



**North Carolina  
Clinical Antibiotic  
Stewardship Partners**

**LONG-TERM CARE COMMUNITIES  
ANTIBIOTIC STEWARDSHIP  
SESSION #9**

**July 6, 2023**

# CONFLICT OF INTEREST DISCLOSURES

- ▶ The views and opinions expressed in this series are those of the speakers and do not reflect the official policy or position of any agency of the U.S. or NC government or UNC.
- ▶ Our speakers have the following financial relationships with the manufacturer(s) and/or provider(s) of commercial services discussed in this activity:
  - ▶ Dr. Kistler served as a consultant for Base10, Inc on their UTI embedded clinical support tool and received funding from Pfizer to study pneumococcal carriage.
  - ▶ Ms. Doughman owns individual Gilead stock.
- ▶ 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 including AHRQ and CMS. This session borrows from the Rochester Nursing Home Collaborative and Dr. David L Johnson's slides.

# OUTLINE OF TODAY'S SESSION

1. Tests for Change, Part 2
2. Role Play Case in Small Groups
3. Antibiotic Stewardship Challenge:  
Realworld Tracking and Reporting
4. Small Group Discussion
5. Announcements



# SESSION REMINDERS

- ▶ This time is for you and your learning.
- ▶ Please turn on your videos!
- ▶ Use the chat- please put your name, location, and role in 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](mailto:Danielle.Doughman@unchealth.unc.edu)



# Test of change, part 2

Marian Johnson

AHRQ ECHO National Nursing Home  
COVID-19 Action Network



# Large Group Discussion

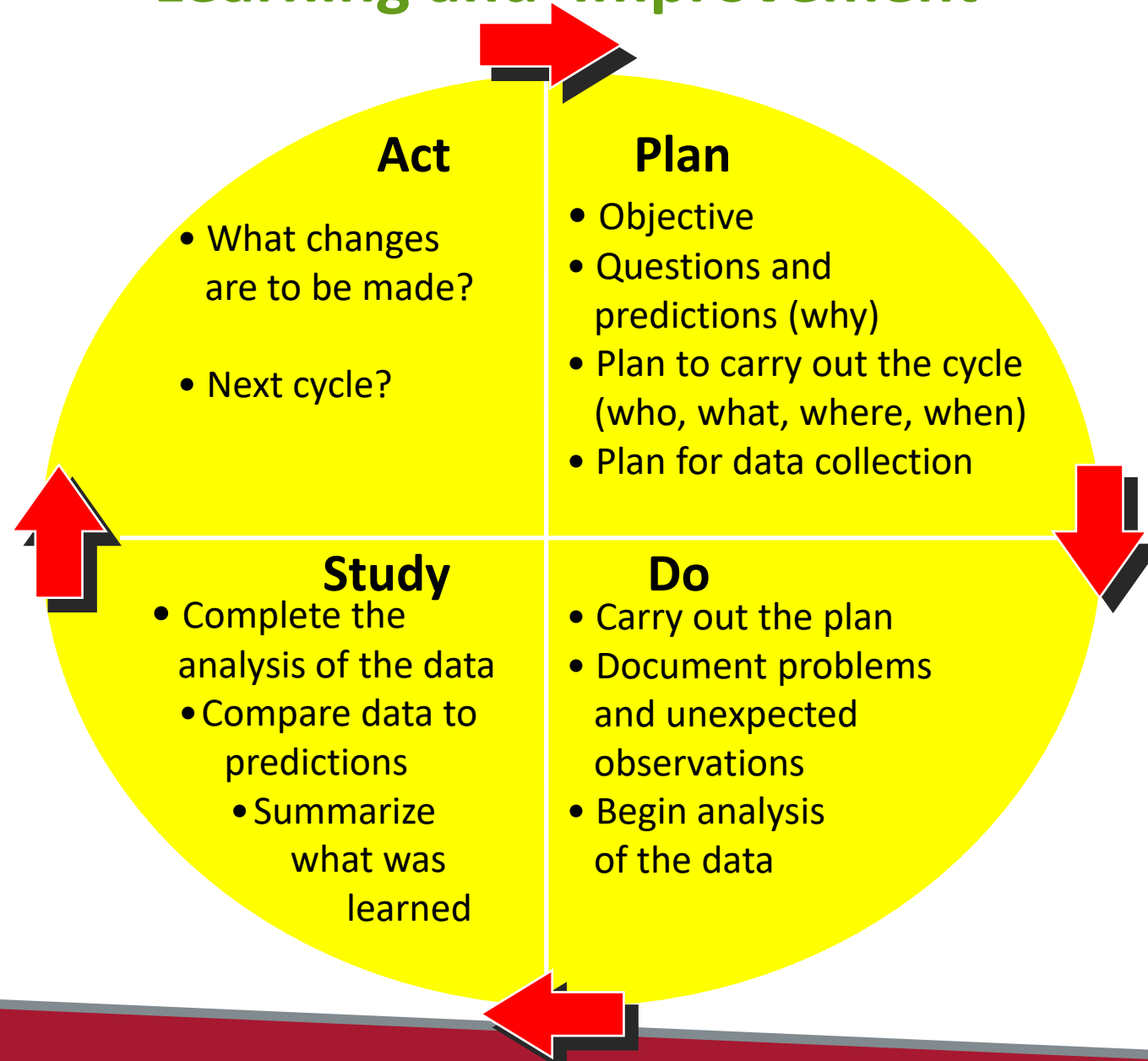


We talked about PDSA cycles last week.

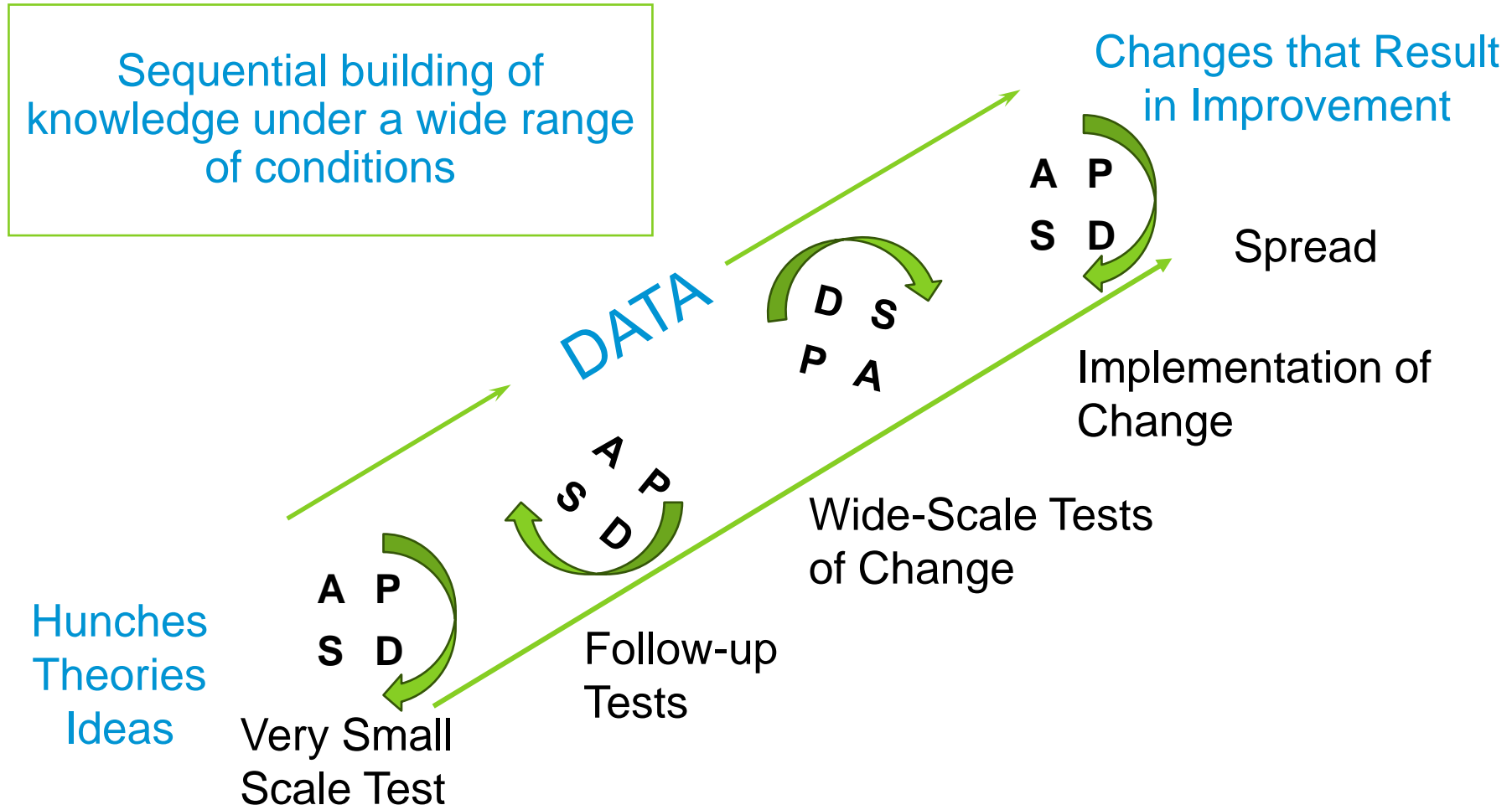
Did anyone try anything new or different this week to solve that challenge?

How did it go?

# The PDSA Cycle for Learning and Improvement



# REPEATED USE OF THE PDSA CYCLE





# Testing/Implementation/Spread

**Collecting data or developing a change:** don't have an idea (theory) to test yet. We are learning about the system, looking for ideas to test.

**Testing:** Trying and adapting existing knowledge on small scale. Learning what works in your system.

**Implementing:** Making this change a part of the day-to-day operation of the system.

**Spreading:** adapting change to other areas or populations (spreading from one facility to another).

# Testing vs. Implementation PDSA Cycles

Cycle 1: 1:1 conversation with one staff member, record observations

Cycle 2: 1:1 conversation with two more staff members, using revised script

Cycle 3: Small group peer conversations, sharing experiences and pros and cons of prescribing antibiotics

Cycle 4: Hold a staff meeting on one day with staff sharing personal experiences and subject matter experts answering questions

Cycle 1: Town hall with all staff, all shifts incorporating the stories and information that were most effective in testing cycles.

Cycle 2: Reorganize staff roles to increase reliability for new prescribing process.

Cycle 3: Add section to EMR to document fluid intake and barrier cream application for residents at high risk for skin infections.

# Your turn: Testing or Implementation?

1. Printing the CDC core elements on red paper for one resident who has frequently been prescribed prophylactic antibiotics.

▶ T or I?

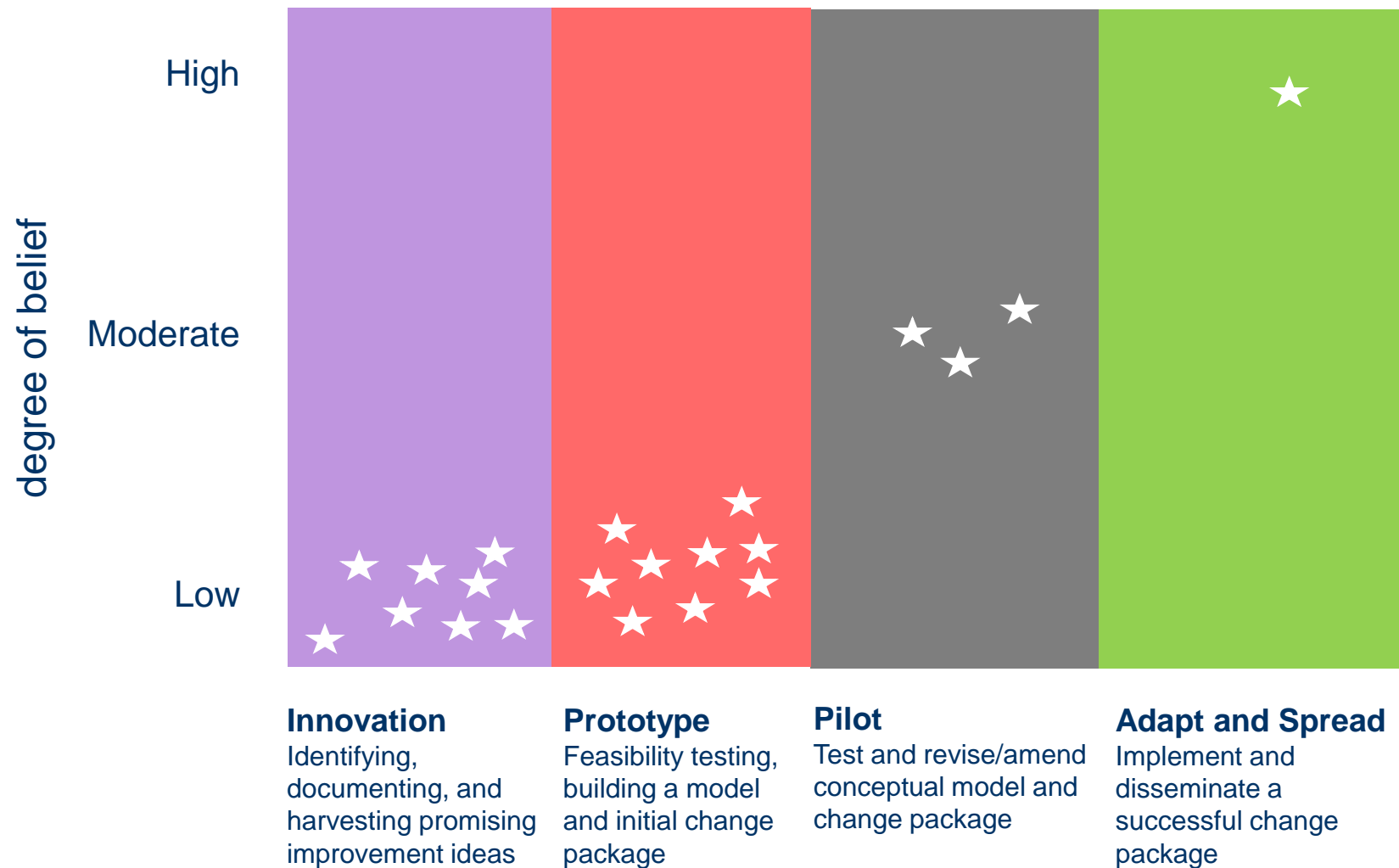
2. Giving stickers or buttons to all staff with a slogan about being a 'smart prescriber'.

▶ T or I?

3. Adding an alert in the EMR for antibiotic prescribing without a positive culture result.

▶ T or I?

# TESTING TO IMPLEMENTATION TO SPREAD: “FAILING FORWARD”

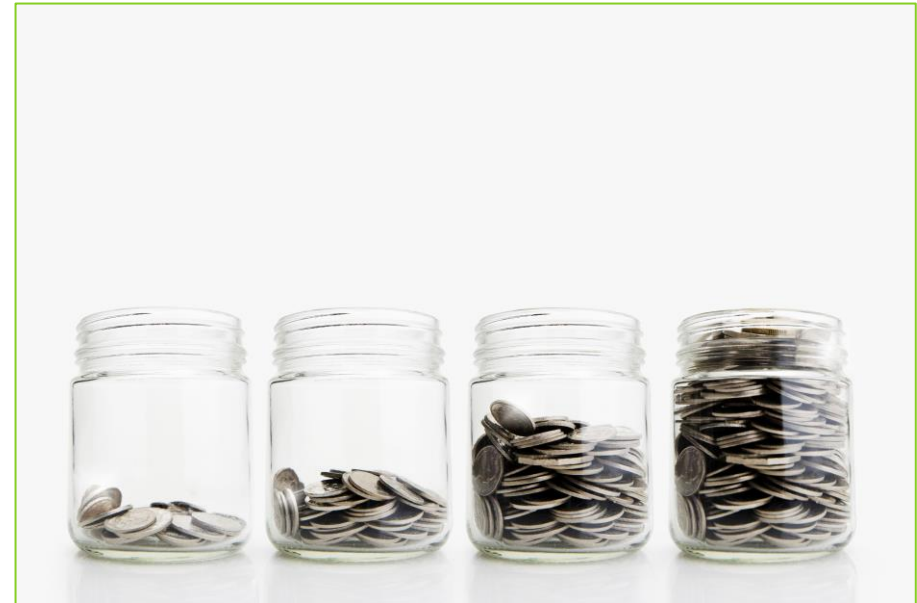


# SMALL GROUP DISCUSSION

Think of a recent change in policy or procedure that you have made in your facility....

Share an example of a new idea that was either tested first and immediately implemented.

Was it the right choice and why?



# ANTIBIOTIC TRACKING

GO TO:

<https://www.rochesterpatientsafety.com/index.cfm?Page=For%20Nursing%20Homes>

➤ You will need to use two separate excel forms:

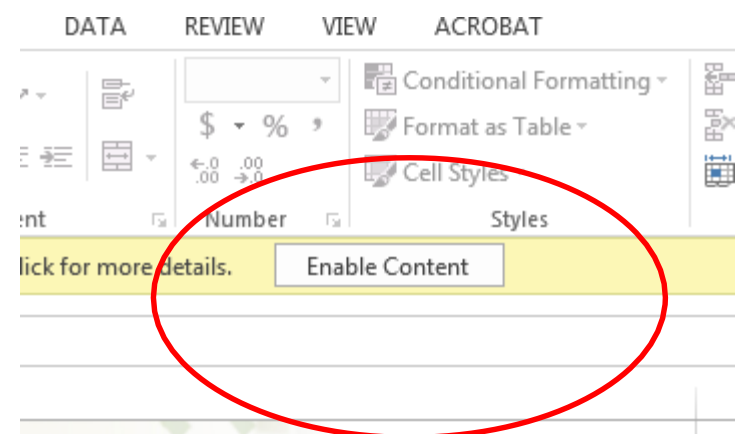
- 1. Antibiotic Tracking form**
- 2. Antibiotic Trending form**

➤ Follow the instructions in the next slides to set up your form

➤ Unit location and prescriber information will only need to be completed once

# ANTIBIOTIC TRACKING FORM

- The data form is intended to track antibiotics for **a single month**, it is recommended that each form is named clearly
- Save a new copy for every month you are beginning to track antibiotics
- Keep a blank file saved for back up
- Be sure to select the button to enable editing and enable content at the top of the file when the tracking form is opened



# LOCATION DESIGNATION INFORMATION

- If interested in a summary of data by location or unit select the yellow “Location Designation” tab
- Here you may enter up to ten locations and/or units (e.g. North 1, rehabilitation, memory care, etc.)
- The names of these locations will be linked to the Location Summary tabs

Location / Unit	"Facility Designation"
Location 1 -	North 1
Location 2 -	South 1
Location 3 -	North 2
Location 4 -	South 2
Location 5 -	
Location 6 -	
Location 7 -	
Location 8 -	
Location 9 -	
Location 10 -	

Enter the Location Name that you are designating as "Location 1".



# RESIDENT-DAYS INFORMATION

- This information is needed to calculate rates per 1,000 resident days
- If interested in **unit specific data** enter monthly resident days for each unit at the end of the month and enter the total resident-days in right upper corner
- If only interested in the **entire facility** rate, enter the monthly resident-days in the right upper corner without completing the data for each unit
- Each month, the resident-days data needs to be updated

Location / Unit	"Facility Designation"	Resident Days	Enter Total Resident Days for Month---->	1000
Location 1 -	North 1	250	<p>For the green cells on the left, Enter the Resident Days for Location 1</p> <p>The "Total Resident Days" should match your Total Resident Days at the end of the month being tracked.</p> <p>These statistics will be used to automatically calculate your individualized antibiotic rate per 1000 resident days on each "Summary" sheet.</p> <p><b>Clear ALL Resident Days</b></p>	<p>↑</p> <p>These two figures should balance. Otherwise, the "Location" days are incorrect.</p>
Location 2 -	South 1	250		
Location 3 -	North 2	250		
Location 4 -	South 2	250		
Location 5 -				
Location 6 -				
Location 7 -				
Location 8 -				
Location 9 -				
Location 10 -				
<b>TOTAL RESIDENT DAYS FOR MONTH BEING TRACKED</b> (This should equal the "Total Resident Days Reported" as entered above.)		1000	←	

# PRESCRIBER LISTING

- Next, fill in the Prescriber Listing tab
- Up to 25 prescribers may be entered
- It is recommended that only the last name be entered
- These prescribers will be linked to drop down choices in the Data Entry Sheet and the antibiotics by prescriber summary
- Prescribers may be sorted alphabetically by selecting the “Sort Prescriber by Last Name” button
- This will allow you to report on antibiotic use by provider

PRESCRIBER (LAST NAME)
Blue
Gray
Green
Red

Type "Prescriber's" Last Name in the yellow cells to the left.


The names will appear in the dropdown of choices on the "Data Entry Sheet" and will flow to the Summaries.

This dropdown is restricted to 25 separate names.

After you are done entering the prescriber names, "Click" the button below to sort the dropdown alphabetically.

You may remove any names and re-sort the dropdown order.

**Sort Prescriber by Last Name**



## COLLECTING DATA

- Antibiotic starts are often collected through a 24-hour report sheet or during daily morning meetings or report
- If antibiotic use is collected in this manner, it may be possible to miss residents that are currently receiving antibiotics for long term prophylaxis or suppression
- Strategies to avoid missing existing antibiotic use when you start tracking data are:
  1. Conducting a point prevalence of all antibiotics prior to using this sheet for tracking and again at periodic intervals (weekly or monthly) by reviewing all the medication administration records
  2. If available, review pharmacy antibiotic dispensing data weekly or monthly and compare it to your tracking sheet

# DATA ENTRY FORM

- The reporting period must be entered for the month of interest on the data entry form
- This is entered as a calendar day date range

ANTIBIOTIC TRACKING TOOL				
<b>Add New Case</b>		<b>Sort by Resident Name</b>		<b>Month End Routine</b>
<u>Location/ Unit</u>	<u>Resident Name</u>	<u>ST/LT</u>	<u>Room/Bed</u>	<u>Admi</u>
<b>TOTALS ---&gt;</b>				
<b>As of-</b>	<b>Period Reported From---&gt;</b>	<b>01/01/18</b>	This mat	
<b>01/31/18</b>	<b>Period Reported Through---&gt;</b>	<b>01/31/18</b>	New Yor U.S. Dep	

# DATA ENTRY FORM

- Select the “Add a New Case” button to add a new row
- Follow the text box prompts for each variable and begin completing the antibiotic start
- Use of the pull down options is required
- A free text comment field is available for additional information
- **For surveillance and infection criteria,** scroll right along the bottom tabs to find Loeb, McGeer, and UTI NHSN criteria resources

**ANTIBIOTIC TRACKING TOOL**

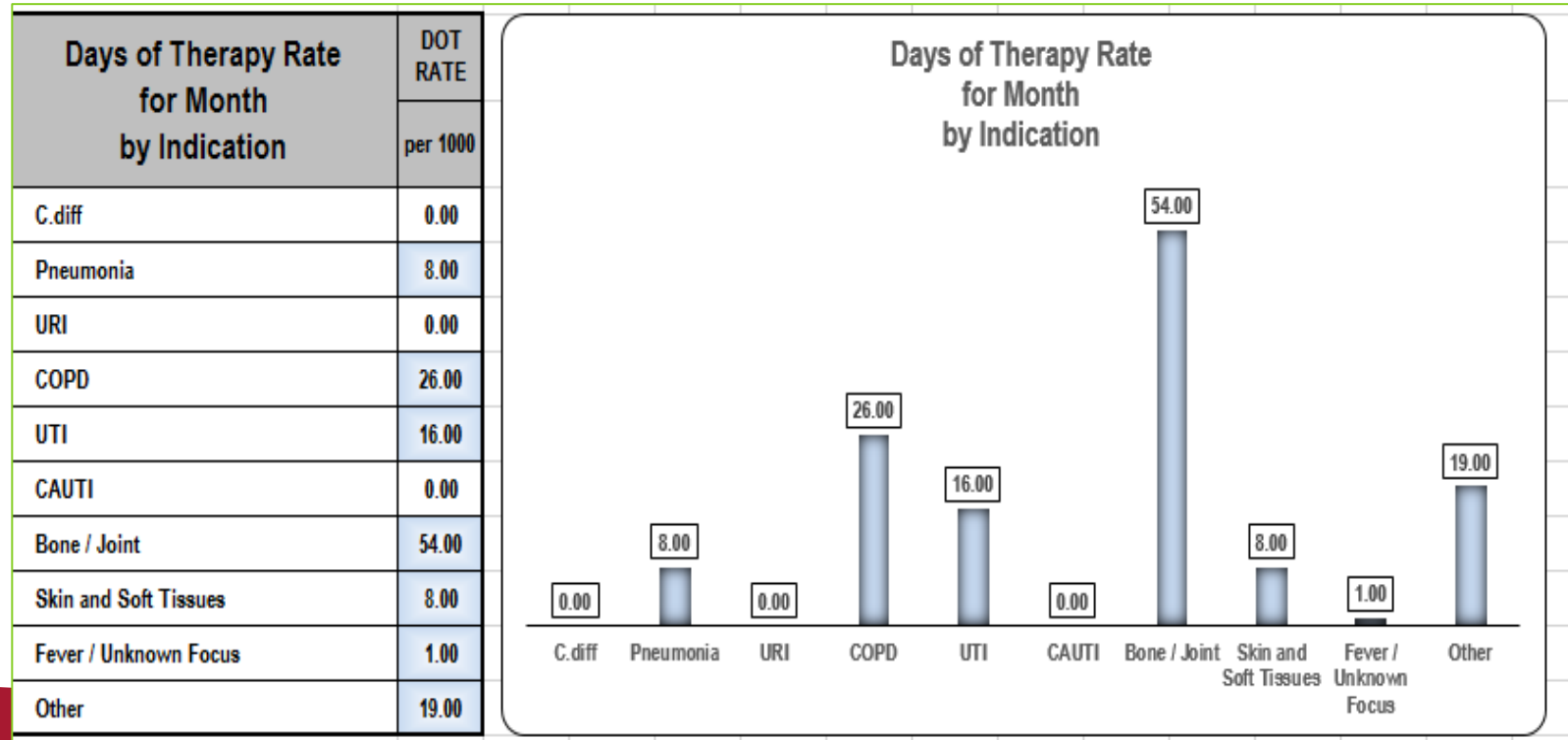
**Add New Case** | Sort by Resident Name | Month End Routine

Location/ Unit	Resident Name	ST/LT	Rt	Additional Comments
				Catheter assoc. UTI
				Brain Abscess
				Central Nervous Syst Infection

**Date of Most Recent Admission**  
Date of resident's most initial admission to the nursing home or readmission if sent out for a hospital stay >24 hours.

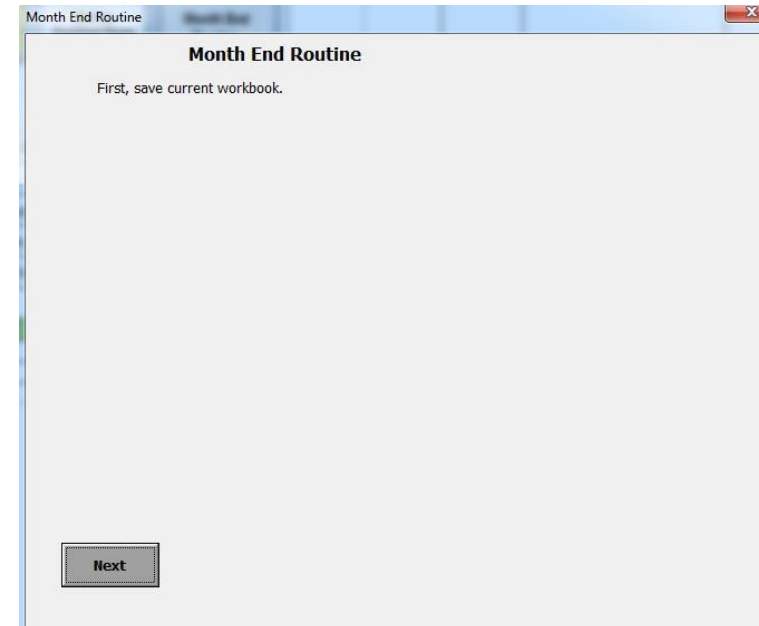
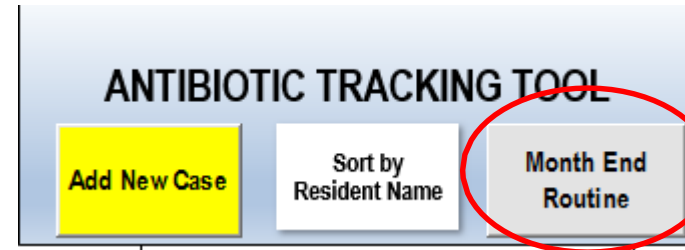
# MONTHLY DATA SUMMARIES

- As data is entered, the summary tabs will begin populating
- All summary tables are designed so that they may easily print to an 8.5 x 11 inch sheet of paper, no print settings need to be altered



# END OF MONTH ROUTINE

- When all antibiotics for a month have been entered, save the file and select the **“Month End Routine”** button
- Follow the prompts of the pop-up window
- The macro will ask you to name a new file
- The residents that have not completed their antibiotic course will populate the next month antibiotic data entry form
- **Ensure that you update:**
  - The reference dates on the new Data Entry Form
  - The resident-days for the new month in the Location Designation tab
- The prescriber listing will carry over to the new sheet



TOTALS --->		
As of-	Period Reported From--->	02/01/18
02/28/18	Period Reported Through--->	02/28/18

Updated Reporting Period

# TRENDING REPORT FORM

Month/Year-->	Jan-00	Mar-00	Apr-00	May-00	Jun-00
New ABX Starts for Month					
New ABX Start Rate (New ABX Starts for Month/1000 Resident Days)					
Days of Therapy Rate (Monthly Days of Therapy/1000 Resident Days)					
Did NOT Meet Facility-Adopted Criteria					
Not Re-Assessed within 48-72 hours of Facility-Start					

Enter NEW ABX Starts from "Summary Sheet" of Monthly Antibiotic Tracking Form.

- This report allows for tracking of pre-defined and six user-defined topics or variables
- Data may be tracked for 24 months
- This report may trend data at the facility, unit, or provider level
- Data needs to be **manually entered** into the trending report from each month's antibiotic summary from the antibiotic tracking form
- Enter the month and year you are beginning to track data in the first "Month/Year" cell
- This report is also formatted to print to a 8.5 x 11 inch sheet, without further manipulation



# Closing Discussion

Tracking challenges?

Can you use this in your community?

## SAVE THE DATES!

1. OUR FINAL SESSION WILL BE JULY 19<sup>TH</sup>. PLEASE THINK ABOUT WHAT YOU WOULD LIKE IN YEAR 2.
2. THE FALL CONFERENCE WILL BE HELD ON WEDNESDAY, NOVEMBER 15.



# Antibiotic Stewardship Conference



11.15.23 | 9 am - 4 pm  
The Friday Conference Center  
Chapel Hill, NC



**North Carolina  
Clinical Antibiotic  
Stewardship Partners**

**More information at [spice.unc.edu/ncclasp/](https://spice.unc.edu/ncclasp/)**



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