



WELCOME!

Please MUTE your phones!

EQulP for LTC webinar will begin at 10:00 AM

Today's topic is
"AMS and Nursing Homes: How Nurses Can Make a Difference"
5/24/17

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER COMMUNITY



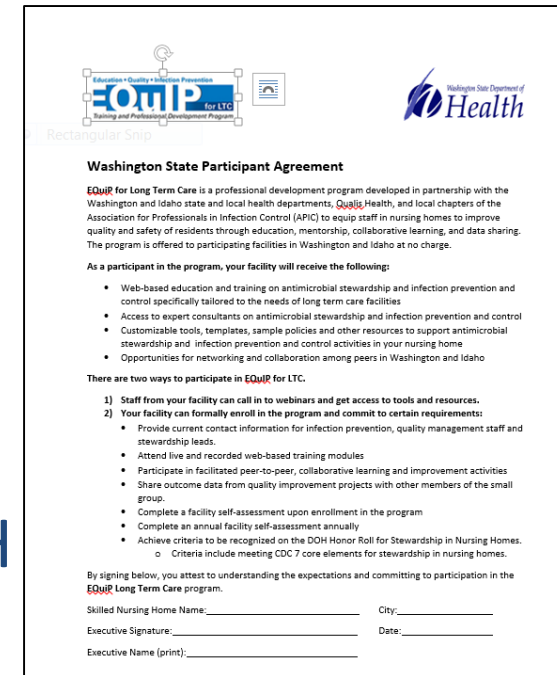
Housekeeping

Please...

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

Enrollment in EQulP

- 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



The image shows a thumbnail of a document titled "Washington State Participant Agreement". At the top left is the EQulP logo, and at the top right is the Washington State Department of Health logo. The text describes the EQulP for Long Term Care program as a professional development program developed in partnership with the Washington and Idaho state and local health departments, Quality 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. It states the program is offered to participating facilities in Washington and Idaho at no charge. A section titled "As a participant in the program, your facility will receive the following:" lists four bullet points: web-based education and training on antimicrobial stewardship and infection prevention, access to expert consultants, customizable tools and templates, and opportunities for networking. Another section titled "There are two ways to participate in EQulP for LTC:" lists two numbered options: 1) Staff from your facility can call in to webinars and get access to tools and resources, and 2) Your facility can formally enroll in the program and commit to certain requirements, which include providing contact information, attending live and recorded web-based training modules, participating in facilitated peer-to-peer activities, sharing outcome data, completing a facility self-assessment, and achieving criteria for recognition on the DOH Honor Roll. At the bottom, there is a section for signing the agreement, with lines for "Sited Nursing Home Name", "City", "Executive Signature", "Date", and "Executive Name (print)".

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



AMS and Nursing Homes: How Nurses Can Make a Difference

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Massachusetts's General Hospital Institute of Health Professions

PUBLIC HEALTH
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CLINICAL PRACTICE: Ellie J. C. Goldstein, Section Editor

The Critical Role of the Staff Nurse in Antimicrobial Stewardship—Unrecognized, but Already There

Richard N. Olans,¹ Rita D. Olans,² and Alfred DeMaria Jr³

¹Hallmark Health System, Inc., Melrose-Wakefield Hospital, ²MGH Institute of Health Professions - School of Nursing, Boston, and ³Bureau of Infectious Disease, Massachusetts Department of Health, William A. Hinton State Laboratory Institute, Jamaica Plain, Massachusetts

An essential participant in antimicrobial stewardship who has been unrecognized and underutilized is the “staff nurse.” Although the role of staff nurses has not formally been recognized in guidelines for implementing and operating antimicrobial stewardship programs (ASPs) or defined in the medical literature, they have always performed numerous functions that are integral to successful antimicrobial stewardship. Nurses are antibiotic first responders, central communicators, coordinators of care, as well as 24-hour monitors of patient status, safety, and response to antibiotic therapy. An operational analysis of inpatient admissions evaluates these nursing stewardship activities and analyzes the potential benefits of nurses’ formal education about, and inclusion into, ASPs.

Keywords. antimicrobial stewardship; antimicrobial stewardship program; antibiotic resistance; nursing; turnaround time.

Olans RN, Olans RD, DeMaria A Jr. The Critical Role of the Staff Nurse in Antimicrobial Stewardship--Unrecognized, but Already There. *Clin Infect Dis* 2016.1;62(1):84-9. doi: 10.1093/cid/civ697. Epub 2015 Aug 11. PMID: 26265496

Antimicrobial Stewardship & Nursing Homes

How Nurses Can Make a Difference

5.24.17

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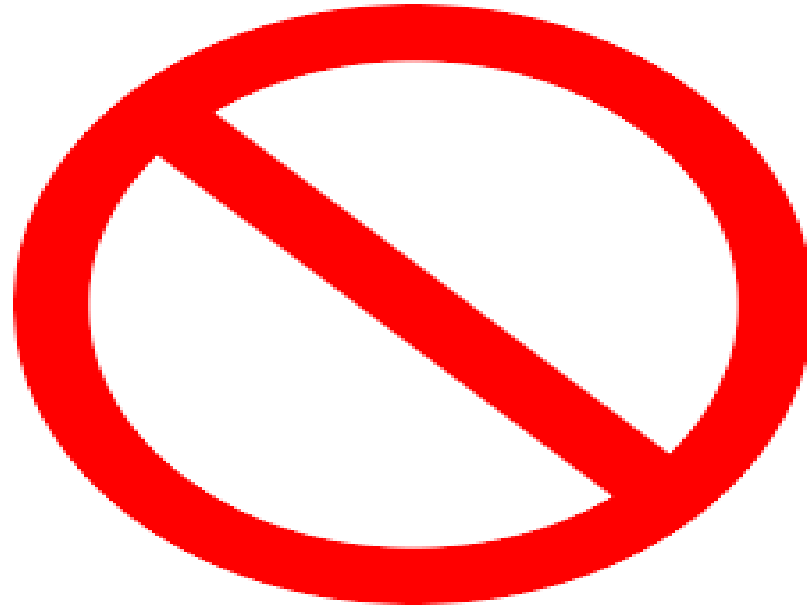


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Disclosures



Learning Objectives

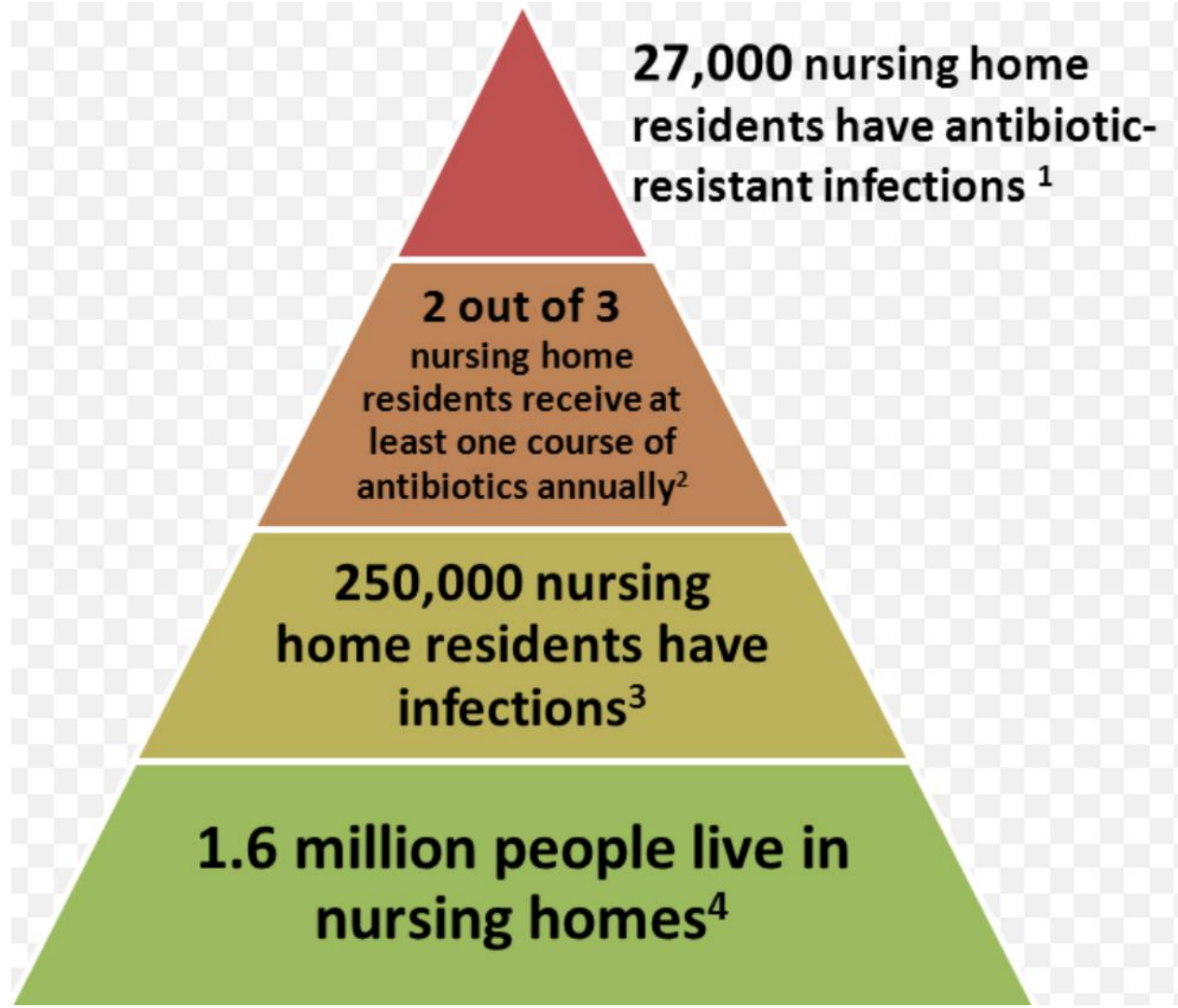
- ☐ Recognize the scope of antibiotic resistance in nursing homes and hospitals
- ☐ Understand how the nurse is already contributing to antibiotic stewardship activities
- ☐ Identify 3 areas where nurses can increase their skill set to enhance antibiotic stewardship performance in nursing homes
- ☐ Utilize the SBAR format to communicate critical information to prescribers about possible infection

“Antimicrobial [antibiotic] Stewardship
is a quality paradigm whose desired goal
is the best use of antibiotics
to produce a lower rate of antibiotic resistance
while achieving
optimal clinical outcomes”

Transatlantic Taskforce On Antimicrobial Resistance TATFAR (2011). *Recommendations for the future collaboration between the U.S. and EU.*

Antibiotic & Antimicrobial Resistance is Interchangeable





Antibiotic Stewardship Goals

- To prevent or slow the emergence of antibiotic resistance,
- To optimize the selection, dosing, and duration of antibiotic therapy in individual patients,
- To reduce adverse drug events, including secondary infections (e.g., *C. difficile*),
- To reduce morbidity, mortality, length of hospitalization, and health care-related costs.

What does
Google say?

The use of antibiotics in nursing homes is intense and usually empiric. ... Programs that will limit the emergence and impact of antibiotic resistance and infections in nursing homes need to be developed

Nurses

Physicians

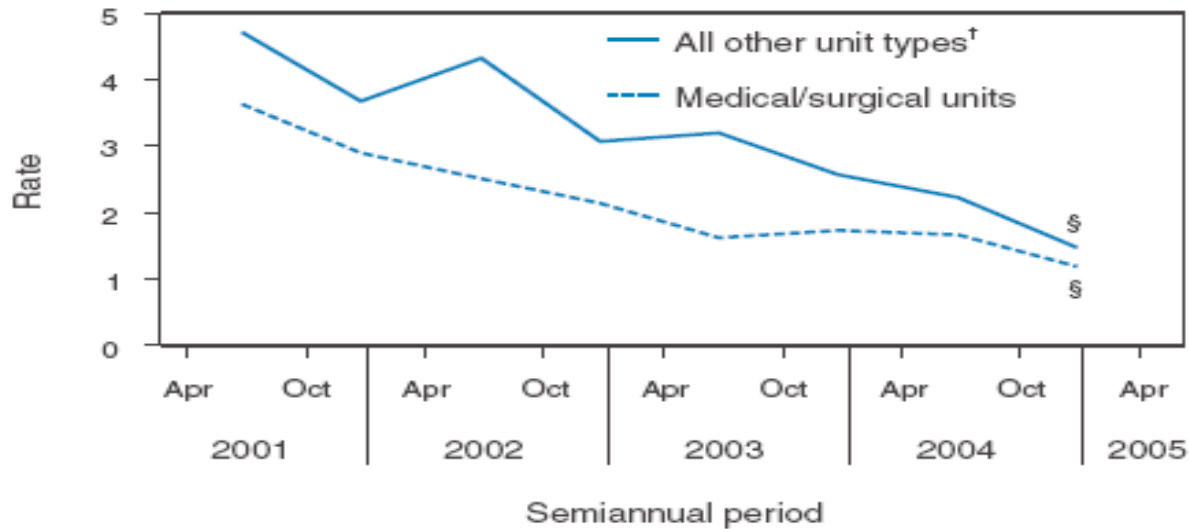
Pharmacists

ID

What Happens When Nurses Are Engaged

Pennsylvania

FIGURE. Central line–associated bloodstream infection rate* in 66 intensive care units (ICUs), by ICU type and semiannual period — southwestern Pennsylvania, April 2001–March 2005



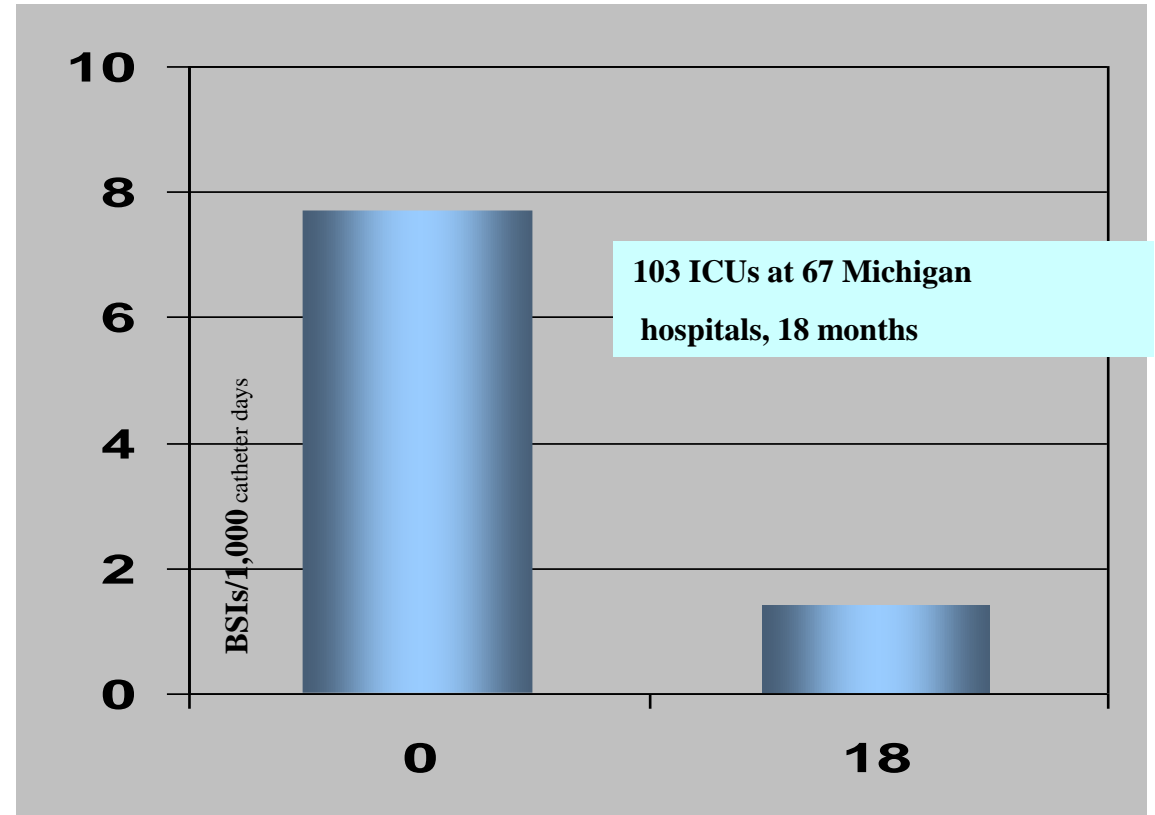
* Pooled mean rate per 1,000 central line days.

[†] Includes cardiothoracic, coronary, surgical, neurosurgical, trauma, medical, burn, and pediatric ICUs.

[§] $p < 0.001$.

MMWR 2005;54:1013-16

Michigan



Pronovost P. New Engl J Med 2006;355:2725-32

[Slide courtesy of Arjun Srinivasan, MD]

Summary of Core Elements for Antibiotic Stewardship in 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

Recognition of an Infection

AS Activity or Task	CDC Core AS Element for Nursing Homes	Nurses
Appropriate triage & isolation	Accountability Drug Expertise Education	Identifies source Appropriate precautions
Accurate antibiotic allergy history	Accountability Drug Expertise Education	Takes allergy history Medication reconciliation Records in resident's record
Early & appropriate cultures	Accountability Drug Expertise Tracking	Obtains/sends cultures Monitors/reports results
Timely antibiotic initiation	Drug Expertise Action Tracking	Receives orders Reviews dose/time Checks allergy/ Administers & records

Patient Course

AS Activity or Task	CDC Core AS Element for Nursing Homes	Nurses
Progress reporting	Drug Expertise Action Tracking	At bedside 24/7 Monitors Communicates
Antibiotic adjustment based on microbiology reports	Drug Expertise Action Tracking	Labs 'chase' resident Receives 1 st Communicates
Antibiotic dosing, Culture & Sensitivity reporting, & de-escalation	Drug Expertise Action Tracking Education	Updates labs Micro susceptibilities

Safety Implications

AS Activity or Task	CDC Core AS Element for Nursing Homes	Nurses
Adverse events	Action Tracking Education	Monitors & reports adverse events
Superinfection/ Resistant Infection	Drug Expertise Action Tracking Education	Identifies resident's status change Initiates appropriate changes in isolation
Antibiotic resistance	Education Tracking	Reviews Culture & Sensitivity results Reports bug/drug mismatches

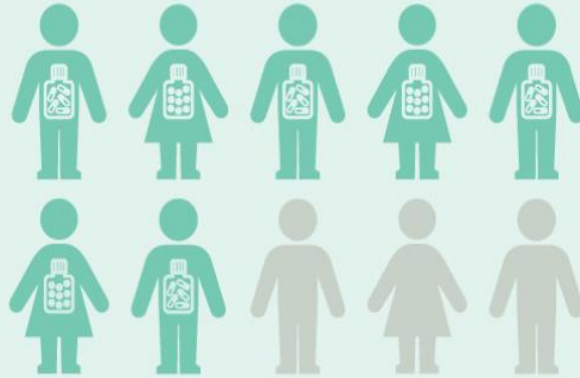
Transition to and/or from the Hospital

AS Activity or Task	CDC Core AS Element for Nursing Homes	Nurses
Length of stay	Action Tracking Education	24/7 Progress monitor
Resident education, Medication reconciliation	Drug Expertise Action Education	Continuous resident & family education Discharge teaching
Hospital transitions	Action Tracking Education	Communicates /or receives Diagnosis, management, medications to/ or from transferring facility

Why?



Antibiotic Stewardship in Nursing Homes



UP TO **70%**
of nursing home residents
received antibiotics during a year



UP TO **75%**
of antibiotics are
prescribed incorrectly



Improving Antibiotic Use -> Potential Roles for Nurses?

- ✓ Take a good recent antibiotic use history
- ✓ Nuanced antibiotic allergy
- ✓ Appropriate cultures, appropriately
- ✓ Informed patient response
- ✓ *C. diff* differential testing/ diagnosis
- ✓ Improved transitions in care
- ✓ Interdisciplinary communication
- ✓ Patient & family engagement
- ✓ Public education

Take a good recent antibiotic use history

Check the chart!

- Ask the patient, “What antibiotics have you taken in the last 6 months?”
- “Why did you take them?”
- “How long did you take them?”
- “Did you finish all the pills?”
- “Did you get better?”

Nuanced antibiotic allergy

- “Tell me more about your allergy to penicillin...”
- “Did someone tell you that you had an allergy to an antibiotic?”
- “Was it in childhood?”
- “What were your symptoms?”
- “Have you ever taken Keflex?”

Appropriate
cultures,
appropriately

Testing Stewardship

Informed patient response



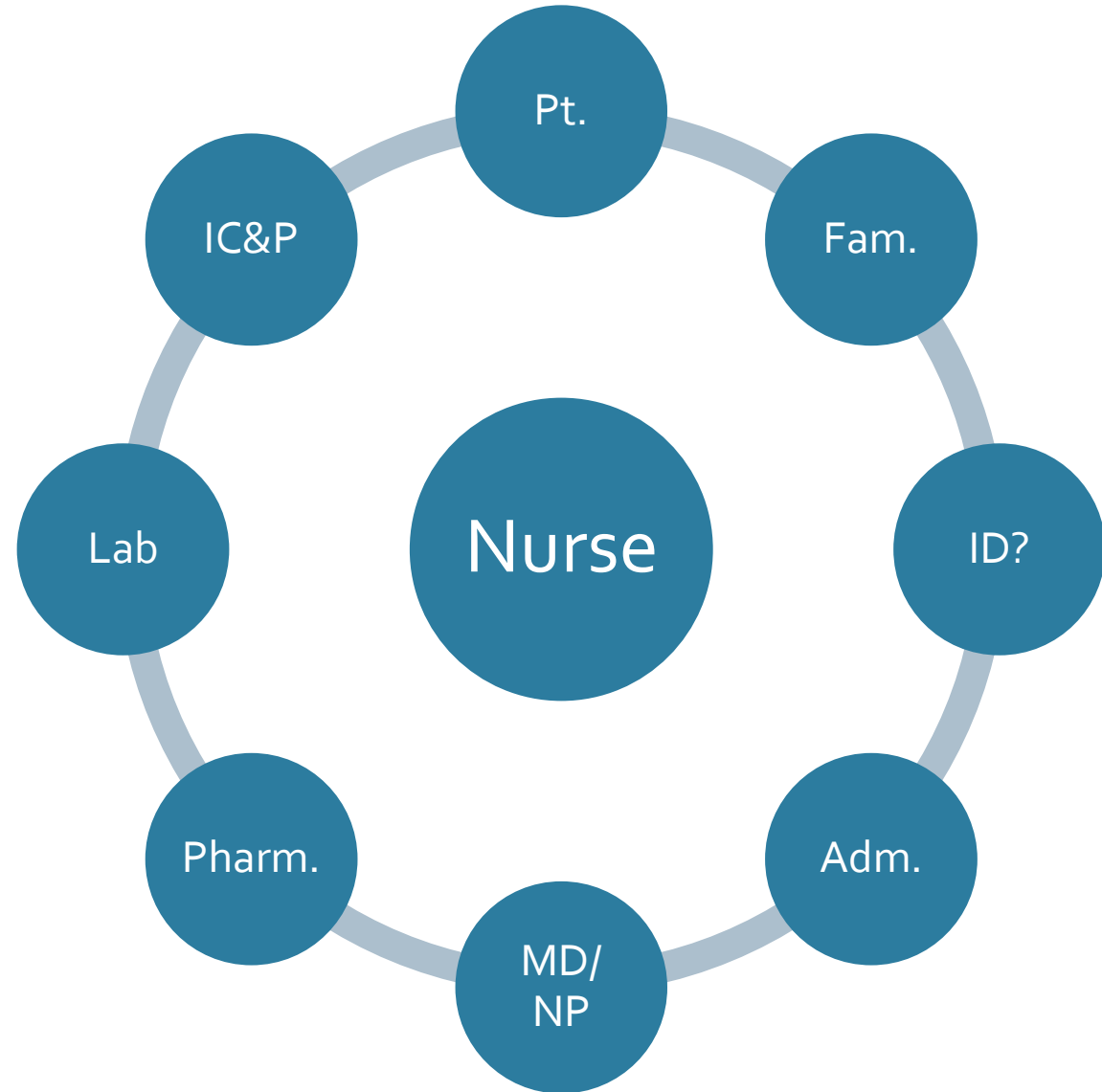
C. diff
differential
testing/
diagnosis



Improved
transitions in
care



Interdisciplinary communication



Patient & Family Engagement



Public Education



SBAR

- **Situation** (identify yourself, the resident, and the problem).
- **Background** (history, vitals, results, etc).
- **Assessment** (findings, severity, life-threatening?).
- **Recommendation** (what is next?, needs, timeframe) or Request for Orders (can be called in or faxed).

Situation

I am contacting you about a suspected UTI for the above resident.

Vital Signs

BP _____ / _____

HR _____

Resp. rate _____

Temp. _____

Background

Active Diagnosis

☐ No ☐ Yes The resident has an indwelling catheter

☐ No ☐ Yes Patient is on dialysis

☐ No ☐ Yes The resident is incontinent.

If yes, new/worsening? ☐ No ☐ Yes

☐ No ☐ Yes Advance directives. Specify _____

☐ No ☐ Yes Medication Allergies. Specify _____

☐ No ☐ Yes The resident is on Warfarin (Coumadin®)

Assessment

Resident with indwelling Catheter

(Criteria met if 1 met)

No/Yes

☐ ☐ T 100° /repeat T99°

☐ ☐ New back/flank pain

☐ ☐ Acute pain

☐ ☐ Rigors/shaking
chills

☐ ☐ New/dramatic Δ MS

☐ ☐ Hypotension

Resident without indwelling Catheter

(Criteria met if 1 of 3 met)

No/Yes

☐ ☐ Acute dysuria alone

-----or-----

☐ ☐ Single T 100° & 1 or
worsening sx

-----or-----

No fever or 2 or more sx

☐ urgency ☐ frequency

☐ incontinence ☐ suprapubic
☐ gross hematuria

Request for Orders

Physician's signature _____ Date _____

Using this UTI SBAR as an example...

- The UTI SBAR form is based on criteria developed by an expert consensus panel which modified clinical practice guidelines for infections in older adults in long-term care facilities.
- The UTI SBAR form can be faxed or used to communicate with a prescribing clinician. It takes only minutes to fill in and can be used as part of the resident's medical record.

SBAR can be
part of Team
Strategies &
Tools to
Enhance
Performance &
Patient Safety

TeamSTEPPS[®]
Team Strategies & Tools to Enhance Performance & Patient Safety




	Very High	High	Average	Low	Very Low
	%	%	%	%	%
Nurses	29	55	13	2	1
Pharmacists	15	52	26	6	2
Medical doctors	15	50	29	5	2
Engineers	13	52	29	4	1
Dentists	10	49	34	5	2
Police officers	16	42	29	10	3
College teachers	10	37	32	12	6
Clergy	12	32	39	9	4
Psychiatrists	6	32	45	9	3
Chiropractors	5	33	45	10	3
Bankers	2	22	46	22	8
Journalists	4	19	34	23	18
Lawyers	3	15	45	26	11
State governors	2	16	45	27	8
Business executives	2	15	50	23	9
Stockbrokers	2	10	46	28	11
HMO managers	1	11	48	23	8
Senators	1	11	37	36	14
Advertising practitioners	1	10	46	29	11
Insurance salespeople	1	10	51	28	10
Car salespeople	1	8	45	31	15
Members of Congress	1	7	31	39	20
Dec. 7-11, 2016					
GALLUP					

<http://www.gallup.com/poll/1654/honesty-ethics-professions.aspx>

What does
Google say?




The use of antibiotics in nursing homes is intense and usually empiric... Programs that will limit the emergence and impact of antibiotic resistance and infections in nursing homes need to be developed


CDC has a lot
of resources
for the public
and for nursing
homes



www.CDC.gov/GETSMART

FOR PARENTS





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

©2010 CDC

ANTIBIOTICS AREN'T ALWAYS THE ANSWER

Many common infections are becoming resistant to antibiotics. As a parent, ask questions to make sure your sick child is getting the best care possible, which might not include an antibiotic.


The Facts:

- Antibiotics can have reactions and side effects.
- Antibiotics can be overused and misused.
- Antibiotics can only cure infections caused by bacteria, not viruses.
- Antibiotic resistance is growing.

Harmful effects from antibiotics, such as side effects and allergic reactions, cause 1 out of 5 emergency department visits for adverse drug events and lead to 50,000 emergency department visits in children each year¹.


It is estimated that more than half of antibiotics are unnecessarily prescribed to children in doctor office settings for cough and cold illness, most of which are caused by viruses.

An estimated 2 million illnesses and 23,000 deaths occur each year in the United States due to antibiotic-resistant infections². Overuse and misuse of antibiotics are main drivers of resistance.



Teaching Materials to Post in your Facility

Protect patients from antibiotic-resistant infections.




Surgeries and single-use catheters help treat patients, but they can be pathways for bacteria to enter the body.

Bacteria can be spread when appropriate infection control actions are not taken.

Antibiotics save lives, but poor prescribing practices puts patients at risk.

Combine infection control actions with every patient to prevent infections in health care.



Prevent infections from catheters and after surgery. + Prevent bacteria from spreading. + Improve antibiotic use.

SOURCE: CDC Vital Signs, March 2016.

Vital^{CDC}signs™
www.cdc.gov/vitalsigns/protect-patients



Fact Sheets from CDC for Patients & Families



Core Elements for Antibiotic Stewardship in Nursing Homes

What to Ask Your Healthcare Provider about Antibiotics

Antibiotic resistance is a growing problem, both in the United States and across the world. An important driver of antibiotic resistance is the overuse of antibiotics. When antibiotics are used correctly, you get the best effect on your health, your family's health, and the health of those around you. Here are some questions to ask your healthcare provider about antibiotics.



Questions to Ask your Healthcare Provider Before Asking for an Antibiotic

1. Could my symptoms be caused by something other than bacteria (e.g., a virus or something that is not an infection)?
2. What signs or symptoms should I look for that could mean I might need an antibiotic?
3. Can I be monitored to see if my symptoms improve with other remedies, without using antibiotics?



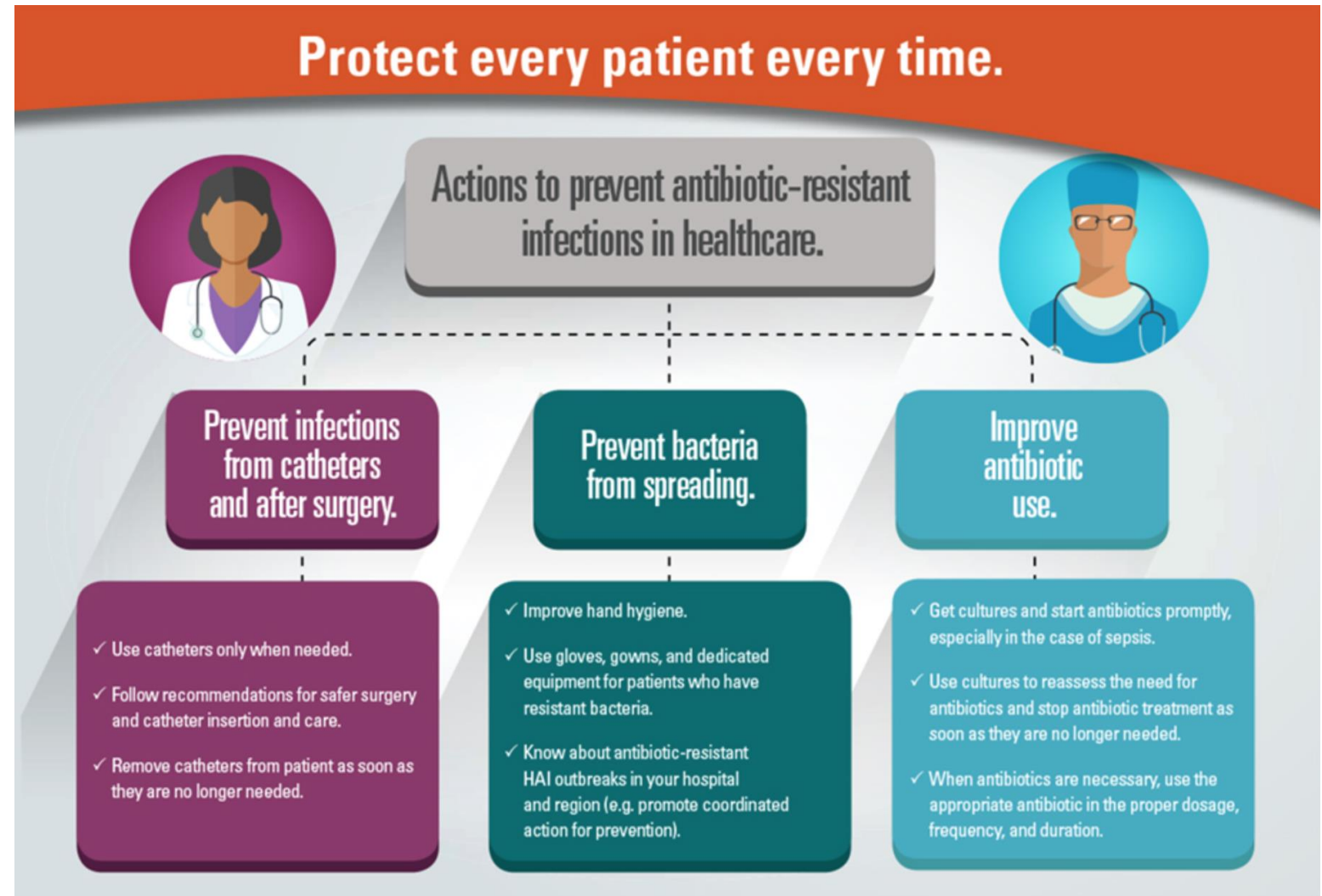
Questions to Ask your Healthcare Provider When you are Prescribed an Antibiotic

1. What infection is the antibiotic treating and how do you know I have that infection?
2. What side effects might occur from this antibiotic?
3. Could any of my other medications interact with this antibiotic?
4. How will I be monitored to know whether my illness is responding to the antibiotic?



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

These can be posted in public places inside your facility to show patients & families you care



Antimicrobial
stewardship is
everyone's
responsibility



By recognizing and better understanding each others' roles and contributions to antimicrobial stewardship, we create a safer, more collaborative, and better integrated interdisciplinary antimicrobial stewardship process. In doing this, we improve both our individual patient's as well as the broader public's health, now and in the future.

-R.D. Olans & R.N. Olans, 2013

Are Nurses
antibiotic
prescribers?
NO

Antibiotic
stewards?
YES!

Stewardship definition: the conducting, supervising, or managing of something; especially, the careful and responsible management of something entrusted to one's care

Learning Objectives

- ☑ Recognize the scope of antibiotic resistance in nursing homes and hospitals
- ☑ Understand how the nurse is already contributing to antibiotic stewardship activities
- ☑ Identify 3 areas where nurses can increase their skill set to enhance antibiotic stewardship performance in nursing homes
- ☑ Utilize the SBAR format to communicate critical information to prescribers about possible infection



Antimicrobial Stewardship 2.0

Thank you,
Rita Olans
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