



**North Carolina
Clinical Antibiotic
Stewardship Partners**

**LONG-TERM CARE COMMUNITIES
ANTIBIOTIC STEWARDSHIP
SESSION #4**

October 18, 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. NC CLASP reminders
2. Didactics on Education for Staff, Family, and Prescribers
3. Ask 5 and 5 Whys- reliable processes
4. Clinical Case



NC CLASP REMINDERS



- ▶ If you need to get a hold of us, please email:
 - ▶ Danielle.Doughman@unchealth.unc.edu
- ▶ CME
 - ▶ Attendance and active participation per learning session
 - ▶ Use your MyAHEC account
 - ▶ Complete surveys as requested

LET US KNOW WHO'S HERE TODAY!

Please put your name and nursing home community in the chat

If using computer with no mic, please mute the
computer and dial in +1 646 931 3860 US

Meeting ID: 849 4943 4651

Passcode: 496304

SESSION REMINDERS

- ▶ This time is for you and your learning.
- ▶ Please turn on your videos!
 - ▶ Cameras on
 - ▶ Stay muted unless speaking
- ▶ Use the chat
- ▶ Let's use and share our learning, but not in a way that identifies protected information.



POLL

▶ Does your facility provide educational resources and materials about antibiotic resistance and stewardship?

Yes

No

If yes, to whom?

▶ Clinical providers (e.g., MDs, NPs, PAs, PharmDs)

▶ Nursing staff (e.g., RNs, LPNs, CNAs)

▶ Residents and families

▶ Other: _____

EDUCATION

- ▶ Effective educational programs:
 - ▶ address both nursing staff and clinical providers
 - ▶ Address the goal of an antibiotic stewardship intervention
 - ▶ Address responsibility of each group for ensuring its implementation
- ▶ Mechanisms for disseminating antibiotic education to staff:
 - ▶ flyers,
 - ▶ pocket-guides,
 - ▶ newsletters or electronic communications
 - ▶ **interactive academic detailing (e.g., face-to-face interactive workshops) has the strongest evidence for improving medication prescribing practices.



EDUCATION

- ▶ To Sustain Improvement:
- ▶ Incorporate both **education** and **feedback** to providers.
 - ▶ *One nursing home antibiotic stewardship intervention demonstrated a sustained reduction in antibiotic use for two years after the intervention by linking education with feedback on physician prescribing practices. (1)*
 - ▶ *Another study showed a 64% reduction in inappropriate antibiotic use (i.e., prescriptions which did not adhere to guidelines), by providing feedback on individual physician prescribing practices and adherence to the guidelines over 12 months (2)*
- ▶ But How?



EDUCATION

- ▶ Engage Residents and Families
 - ▶ Working with residents and families will reduce the perception that their expectations may be a barrier to improving antibiotic use in nursing homes.
 - ▶ Education around use empowers the family and resident



STAFF

▶ Disease specific education

- ▶ Communication tips from AHRQ

<https://www.ahrq.gov/antibiotic-use/long-term-care/best-practices/posters.html>

<https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes/implementation.html>

- ▶ Conflict mediation
- ▶ “How to” information
 - ▶ How to collect a culture, etc
- ▶ Treatment Guidelines

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

▶ Antibiotic harm education

<https://www.ahrq.gov/antibiotic-use/long-term-care/improve/discuss-family.html>

Talking With Residents and Family Members About Lower Respiratory Tract Infections

My mother has a cough. She's bringing up yellow

- There are many kinds of respiratory tract infections that can cause a cough, such as colds, bronchitis, influenza, and pneumonia.
- A cough by itself—even if it is associated with yellow phlegm—does not need to be treated with an antibiotic.

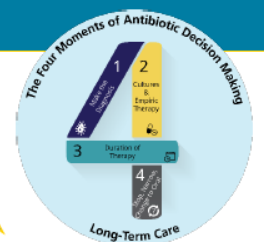
may indicate the need for an cough or difficulty breathing.

- D**escribe the specific situation.
- E**xpress your concerns about the action.
- S**uggest other alternatives.
- C**onsequences should be stated and consensus should be reached.



Talking With Residents and Family Members About Antibiotics

The last time this happened, the doctor prescribed an antibiotic and my family member got better. Can't we do that again... just in case?



Five potential health problems can occur as a result of taking an antibiotic.

RESIDENTS AND FAMILIES

▶ Disease specific education

<https://www.cdc.gov/antibiotic-use/common-illnesses.html>

<https://www.ahrq.gov/antibiotic-use/long-term-care/improve/discuss-family.html>

▶ Antibiotic harm education

<https://www.cdc.gov/antibiotic-use/>

- ▶ US Antibiotic Awareness week is November 18-24th.

Antibiotics for UTI in Older Adults

A urinary tract infection (UTI) may cause symptoms like:

- Burning with urination
- Increased urge to urinate
- Need to urinate more often

Several common symptoms do not necessarily indicate a UTI:

Antibiotics for Urinary Tract Infections in Older Adults

ROCHESTER Nursing Home Collaborative

Do You Need Antibiotics?

Information about antibiotics for nursing home residents and their families

BE ANTIBIOTICS AWARE
SMART USE, BEST CARE

MEDICAL PRESCRIBERS

► Disease specific education

https://www.train.org/cdctrain/training_plan/3697

- Several hours of free CME for physicians

► Pocket cards and one-pagers for health care providers

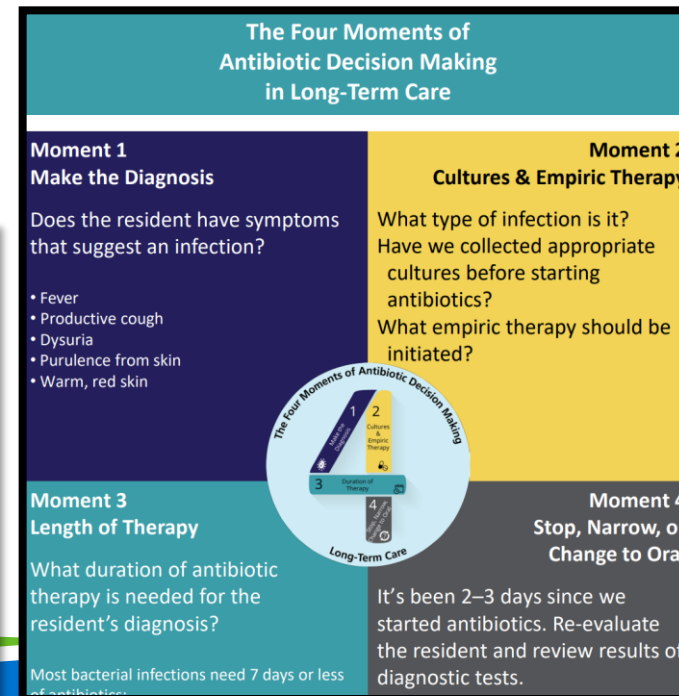
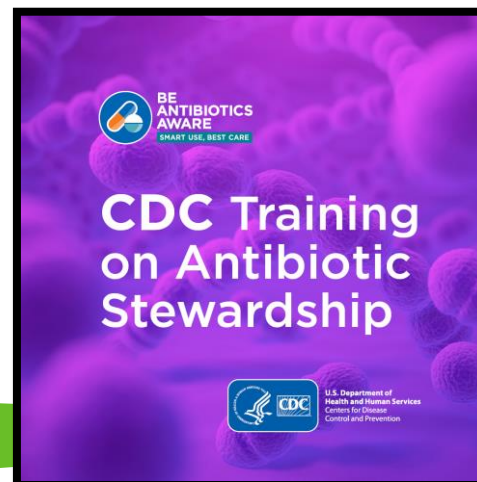
<https://www.ahrq.gov/antibiotic-use/long-term-care/best-practices/posters.html>

► Antibiotic harm education

<https://www.ahrq.gov/antibiotic-use/long-term-care/index.html>

Be Antibiotics Aware:

<https://www.cdc.gov/antibiotic-use/index.html>



Please type in the chat:

One new educational intervention for antibiotic stewardship that you can potentially tackle in your nursing home.

ASK WHY AND ASK 5: RELIABLE PROCESSES

BRIDGING THE KNOW-DO GAP

▶ We KNOW overuse of antibiotics:

- ▶ Can be harmful to the patient
- ▶ Can build resistance
- ▶ Leads to unnecessary cost
- ▶ Are often prescribed due to "ease" or for liability purposes

▶ What we can DO to prevent inappropriate use:

- ▶ EDUCATION
- ▶ Conversation
- ▶ Direct Feedback



Nursing Communication Example of an Intervention Matrix

Psychological Safety

1. Integrating working styles conversations into team norms
2. Adoption of guidelines for individual and team behavior. Revisit at each quarterly working meeting
3. Continuous feedback ingrained in how we do work (e.g., diff ways of giving feedback)
4. Lead by example - leaders speak up if there's an issue that concerns them
5. Learn from examples of good and bad reactions/levels of support to identify patterns
6. Understand the team's desired leadership behaviors
7. Reflection on how we could best live up to IHI values
8. More conversation about the culture we want for our team

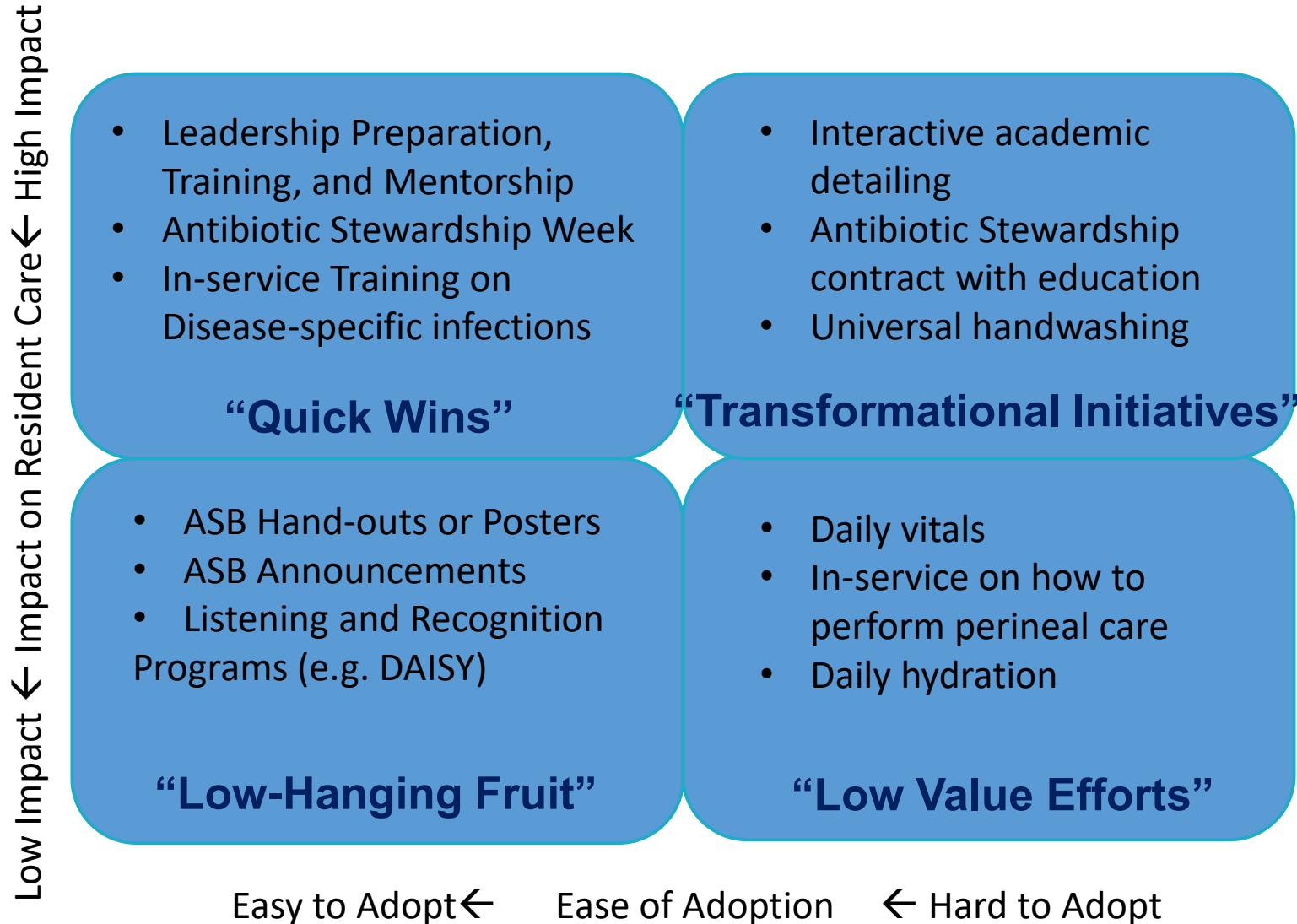
Choice & Autonomy

9. Clarify roles, expectations, and scope to empower staff to take ownership of work/decisions
10. Budget more time per project to build in the space to think (may result in less projects per person)
11. Each meeting has a purpose and an agenda; if neither can be identified, cancel the meeting or send an email update
12. Add a day, a week, or another increment to every deliverable completion date
13. Block writing/thinking day that you work in your most productive environment

Camaraderie & Teamwork

14. RA working time - dedicated blocked time for Research Associates to engage each other in peer support
15. Protected team time - "coffee breaks", team outings
16. Get to know one another individually (Origin story? M4M?)
17. Foster a culture of humility by sharing our failures and fumbles
18. Transparent leadership communication (e.g., how projects are selected or get leadership support, selection for projects to become programs, invitation to leads call)

Where to start?



SMART AIM: IN THE NEXT SIX MONTHS, IMPROVE EDUCATION OF RESIDENTS AND FAMILIES ABOUT APPROPRIATE ANTIBIOTIC USE TO REACH 75% OF RESIDENTS.

WHAT IS OUR *CURRENT* PROCESS FOR EDUCATING RESIDENTS AND FAMILIES ABOUT APPROPRIATE USE OF ANTIBIOTICS?

Ask 5 staff

WHO does it

WHEN should it
be done

WHERE is it
done

HOW is it done

WHAT is
needed to do it



If all staff can provide consistent answers high likelihood it is reliable and working well

What is our current process for educating residents and families? Is it reliable?

Common failure

(2 or more of the 5 people cannot articulate the process)

- ▶ Don't rely too heavily on EDUCATION as THE FIX
- ▶ Get CURIOUS to determine WHY this is occurring
- ▶ Inform staff on the WHY:
 - ▶ WHY is this process important
 - ▶ WHY do we do it this way
- ▶ Get CURIOUS – WHY is the process NOT being followed???
- ▶ Develop a plan to fix ONE attribute
- ▶ Keep it SIMPLE!

Infrequent failure

(Only 1 of 5 or less cannot articulate the process)

- ▶ Infrequent does NOT mean you have a bad process.
- ▶ Don't try to make it perfect – you will use up too many precious resources.
- ▶ Talk to that one person to reeducate or determine WHY it is occurring.
 - ▶ Determine if there is a simple fix
- ▶ MOVE ON to focus on another process

GOAL: Improve education with families and residents about appropriate antibiotic use.


If you have a current process that does NOT work so well...

Determine if it is a COMMON or INFREQUENT failure.

OBSERVE the process or review 3 recent cases to see where the failure points occurred.

Fix ONE PIECE at a time- Keep your SMART aim SMART!

It's more important to have a standard process than a perfect process—when you design for perfection, you get overly complex protocols.



“Perfect is the enemy of good”
-Voltaire

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Mrs. Smith's son is concerned his mother did not sound like herself on the phone. He is worried that his mother may have a UTI and needs an antibiotic.

CLINICAL CASE- FROM EVENT TO OUTCOME

Clinical Event



Son calls NH to report patient's "not herself".
Wants to know if she has a UTI?

WHAT WOULD YOU DO?

Evaluation by R.N. or M.D.



RN evaluates resident.
She is less talkative today.

No complaints of dysuria or urgency, no other symptoms suggestive of an infection.

Exam negative for fever, lung findings, or abdominal tenderness.
Her urine is dark and cloudy.

WHAT WOULD YOU DO?

Decision To Prescribe Antibiotic



Leading diagnosis is dehydration. The culture comes back with >100k CFU of e. coli. Nursing tries to tell the son that we will push oral hydration and monitor her closely for the next 72 hours. Son is angry about this news. MD also tries to explain we will consider IV fluids and asymptomatic bacteriuria but son says he's never heard of this.

WHAT WOULD YOU DO?

Outcome



WHAT DO YOU WANT TO HAPPEN? WHAT DO YOU DO?

How should we educate our families?
What's a good process for ASB education?

PRESCRIPTIVE

POST-PRESCRIPTIVE

What is your current process for educating residents and families about the appropriate use of antibiotics? (Who, when, where, what, how?)

Is it reliable?

What changes can you make to standardize and improve the process?

SMALL GROUP DISCUSSION

Next Wednesday's session

Hot Topic: Antibiotics in COPD Exacerbation
with Pulmonologist Adrian Austin, MD

- 20-minute “mini-lecture”
- Time for your questions or even targeted 1:1 support for your QAPI needs as needed
- Stay for all or part



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/

