



North Carolina Clinical Antibiotic Stewardship Partners

LONG-TERM CARE COMMUNITIES ANTIBIOTIC STEWARDSHIP SESSION #6

May 17, 2023

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- ▶ The speakers do not intend to discuss an unapproved/investigative use of a commercial product/device in this series, and all COI have been mitigated.
- ▶ These slides contain materials from a variety of colleagues, Sarah Sjostrom, RN, MSN, ACNP-BC, as well as the CDC, IHI, WHO, AHRQ, etc.

OUTLINE OF TODAY'S SESSION

1. CDC Core Element: Leadership Commitment
2. Small Group Discussion
3. SBAR for Skin and Soft Tissue Infections
4. Large Group Discussion



SESSION REMINDERS

- ▶ This time is for you and your learning.
- ▶ Please turn on your videos!
- ▶ Use the chat.
- ▶ Let's use and share our learning, but not in a way that identifies protected information, specific facilities, or staff members.
- ▶ If you need to get a hold of us:
Danielle.Doughman@unchealth.unc.edu



Leaders (formal and informal) Set The Tone for this Important Work

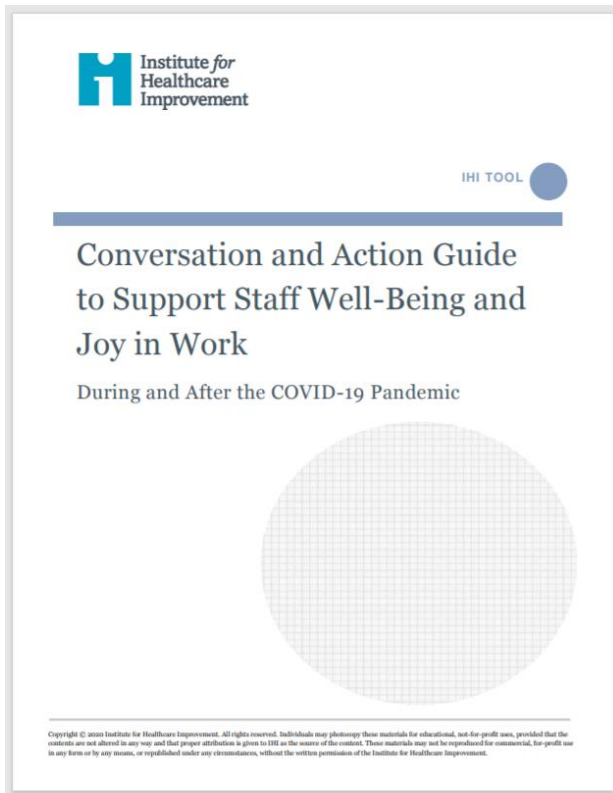
Share the purpose: “We are creating this protocol because our work is complex; it involves many different people, and we don’t all know everything. We want to keep everyone safe.”

Model fallibility: “We all make mistakes.”

Invite participation: “What do you think we could do to make this better?”

Close the loop: Thank people for their input and tell them what you have done as a result.

Practice active listening and problem solving



“Here’s what I hear you saying – do I have that right?”

“What do we still need to learn?”

“How can we do this together?”

CDC CORE ELEMENT: LEADERSHIP COMMITMENT

➤ Write statements in support of improving antibiotic use to be shared with staff, prescribers, residents, and families



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- Include stewardship-related duties in all position descriptions, including the medical director, nursing homes leads, and consultant pharmacy
- Communicate with nursing staff and clinicians the community's expectations about antibiotic use and the monitoring and enforcement of stewardship efforts
- Create a culture, through messaging, education, and celebrating improvement, which promotes antibiotic stewardship

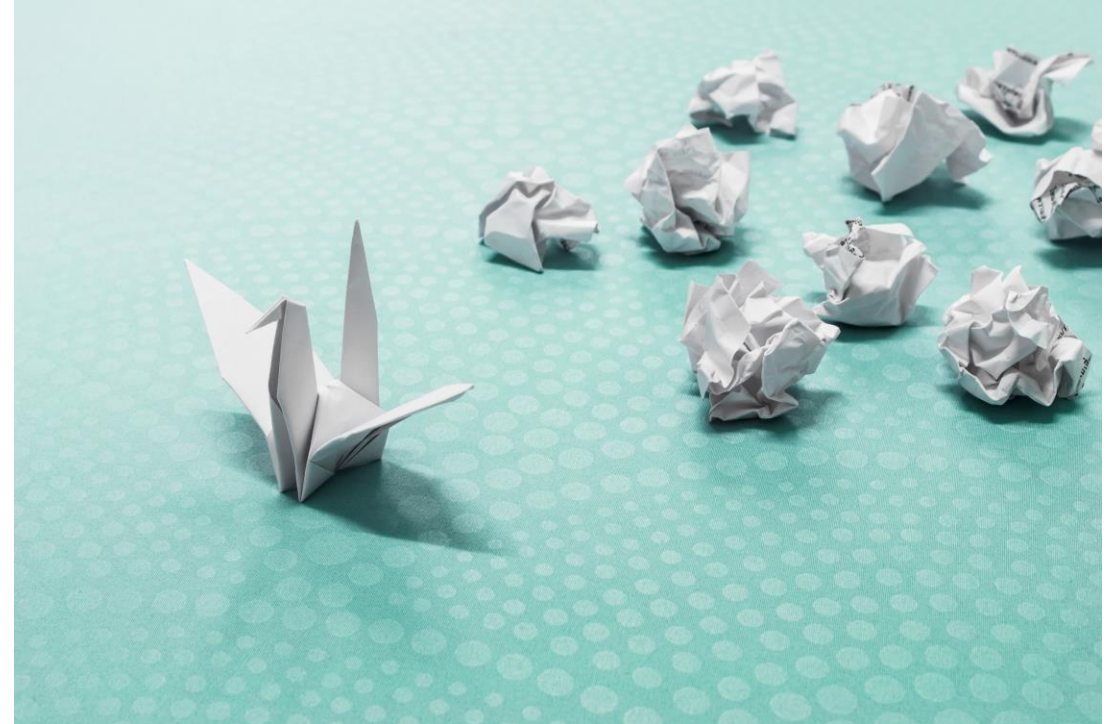


SMALL GROUP DISCUSSION

1. Which of the recommended actions are in place in your nursing home community?
What worked well, what didn't?
2. What next step could YOU take to bolster leadership commitment in your facility?

Recommended Actions:

- Support statement
- Stewardship duties included in job descriptions
- Setting stewardship expectations and communicating about them regularly
- Create a culture supportive of stewardship



Clinical Event



CNA reports to floor nurse that newly admitted resident has scary looking red legs.

WHAT WOULD YOU DO?

How do you collect and enter vitals? Do you have standing policies?

Evaluation By R.N.



Floor nurse thinks they look bad and lets the doctor know.

WHAT WOULD YOU DO?

SBAR FOR SKIN AND SOFT TISSUE INFECTION (SSTI)

SITUATION: Vitals

BACKGROUND: PMH, allergies, current meds

ASSESSMENT: Do they have pus
OR

Two of the following:
fever, new redness, swelling, pain, warmth

RECOMMENDATION: recommend abx protocol or active surveillance?

INFECTION OR NOT?



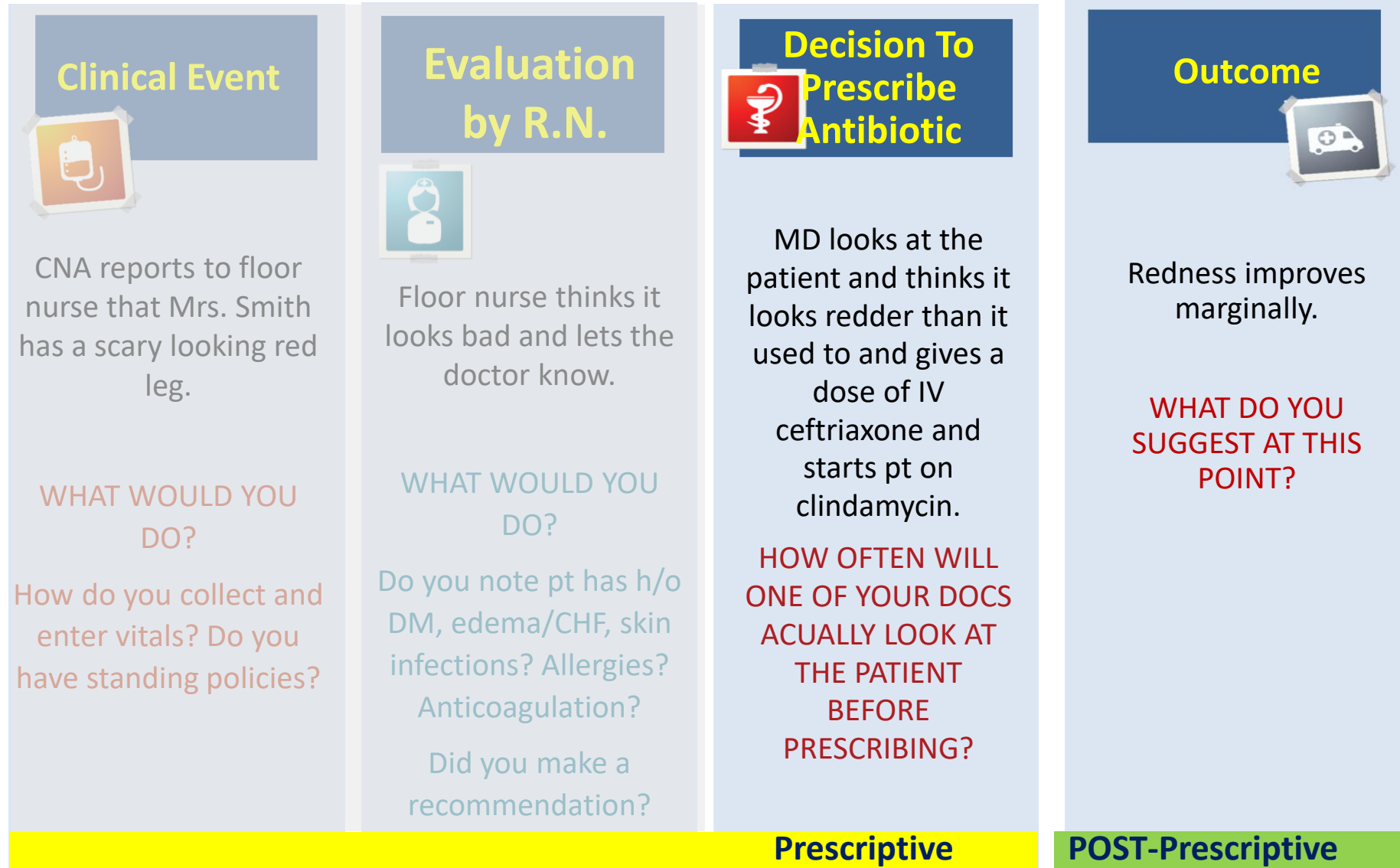
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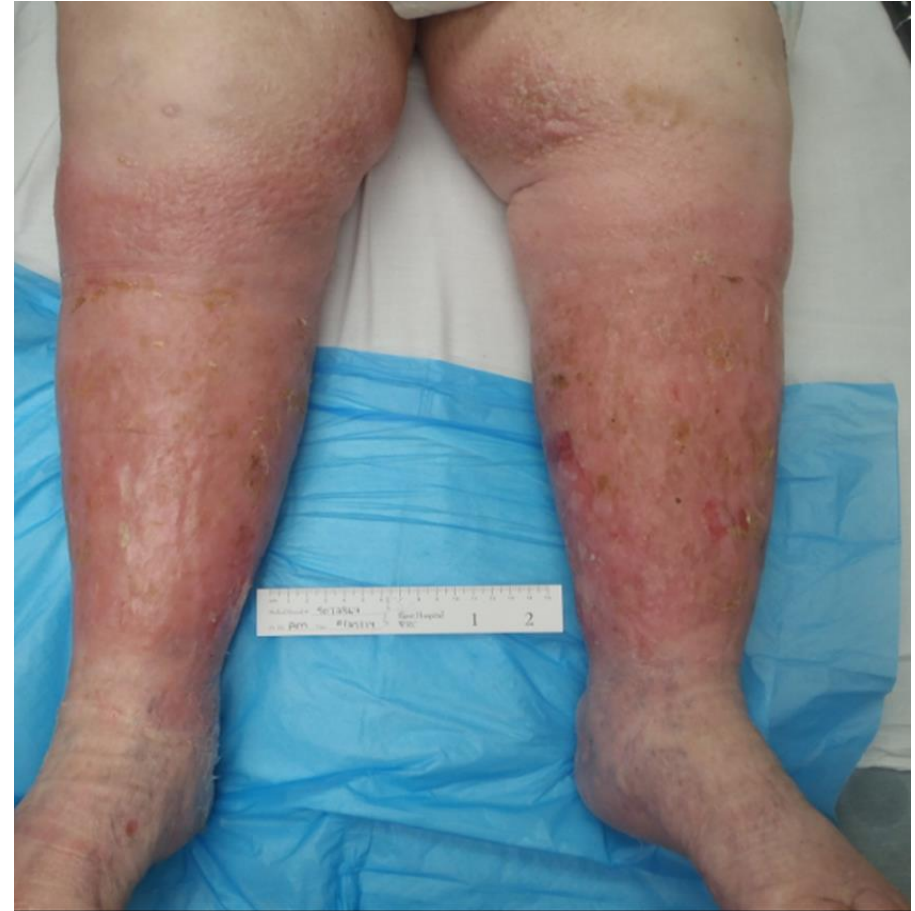
SBAR FOR SKIN AND SOFT TISSUE INFECTION (SSTI), PART 2



Diagnosis: Bilateral Stasis Dermatitis



Bilateral swollen, red legs after antibiotics in hospital



2 weeks later, after elevation, compression, and steroid ointment





WHAT ABOUT THIS LEG?



- SBAR CRITERIA FOR LIKELY INFECTION: Do they have pus
OR
two of the following:
- fever,
 - new redness,
 - swelling,
 - pain,
 - warmth



HOW WOULD YOU DESCRIBE THIS OVER THE PHONE?



One week later, after elevation, xeroform gauze, and a mild compression dressing



SKIN SBAR AVAILABLE ONLINE FROM AHRQ

Suspected SST **SBAR**

Complete this form before contacting the resident's physician. Date/Time _____

Nursing Home Name _____

Resident Name _____ Date of Birth _____

Physician/NP/PA _____ Phone _____

_____ Fax _____

Nurse _____ Facility Phone _____

Submitted by Phone Fax In Person Other _____

S Situation

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

Vital Signs BP _____ / _____ HR _____ Resp. rate _____ Temp. _____

B Background

No Yes The resident has diabetes

No Yes Other active diagnoses (especially, chronic venous insufficiency, edema or peripheral vascular disease)

Specify _____

No Yes History of skin infections

Specify _____



No Yes Advance directives for limiting treatment related to antibiotics and/or hospitalizations

Specify _____

No Yes Medication Allergies

Specify _____

No Yes The resident is on Warfarin (Coumadin®)

www.ahrq.gov/NH-ASPGuide • June 2014
AHRQ Pub. No. 14-0010-2-EF

Nursing Home Name _____ Facility Fax _____

Resident Name _____

A Assessment Input (check all boxes that apply)

Minimum Criteria for Initiating an Antibiotic

The criteria are met to initiate antibiotics if one of situations below are met

No Yes

1. New or increasing pus at a wound, skin, or soft-tissue site

OR

2. At least two of the following:

- Fever of 100°F (38°C) or repeated temperatures of 99°F (37°C)*
- redness
- pain
- warmth
- swelling that is new or increasing

Nurses: Please check box to indicate whether or not criteria are met

Nursing home protocol criteria are met. The resident may have a skin and soft tissue infection and need a prescription for an antibiotic agent.†

Nursing home protocol criteria are **NOT** met. The resident does NOT need an immediate prescription for an antibiotic, but may need additional observation.††

R Request for Physician/NP/PA Orders

Orders were provided by clinician through Phone Fax In Person Other _____

Assess vital signs, including temp, every _____ hours for _____ hours

Notify Physician/NP/PA if symptoms worsen or if unresolved in _____ hours

For discomfort or prior to cleaning/dressing changes, consider using acetaminophen or other pain reliever as needed

Initiate the following antibiotic

Antibiotic 1 _____ Dose _____ Route _____ Duration _____

Antibiotic 2 _____ Dose _____ Route _____ Duration _____

No Yes Pharmacist to adjust for renal function

Other _____

Physician/NP/PA signature _____ **Date/Time** _____

Telephone order received by _____ **Date/Time** _____

Family/POA notified (name) _____ **Date/Time** _____

* For residents that regularly run a lower temperature, use a temperature of 2°F (1°C) above the baseline as a definition of a fever.
† This is according to our understanding of best practices and our facility protocols.
†† This is according to our understanding of best practices and our facility protocols. The information is insufficient to indicate an active skin or soft tissue infection.

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NATIONAL ACADEMY OF MEDICINE (IOM)

SIX DOMAINS OF HEALTHCARE QUALITY

- ▶ **Safe:** Residents should not be harmed by the care that is intended to help them.
- ▶ **Effective:** Services based on scientific knowledge.
- ▶ **Patient-Centered:** Care that is respectful and responsive.
- ▶ **Timely:** Reducing wait times and harmful delays
- ▶ **Efficient:** Avoiding waste of supplies, resources
- ▶ **Equitable:** No variation because of patient characteristics.

SBAR FOR SUSPECTED SKIN AND SOFT TISSUE INFECTIONS

- ▶ **Situation:** Resident to receive safe care-should not receive an antibiotic unless necessary and we want to be sure that we are going to provide effective care by decreasing the number of times an antibiotic is administered pre-culture (culture is going to guide therapy)
- ▶ **Background:** Provide the clinician with the appropriate information related to the resident so our actions will be patient-centered.
- ▶ **Assessment:** Provides timely communication with the clinician to reduce harmful delays and enhances efficiency in treating the resident.
- ▶ **Recommendations:** Provider recommendations can be made in an equitable manner, based on standardized approach to review the current situation

LARGE GROUP DISCUSSION

- ▶ As leaders, what can you do to help improve SSTI communication?
- ▶ What can your leaders do to help you in SSTI diagnosis and management?





- ▶ Find session slides at <https://spice.unc.edu> → ncclasp
→ nursing homes