



North Carolina Clinical Antibiotic Stewardship Partners

LONG-TERM CARE COMMUNITIES ANTIBIOTIC STEWARDSHIP SESSION #2

September 20, 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.
- ▶ 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, Drs Philip Sloane and David Weber, as well as the CDC, WHO, AHRQ, etc.

OUTLINE OF TODAY'S SESSION

1. CDC Core Element: Accountability
2. Small Group Discussion
3. QI section: Getting to Yes!
4. Role Play Case in Small Groups
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:
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CDC CORE ELEMENT: ACCOUNTABILITY

Vignette:

You are assigned the role of the infection preventionist in your nursing home.

You are told your specific responsibilities include:

- Tracking of antibiotic usage
- Monitor adherence to guidelines
- Review antibiotic resistance patterns

Example of support to be provided by leadership:

- Dedicated time
- Resource to collect and analyze surveillance data
- Training as needed



CDC CORE ELEMENT: ACCOUNTABILITY

- Accountability is when nursing homes have explicit roles for the individuals responsible for antibiotic stewardship activities.
- There are clearly identified physician, nursing and pharmacy leads for promoting and overseeing antibiotic stewardship activities
- Accountability is different from Leadership
 - Leaders support those who are accountable for stewardship activities
 - Example: The DON and Administrator support the Infection Preventionist with time and technical support

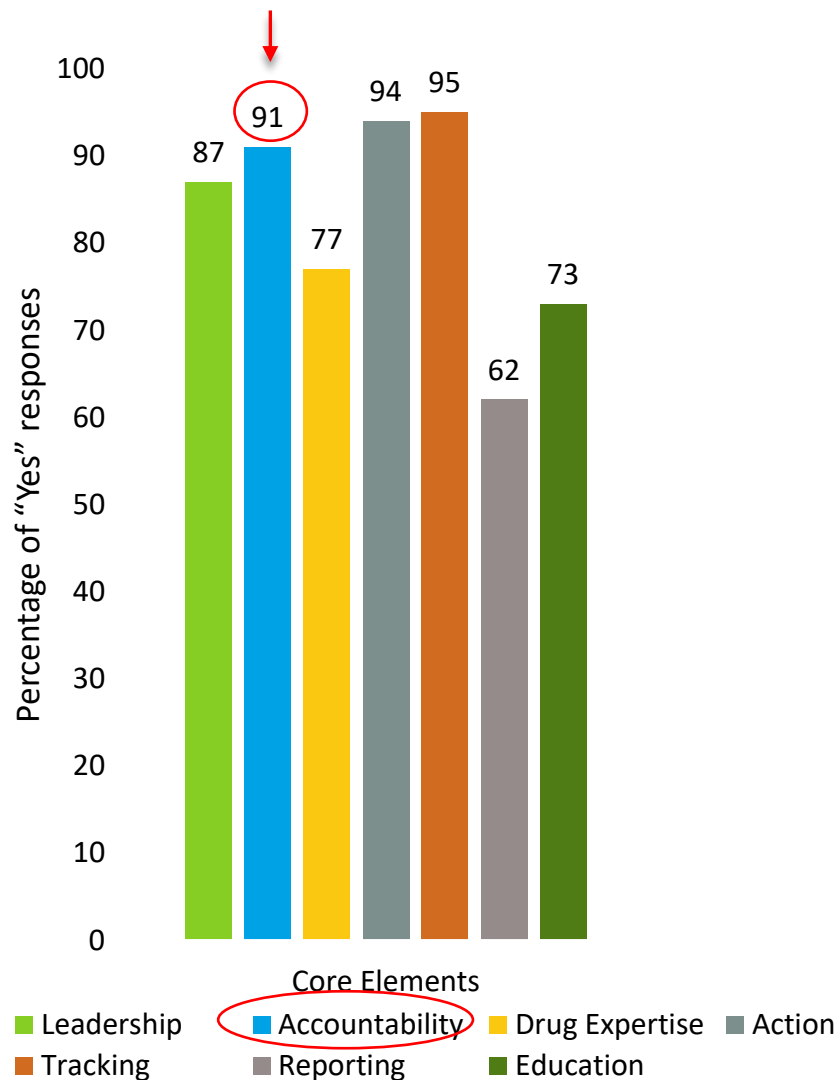


CDC CORE ELEMENT: ACCOUNTABILITY

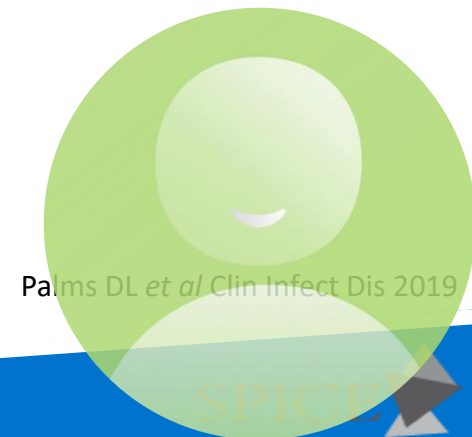
- Infection Preventionist: needs to provide DON, MD, and consultants with data. They must have training, time, and resources.
- DON: should be accountable for nursing practice standards in assessing, monitoring, and communicating changes in condition
- Medical Director: should be empowered to set standards for antibiotic prescribing for all antibiotic prescribers and ensure they are followed.
- Consultant Pharmacist and Laboratory specialist: engage them in QAPI activities such as FREQUENT medication review, report antibiotic use data



CDC CORE ELEMENT: ACCOUNTABILITY



- 11-question survey of 2982 NHs.
- The Accountability question was: Are there one or more individuals responsible for the impact of activities to improve use of antibiotics at your facility?
- What does a “yes” to this question really mean?



CONCRETE STEPS AT ACCOUNTABILITY

- ▶ Co-leadership: common in hospitals as way to ensure mutual responsibility
 - Need clear delineation of roles
- ▶ Stewardship Rounds
 - Invite the MDs
 - Include time for discussion
- ▶ Have a plan and process to develop and grow the antibiotic stewardship program
 - Train personnel or hire full-time staff
 - Part-time or off-site expertise for smaller facilities e.g. Tele stewardship with pharmacy, etc

★ Antibiotic stewardship leaders and those accountable need communication and management skills



Cosgrove SE et al ICHE 2014

Hurst AL et al Pediatr Infect Dis J 2016.

CONCRETE STEPS AT ACCOUNTABILITY

Antibiotic stewardship leaders need communication and management skills

- ▶ Communication can be affected by power dynamics: balance (or lack of balance) of power between two or more people.
- ▶ Asymmetrical power dynamics can create challenges with communication and have a negative impact.
- ▶ Achieving and maintaining healthy power dynamics is important and beneficial to any organization



<https://accelerate.uofuhealth.utah.edu/improvement/using-positive-power-dynamics-to-engage-and-empower-teams>

CONCRETE STEPS AT ACCOUNTABILITY

Ways to achieve or maintain health /positive power dynamics

- ▶ Concentrate on the goal
- ▶ Clarify/understand roles
- ▶ Address power dynamics
- ▶ Encourage creativity/productivity and trust
- ▶ Seek feedback



McIntyre MG. Secrets to winning at office politics. How to achieve your goals and increase your influence at work. 1st ed. St Martin Griffen; 2005: 159-184

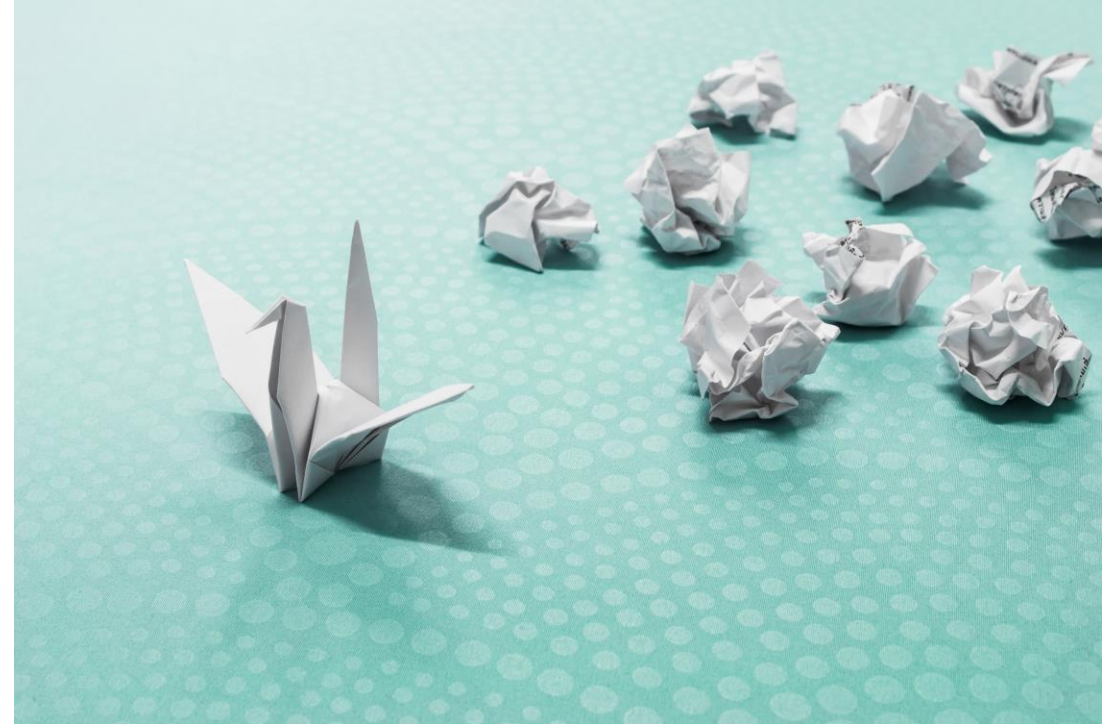
SMALL GROUP DISCUSSION

CHOOSE A SPEAKER

1. What is antibiotic stewardship accountability in your community?
2. How are your antibiotic stewardship leaders and others held accountable?

Recommended Actions:

- Stewardship rounds
- IP compares prescribing data
- DON delivers practice standards
- Medical director ensures prescribing guideline adherence
- Consultant laboratory provides resistance data



Leading for Change and Accountability

Frameworks for Critical Team Communications

AHRQ ECHO National Nursing Home
COVID-19 Action Network



Training Hub Logo



GETTING TO 'YES'

- ▶ A **collaborative** style of communication
- ▶ Can **strengthen personal motivation** for and commitment to a goal
- ▶ Explores the **person's own reasons for change**
- ▶ Stresses **acceptance** and **compassion**.

How Do We Usually Try To Get Someone To Change Their Mind?

- Argue
- Guilt
- Shaming
- Stress how important it is
- Overwhelm them with facts



PRINCIPLES OF TEAM COMMUNICATION



Express Empathy



Support Self-Efficacy



Develop Discrepancy



Roll with Resistance



ACTIVE LISTENING SKILLS

Open Ended Questions

Affirmations

Reflective Listening

Summarizing

OARS: REFLECTIONS

- **Repeating or rephrasing:** Listener repeats or substitutes words or phrases, and stays close to what the speaker has said:
 - ▶ “You’re really worried.”
- **Paraphrasing:** Listener restates in their words the meaning of the speaker’s statement:
 - ▶ “You care a lot about your grandmother.”
- **Reflection of feeling:** Listener emphasizes emotional aspects of communication through feeling statements. This is the deepest form of listening.
 - ▶ “You’re really frustrated right now.”

Understanding Motivation

“Better safe than sorry!”



?

Understanding Motivation

“I’m worried about my patient will get septic.”



“I don’t want my patient to get c. diff...”

Understanding Motivation: Weighing Pros and Cons

“When are antibiotics needed?”



“What are the benefits of active surveillance?”

SMALL GROUP ROLE PLAY!

- ▶ Case: One of your physicians uses levofloxacin as the first-line antibiotic for the treatment of UTIs.

Prompt:

How could you address this?

What could you say or do?

Have one person act as the physician, another as the Infection Preventionist, and one as a reporter.





Antibiotic Stewardship Conference



11.16.23 | 9 am - 4 pm
The Friday Conference Center
Chapel Hill, NC



North Carolina
Clinical Antibiotic
Stewardship Partners

More information at spice.unc.edu/ncclasp/



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