the Remedi Pulse

ANTIBIOTIC STEWARDSHIP

Remedi SeniorCare EDUCATION Rx

A CLINICAL AND REGULATORY UPDATE FROM REMEDI SENIORCARE

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Survey Solutions

with William Vaughan, BSN, RN VP of Education & Clinical Affairs

Move over Antipsychotics … A look at the Evolving Scrutiny of Antibiotic use in LTC

In nursing homes, it's clear that when regulators speak, providers listen. One need only look at the effect that regulatory scrutiny has had on interventions, such as restraints, bed rails, and most recently, the use of antipsychotics for the treatment of behavioral and psychological symptoms of dementia to appreciate the correlation. As we enter 2016, infection control, in general, and antibiotic use, in particular, appear to top the list of the list of regulatory priorities. Proposed federal regulations requiring an Infection Prevention and Control Officer, as well as an antibiotic stewardship program, are not yet in place, but as outlined below, current regulations are more than adequate in holding providers accountable to current standards of practice:

- **ADEQUATE INDICATION FOR USE (F329):** The global crisis stemming from antibiotic resistance has heightened the demand for evidenced based prescribing practices across the continuum of healthcare. In long-term care, renewed attention has been placed on the diagnosis and treatment of urinary tract infections. In the past, based on the belief that physiologically elderly residents did not consistently localize sign and symptoms of infections, clinicians would routinely order a urine culture in response to events, such as a fall or a subtle change in mental status. With colonization rates up to 50% in the institutionalized elderly, these urine cultures were often "positive," prompting a course of antibiotics. The current standard of practice no longer supports this approach. Organizations such as the American Geriatrics Society and The Society for Post-Acute and Long-Term Care Medicine (AMDA) advise against obtaining a urine culture unless there are "clear signs and symptoms that localize to the urinary tract."

continued on page 4

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The Core Elements of Antibiotic Stewardship for Nursing Homes: From the Centers for Disease Control and Prevention

Prepared by Jennifer Hardesty, Pharm. D., FASCP, Chief Clinical Officer

Improving the use of antibiotics in healthcare to protect patients and reduce the threat of antibiotic resistance is a national priority. Antibiotic stewardship refers to a set of commitments and actions designed to "optimize the treatment of infections while reducing the adverse events associated with antibiotic use." The CDC recommends that all nursing homes take steps to improve antibiotic prescribing practices and reduce inappropriate use.

Antibiotics are among the most frequently prescribed medications in nursing homes, with up to 70% of residents in a nursing home receiving one or more courses of systemic antibiotics when followed over a year. Similar to the findings in hospitals, studies have shown that 40–75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate. Harms from antibiotic overuse are significant for the frail and older adults receiving care in nursing homes. These harms include risk of serious diarrheal infections from Clostridium difficile, increased adverse drug events and drug interactions, and colonization and/or infection with antibiotic-resistant organisms.

Recently, the CDC Released CDC Core Elements of Antibiotic Stewardship, which includes practical ways to initiate or expand antibiotic stewardship activities. Nursing homes are encouraged to work in a step-wise fashion, implementing one or two activities to start and gradually adding new strategies from each element over time. Any action taken to improve antibiotic use is expected to reduce adverse events, prevent emergence of resistance, and lead to better outcomes for residents in this setting.

Get started on the basic foundation of an Antibiotic Stewardship in your facility - visit http://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html for a variety of references and resources geared towards prescribers, facility staff, residents, and families.

Implementing an Antibiotic Stewardship - Where to Start?

Prepared by Jennifer Hardesty, Pharm.D., FASCP, Chief Clinical Officer

The following checklist is an excerpt from the CDC's "Core Elements of Antibiotic Stewardship in Nursing Homes." Use this checklist to identify key areas for development in your facility, and implement activities for each element in a step-wise fashion. Stewardships can start out small with a few critical elements, and expand gradually over time.

DEVELOP POLICIES TO IMPROVE ANTIBIOTIC PRESCRIBING/USE:

- ☐ Prescriber documentation requires dose, duration, and indication for all antibiotic prescriptions
- ☐ Facility-specific algorithm for assessing residents
- ☐ Facility-specific algorithms for appropriate diagnostic testing *(e.g., cultures)*
- ☐ Facility-specific treatment protocols for infections

MONITOR ONE OR MORE MEASURES OF ANTIBIOTIC USE:

- ☐ Adherence to clinical assessment documentation policies *(signs/symptoms, vital signs, physical exam)*
- ☐ Adherence to prescribing documentation requirements *(dose, duration, indication)*
- ☐ Adherence to facility-specific treatment protocols
- ☐ Point prevalence surveys of antibiotic use
- ☐ Rates of new antibiotic starts/1,000 resident-days
- ☐ Antibiotic days of therapy/1,000 resident-days

MONITOR ONE OR MORE OUTCOMES OF ANTIBIOTIC USE AND RATES OF:

- ☐ C. difficile infection
- ☐ Antibiotic-resistant organisms
- ☐ Adverse drug events due to antibiotics

PROVIDE EDUCATIONAL RESOURCES AND MATERIALS ABOUT ANTIBIOTIC RESISTANCE AND FOR IMPROVING ANTIBIOTIC USE FOR:

- ☐ Clinical providers *(e.g., MDs, NPs, PAs, Pharm.D.s)*
- ☐ Nursing staff *(e.g., RNs, LPNs, CNAs)*
- ☐ Residents and families

Reference: http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship-checklist.pdf

2016 EDUCATION THEMES

Prepared by Sue Hilger, Vice President of Marketing

Last year, we enhanced our programs by applying a theme that changes every two months, resulting in a more cohesive approach. This concept resonated with our audience, and we will continue this methodology in 2016. Surveying our Nurse Advisory Board members and listening to our field teams, we are pleased to announce the education themes for 2016.

Nurse of the Month

LISA DIAS, RN, BSN, MDS Coordinator
Astoria Skilled Nursing and Rehabilitation, Canton, OH

CONGRATULATIONS to Lisa Dias, RN, BSN, MDS Coordinator at Astoria Skilled Nursing and Rehabilitation, Canton, OH, for being chosen the Remedi "Nurse of the Month." Lisa was nominated by her administrator, Rhonda Underwood, LNHA. Per Rhonda, "Lisa has been at Astoria for one year and has 15 years of experience as a nurse. Even though Lisa is our MDS nurse, she wears many hats. On any given day she may be doing a wide variety of tasks to include hands-on patient care when needed, she has helped expedite admissions, set up the new ICD-10 coding for the facility, worked in the dining area, ran care conferences, and updated all managed care re-certs. At one time, both the Administrator and Admissions Coordinator were off work due to illnesses. Lisa stepped in and managed their responsibilities while also assisting the new business office manager. Lisa handled all three jobs, as well as her own seamlessly. She works diligently to ensure that our quality measures are all within the benchmark range and has made great strides addressing pain management with our guests. Lisa never says "no" when asked to help. She is dependable and friendly. Team members rely on Lisa for guidance and she never disappoints. Her personality makes it easy for others to work with her. Families and guests love her. I feel that for these reasons, Lisa should be chosen as "Nurse of the Month."

The Remedi "Nurse of the Month" exemplifies excellence in nursing practice. Email your Nurse of the Month nomination(s) to Rebecca.Ogden@RemediRx.com. Nurses Rock!!

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continued from page 1

- Besides the risks associated with unnecessary antibiotic use, AMDA notes an additional concern in that "the finding of asymptomatic bacteriuria may lead to an erroneous assumption that a UTI is the cause of an acute change of status, hence failing to detect or delaying the more timely detection of the patient's more serious underlying problem."

  Given the risk/benefit analysis described above, it's not surprising that surveyors will focus their attention on the processes surrounding the diagnosis and treatment of UTIs in individual nursing homes. Expect similar questioning by surveyors when antibiotics are administered to residents with upper respiratory tract infections, which statistically are more likely due to viral rather than bacterial infections. Lastly, even when a bacterial infection is appropriately diagnosed, a facility must have sound rationale for their choice of antibiotics. For example, while administering an Aminoglycoside to treat an uncomplicated UTI in a stable resident would likely be efficacious, a facility would be required to justify its use given its toxicity profile.

- **EXCESSIVE DURATION (F 329):** In the case of antibiotics, sometimes less is more. The duration of antibiotic therapy has generally been based on a one size fits all approach. The evolving science is now looking at variables, such as the clinical condition of the resident and the characteristics of the infectious organism in determining the duration of antimicrobial therapy. Several studies have demonstrated no difference in the effectiveness of antibiotics administered for 3, 5, 7, or 14 days in select populations. Facilities should start with the basics when evaluating the duration of therapy. When admitting residents from the hospital, determine how many days of antibiotic therapy they have already received and adjust the admission orders accordingly. Critically examine the continued use of antibiotics in high risk areas, such as wound care or UTI prophylaxis. And finally, consider policies that prompt the discontinuation of antibiotics when negative cultures are reported.

For more ideas on improving compliance and reducing adverse events related to antibiotic use, be sure to read Jennifer Hardesty's articles on antibiotic stewardship in this month's *Pulse*.

Note: Bill was a surveyor with the Maryland State Survey Agency from 1988 until 2001. He became Chief Nurse of the agency in 2001 and remained in that position until joining Remedi SeniorCare in 2013.