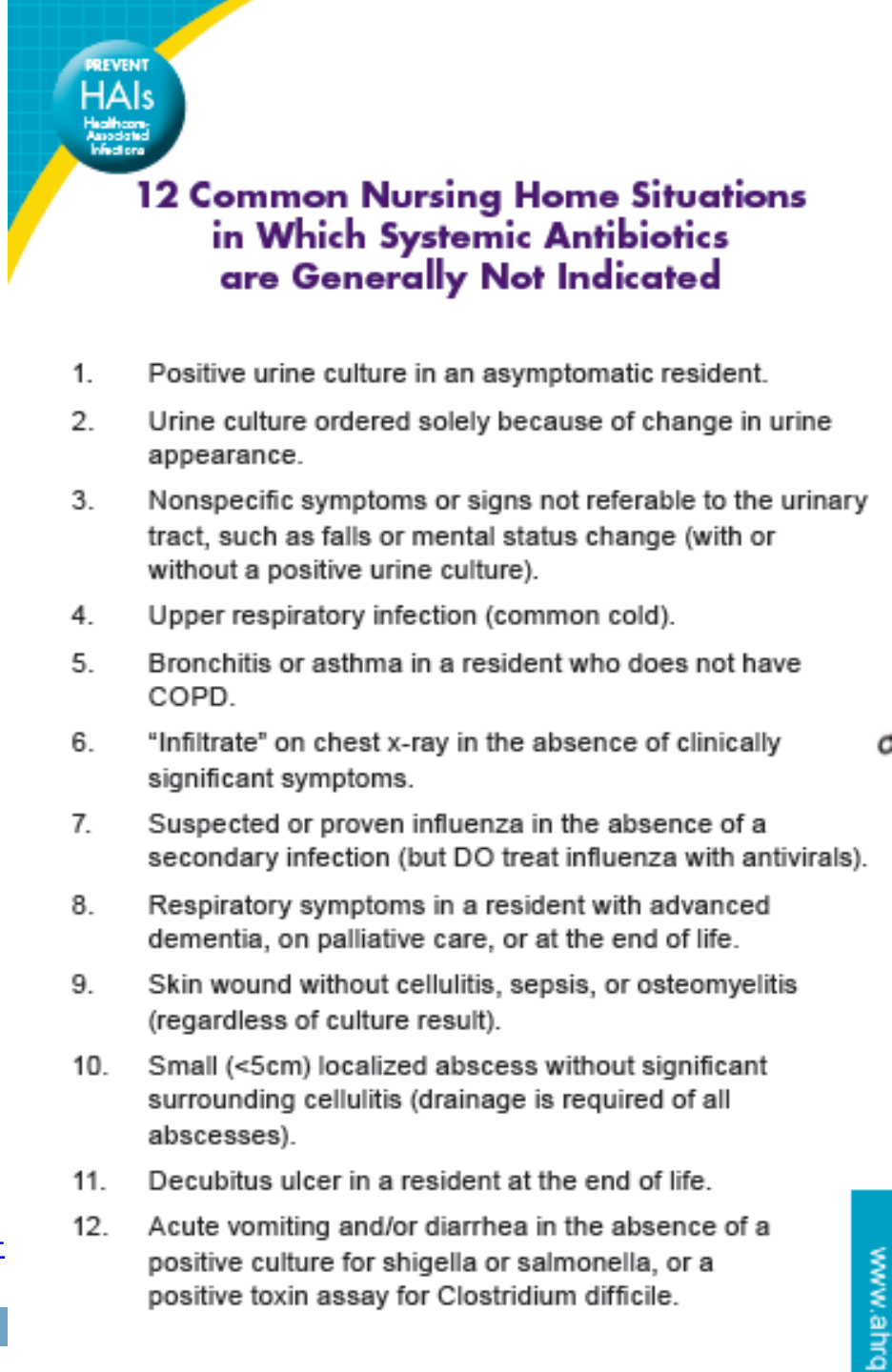
Educational Resources for Nursing Staff

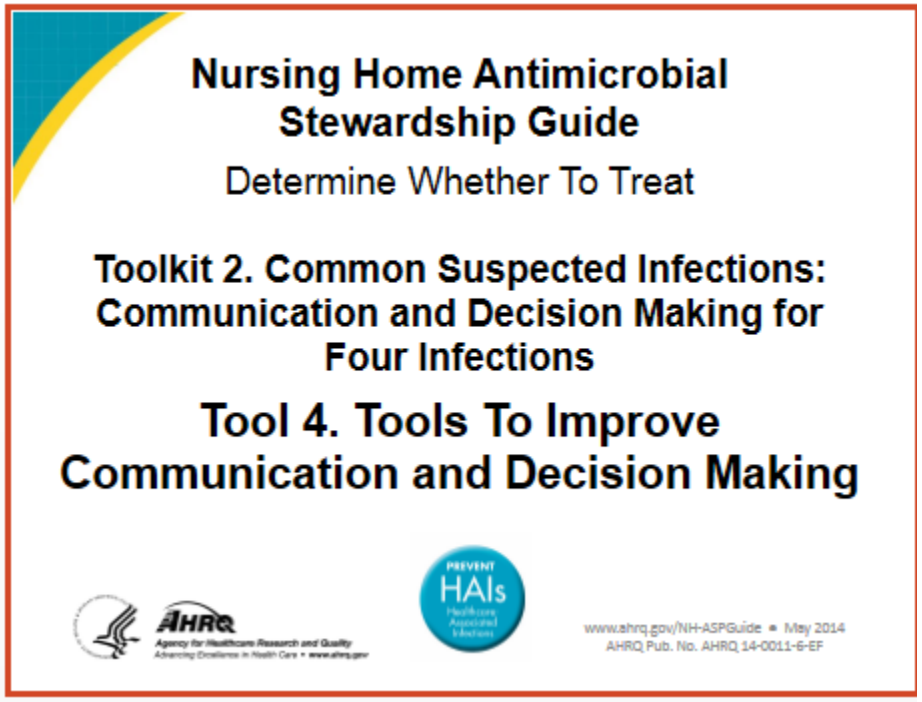
- AHRQ Nursing Home Antimicrobial Stewardship Guide
  - Pocket card with 12 common situations when abx not indicated

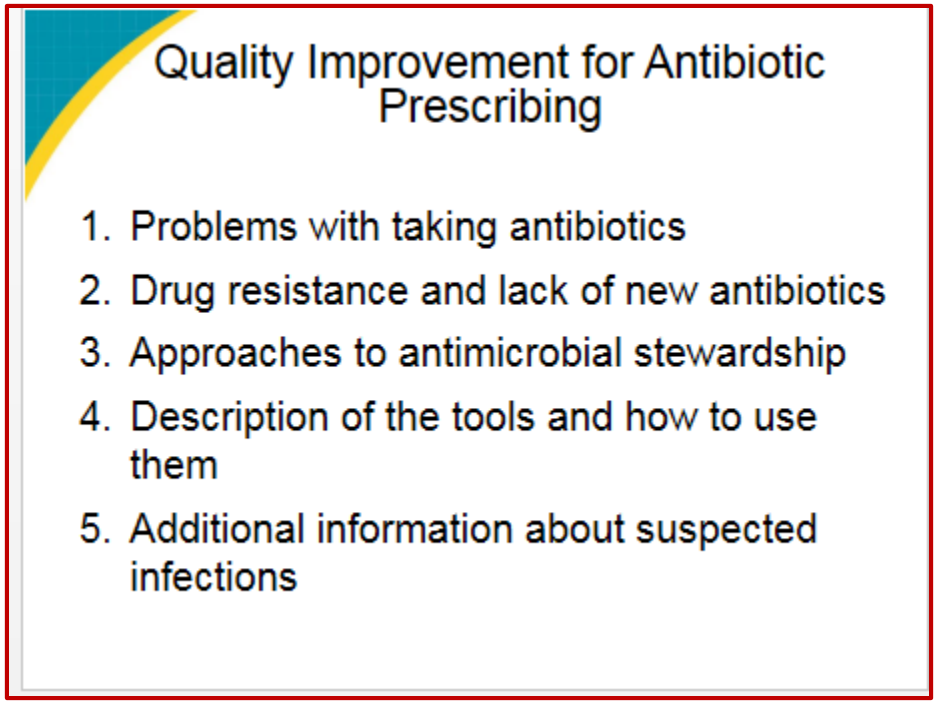


https://www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/toolkit2-communications-and-decisionmaking.html

Educational Resources—Prescribers & Nursing Staff

- Training Slides for Prescribers and Nursing Staff
  - Presentation by DON or Medical Director





https://www.ahrq.gov/nhguide/toolkits/determine-whether-to-treat/toolkit2-communications-and-decisionmaking.html

Get Smart: Know When Antibiotics Work

Antibiotic resistance is a growing problem and the main cause of this problem is misuse of antibiotics. CDC's Get Smart: Know When Antibiotics Work program works to make sure antibiotics are prescribed only when they are needed and used as they should. The Get Smart program focuses on common illnesses that account for most of the antibiotic prescriptions written for children and adults in doctors' offices and other outpatient settings.

ABOUT ANTIBIOTIC USE AND RESISTANCE
Antibiotics have transformed our ability to treat infections, but they do not work as well as they once did against some infections...

PROGRAMS AND MEASUREMENT
A look at state, national, and international efforts to track antibiotic-resistant infections and implement interventions to curb this growing threat...

FOR PATIENTS
Information on when common illnesses need antibiotics and ways to lessen your symptoms if antibiotics are not needed...

PARTNERS
CDC's Get Smart program works with a wide-range of partners to raise awareness about the threat of antibiotic resistance...

FOR HEALTHCARE PROFESSIONALS
Outpatient and inpatient healthcare providers, as well as community pharmacists, all play a role in fighting antibiotic resistance...

GET SMART ABOUT ANTIBIOTICS WEEK
An annual observance to raise awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic prescribing and use...

IMPROVING PRESCRIBING
Evidence-based ways to increase appropriate antibiotic prescribing in outpatient settings...

MATERIALS AND REFERENCES
Use these materials (fact sheets, posters) and other tools (podcasts, social media messages, graphics) to spread the word about using antibiotics wisely...

If You Have a Cold or Flu, Antibiotics Won't Work for You

Read this chart to know which common illnesses are usually viral or bacterial and when antibiotics are necessary.

More >

Antibiotics Quiz

Test your knowledge by trying your hand at this quiz about antibiotics and antibiotic resistance.

More >

https://www.cdc.gov/getsmart/community/index.html

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Get Smart Print Materials for Healthcare Professionals

GET SMART About Antibiotics Week
WWW.CDC.GOV/GETSMART

FOR PROVIDERS

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

CS260606A2

PRESERVE THE POWER OF ANTIBIOTICS

Antibiotic-resistant bacteria cause more than **2 million illnesses** and at least **23,000 deaths each year** in the United States. Antibiotic resistance occurs when germs no longer respond to the drugs designed to kill them. Inappropriate prescribing of antibiotics contributes to antibiotic resistance and is a threat to patient safety.

Healthcare Providers Can:

- **Prescribe correctly**
  - **Avoid treating viral syndromes** with antibiotics, even when patients ask for them.
  - **Pay attention to dose and duration:** The right antibiotic needs to be prescribed at the right dose for the right duration.
  - **Be aware of antibiotic-resistance patterns** in your area so that you can always choose the right antibiotic.
  - Hospital and nursing home providers should **reassess within 48 hours of starting** the antibiotic, when the patient's culture results come back. Adjust the prescription, if necessary. Stop the prescription, if indicated.
- **Collaborate with each other and with patients**
  - **Talk to your patients** about appropriate use of antibiotics.
  - **Include microbiology cultures**, when possible, when ordering antibiotics.
  - **Work with pharmacists** to ensure appropriate antibiotic use and prevent resistance and adverse events.
  - **Use patient and provider resources** offered by the Centers for Disease Control and Prevention (CDC) and professional organizations such as Society for Healthcare Epidemiology.
    - Provider Resources: http://www.cdc.gov/getsmart/
    - Patient Resources: http://www.cdc.gov/getsmart/community/for-patients/index.html
    - General Information: http://www.cdc.gov/drugresistance/protecting_yourself_family.html
- **Stop the spread**
  - **Follow hand hygiene and other infection control measures** with every patient.
- **Embrace antibiotic stewardship**
  - **Improve antibiotic use** in all facilities—regardless of size—through stewardship interventions and programs, which will improve individual patient outcomes, reduce the overall burden of antibiotic resistance, and save healthcare dollars.
  - **Recognize and participate** in CDC's Get Smart About Antibiotics Week initiatives.

Is it Really a Penicillin Allergy?

Evaluation and Diagnosis of Penicillin Allergy for Healthcare Professionals

Did You Know? 5 Facts About Penicillin Allergy (Type 1, Immunoglobulin E (IgE)-mediated)

1. Approximately 10% of all U.S. patients report having an allergic reaction to a penicillin class antibiotic in their past.
2. However, many patients who report penicillin allergies do not have true IgE-mediated reactions. When evaluated, fewer than 1% of the population are truly allergic to penicillins.[1]
3. Approximately 80% of patients with IgE-mediated penicillin allergy lose their sensitivity after 10 years.[1]
4. Broad-spectrum antibiotics are often used as an alternative to penicillins. The use of broad-spectrum antibiotics in patients labeled "penicillin-allergic" is associated with higher healthcare costs, increased risk for antibiotic resistance, and suboptimal antibiotic therapy.[1]
5. Correctly identifying those who are not actually penicillin-allergic can decrease unnecessary use of broad-spectrum antibiotics.[1]

10% of the population reports a penicillin allergy but <1% of the whole population is truly allergic.

Before prescribing broad-spectrum antibiotics to a patient thought to be penicillin-allergic, evaluate the patient for true penicillin allergy (IgE-mediated) by conducting a history and physical, and, when appropriate, a skin test and challenge dose.

History and Physical Examination

The history and physical examination are important components when evaluating a patient's drug reactions.[1]

- Questions to ask during the examination:
  - What medication were you taking when the reaction occurred?
  - What kind of reaction occurred?
  - How long ago did the reaction occur?
  - How was the reaction managed?
  - What was the outcome?[2]
- Characteristics of an IgE-mediated (Type 1) reaction:
  - Reactions that occur immediately or usually within one hour[1]
  - Hives: Multiple pink/red raised areas of skin that are intensely itchy[3]
  - Angioedema: Localized edema without hives affecting the abdomen, face, extremities, genitalia, oropharynx, or larynx[4]
  - Wheezing and shortness of breath
  - Anaphylaxis[1] requires signs or symptoms in at least two of the following systems:
    - Skin: Hives, flushing, itching, and/or angioedema (continued on next page)

- Broad-spectrum antibiotics are often used as an alternative to narrow-spectrum penicillins.
- Using broad-spectrum antibiotics can increase healthcare costs and antibiotic resistance, and may mean your patient receives less than the best care.
- Correctly identifying if your patient is actually penicillin-allergic can decrease these risks by reducing unnecessary use of broad-spectrum antibiotics.

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

CS262078

https://www.cdc.gov/getsmart/community/materials-references/print-materials/hcp/index.html

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- Lists for clinicians from specialty societies
- Examples

AMDA – The Society for Post-Acute and Long-Term Care Medicine	Don't obtain a C. difficile toxin test to confirm "cure" if symptoms have resolved.
AMDA – The Society for Post-Acute and Long-Term Care Medicine	Don't place an indwelling urinary catheter to manage urinary incontinence.
AMDA – The Society for Post-Acute and Long-Term Care Medicine	Don't obtain a urine culture unless there are clear signs and symptoms that localize to the urinary tract.
American Geriatrics Society	Don't use antimicrobials to treat bacteriuria in older adults unless specific urinary tract symptoms are present.

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- Lists for patients from specialty societies
- Examples

Antibiotics for People with Catheters

Antibiotics For Your Skin

Oral Antibiotics for Ear Infections

Antibiotics for Urinary Tract Infections in Older People

Antibiotics for Pink Eye

Treating Sinusitis (AAFP)

Treating Sinusitis (AAAAI)

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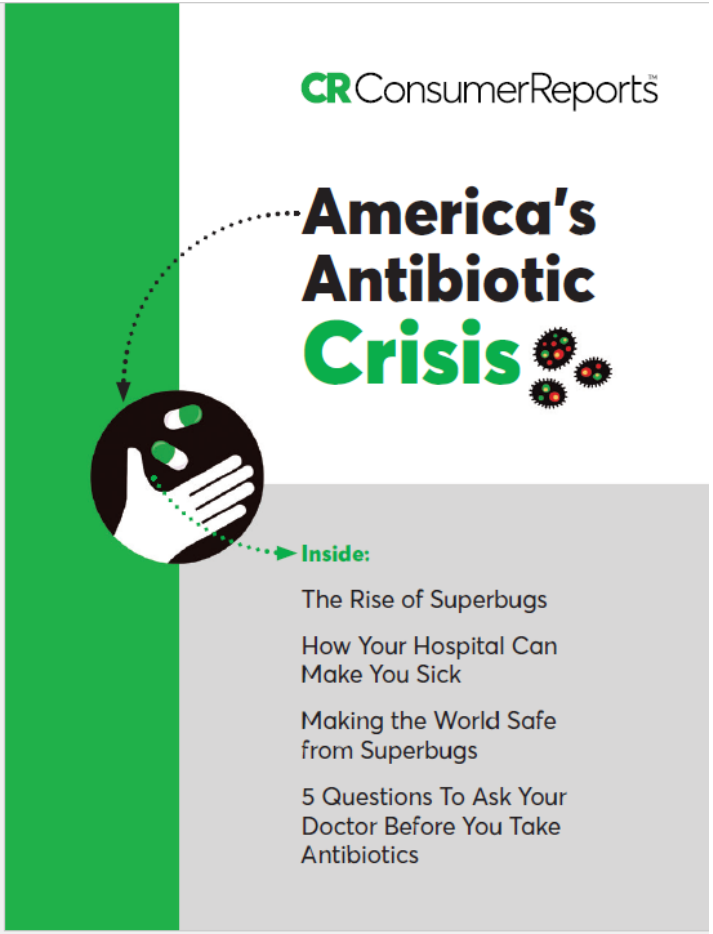
- Information for families in your waiting room



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American Urological Association

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Antibiotics for people with catheters

When they're overused—and when they're needed

Many older adults need help with bladder control. For some, that means having a catheter.

A catheter is a thin, flexible tube that is placed in the body to drain the bladder. It is usually used for a short time while you're in the hospital. But some people, especially those in nursing homes, need a catheter longer.

Almost all people who have catheters have some bacteria in their urine. And many other people do too. But that doesn't mean they all need antibiotics. Here's what you need to know.

Usually, you don't need antibiotics unless you have a urinary-tract infection (UTI).
Just because you have some bacteria in your urine, it doesn't mean you have a UTI. If you don't have an infection, taking antibiotics could be harmful.

Antibiotics have risks.
They can kill "friendly" germs and help drug-resistant bacteria to grow. This can lead to "antibiotic resistance." This means that antibiotics may not work when needed in the future. Resistant bacteria cause illnesses that are harder to cure and more costly to treat. To treat them, a doctor may have to try a few different antibiotics. This increases the risk of side effects.

Using antibiotics can lead to vaginal yeast infections and other, more serious, infections.

Also, older adults often take other medicines that can interact dangerously with antibiotics.

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AGS Geriatrics Healthcare Professionals

Leading Change. Improving Care for Older Adults.

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Antibiotics for urinary tract infections in older people

When you need them—and when you don't

Antibiotics are medicines that can kill bacteria. Doctors often use antibiotics to treat urinary tract infections (UTIs). The main symptoms of UTIs are:

- A burning feeling when you urinate.
- A strong urge to urinate often.

However, many older people get UTI treatment even though they do not have these symptoms. This can do more harm than good. Here's why:

Antibiotics usually don't help when there are no UTI symptoms.
Older people often have some bacteria in their urine. This does not mean they have a UTI. But doctors may find the bacteria in a routine test and give antibiotics anyway.

The antibiotic does not help these patients.

- It does not prevent UTIs.
- It does not help bladder control.
- It does not help memory problems or balance.

Most older people should not be tested or treated for a UTI unless they have UTI symptoms. And if you do have a UTI and get treated, you usually don't need another test to find out if you are cured.

You should only get tested or treated if UTI symptoms come back.

Antibiotics have side effects.
Antibiotics can have side effects, such as fever, rash, diarrhea, nausea, vomiting, headache, tendon ruptures, and nerve damage.

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Tests & treatments for urinary tract infections (UTIs) in older people

When you need them—and when you don't

UTIs are infections of the urinary tract. The main symptoms of UTIs are:

- A burning feeling when you urinate
- A strong urge to urinate often

Bacteria cause most UTIs. Doctors usually treat UTIs with antibiotics, which are strong medicines that kill bacteria.

Older adults are often tested for UTIs, especially in nursing homes. But if you don't have symptoms, urine tests are not very useful. The tests can lead to unnecessary treatments that can even be harmful. This is especially true in older adults. Here's why:

Urine tests usually don't help if you don't have UTI symptoms.
Older people often have bacteria in their urine, even if they have no urinary symptoms. This is true for nearly half of all nursing home residents.

Doctors will often order a urine test if an older adult has vague symptoms, such as increased confusion, irritability, or falling. The test will probably show some bacteria. This may lead the doctor to order an antibiotic.

But if the bacteria is in the urine and not causing a real infection, the antibiotic won't help the vague symptoms. There are many other reasons why an older adult might be confused or irritable, or fall.

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5 QUESTIONS to Ask Your Doctor Before You Take Antibiotics

1. **Do I really need antibiotics?** Antibiotics fight bacterial infections, like strep throat, whooping cough and symptomatic bladder infections. But they don't fight viruses – like common colds, flu, or most sore throats and sinus infections. Ask if you have a bacterial infection.
2. **What are the risks?** Antibiotics can cause diarrhea, vomiting, and more. They can also lead to "antibiotic resistance"– if you use antibiotics when you don't need them, they may not work when you do need them.
3. **Are there simpler, safer options?** Sometimes all you need is rest and plenty of liquid. You can also ask about antibiotic ointments and drops for conditions like pink eye or swimmer's ear.
4. **How much do they cost?** Antibiotics are usually not expensive. But if you take them when you don't need them, they may not work for you in the future – and that may cost you a lot of time and money.
5. **How do I safely take antibiotics?** If your doctor prescribes antibiotics, take them exactly as directed, even if you feel better.

Use these 5 questions to talk to your doctor about when you need antibiotics – and when you don't.

Antibiotics can help prevent or treat some infections. But if you use them for the wrong reason, they may cause unnecessary harm.

Talk to your doctor to make sure you only use antibiotics for the right reasons – and at the right time.

http://ConsumerHealthChoices.org/antibiotics

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shm Society of Hospital Medicine

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Preventing infections in the hospital

Watch out for these two practices

If you or someone you care for is in the hospital, there are two common medical practices that you should watch out for. Here's why:

Both urinary catheters and ulcer drugs are over-used in hospitals. And both increase the risk of infection.

The risks of urinary catheters.
Catheters are tubes to drain urine. They are usually used after surgery, or to keep track of how much urine you make.

But catheters aren't always necessary. They are often used for the convenience of staff. And they are often left in too long.

The longer a catheter is in place, the more bacteria can grow. This can cause a urinary tract infection, or UTI. UTIs are the most common infection that people get in hospitals in the U.S.—there are over a million cases a year. UTIs can lead to longer hospital stays and prescriptions for antibiotics. Sometimes the infections go to the bloodstream and cause death. They kill about 13,000 Americans each year.

The risks of ulcer drugs.
Many hospital patients are given drugs to help prevent ulcers and gastrointestinal bleeding. If someone has had these problems, the drugs may be helpful. They can also help people in intensive care, especially if they are on ventilators.

- Avoid urinary catheters and anti- ulcer drugs

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Fight The RESISTANCE™

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Welcome to the Society of Hospital Medicine's "Fight the Resistance" Antibiotic Stewardship Campaign

STOP THE ENEMY. DON'T OVERPRESCRIBE.

DOWNLOAD POSTERS

The campaign consists of a series of three posters. SHM encourages hospitalists and other hospitalist clinicians to display the posters in their hospitals to help promote the awareness and dialogue about improving antibiotic prescribing.

Call in the Troops!

It Takes a Team. Identify opportunities to engage with all hospital-based clinicians to improve antibiotic stewardship in your hospital.

Stop the Enemy. Don't Overprescribe.

Pay attention to appropriate antibiotic choice, resistance patterns and identify mechanisms to educate providers on overprescribing in your hospital.

Rethink Your Antibiotic Treatment Time Course.

Consider the Following: Adhere to Antibiotic Treatment Guidelines * Track the Day * Set a Stop Date * Re-evaluate Therapy * Streamline Therapy * Avoid Automatic Time Courses.

http://www.fighttheresistance.org/

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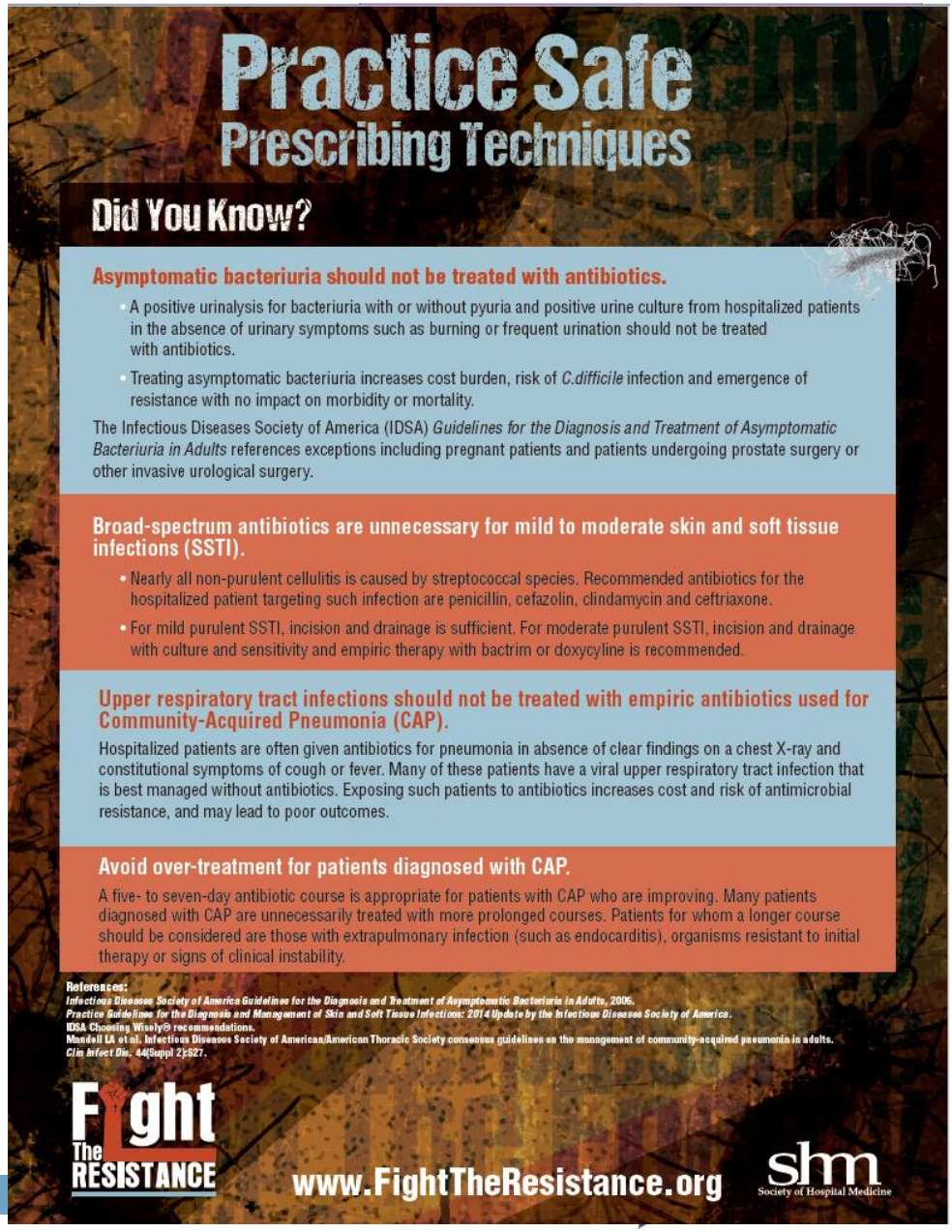
- Asymptomatic bacteriuria should not be treated with antibiotics
- Broad-spectrum antibiotics are unnecessary for mild to moderate skin and soft tissue infections
- Upper respiratory tract infections should not be treated with empiric antibiotics used for community acquired pneumonia
- Avoid over treatment foe patients diagnosed with CAP

http://www.fighttheresistance.org/



- Include dose duration and indication for all abx
- Use decision support tools, policies, & guidelines to choose the right abx
- Routinely include lab culture when ordering abx
- Review abx 24-48 hours after initiating
- Review abx at daily rounds
- Implement a daily time out to consider de-escalation of abx

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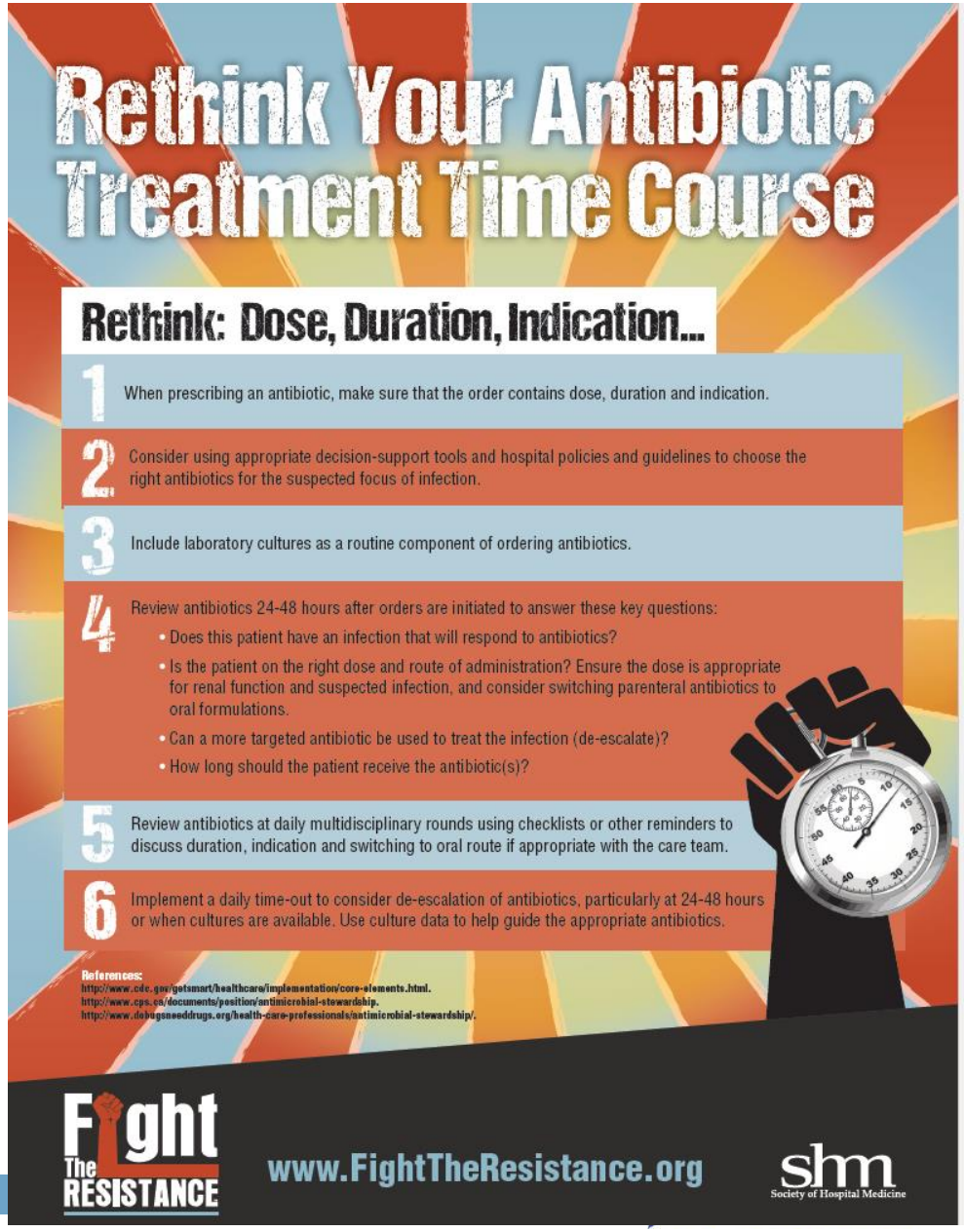

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Before next EQuIP webinar on April 26

- Share the webinar registration link with your colleagues
- Consider formally enrolling in EQuIP for LTC
- Please send suggestions or requested topics to marisa.dangeli@DOH.wa.gov

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Q & A

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