



# **Bi-Weekly Friday Congregate Care Webinar:**

## **Welcome**

August 5, 2022

# Housekeeping:

- Upcoming Webinars:
  - Enhanced Barrier Precautions on August 19<sup>th</sup>.
  - Wound Care on September 9th
  - Environmental Cleaning on September 23rd



# Congregate Care Updates

August 5, 2022

# Objective

- Integrate updates to COVID-19 prevention and control measures into facility practices

# Free Antigen Tests – DEADLINE EXTENDED

## IDPH

- Long term care facilities (LTCF) must have all the following in place to be eligible:
  - A CLIA waiver that allows for the administration of antigen testing.
  - A provider order for antigen testing that has been approved and signed by a medical professional.
  - Be registered to report all positive antigen test results to the State of Illinois.
- Complete the REDCap survey by **August 9<sup>th</sup>** to receive the free antigen tests.  
<https://redcap.dph.illinois.gov/surveys/?s=T78A4HAKFTPWXAA>

## Federal Government

- Free direct shipments of BinaxNOW COVID-19 rapid antigen tests from Health and Human Services (HHS)
- Email the HHS Binax Team at [Binax.Team@hhs.gov](mailto:Binax.Team@hhs.gov) and let them know that you are a LTCF interested in signing-up for the free shipments of BinaxNOW COVID-19 antigen tests.

# Q & A

Q: Have the emergency rules for vaccination/testing and face covering been renewed?

A: Yes, both executive orders were reissued on July 22, 2022.

**Executive Order 2021-22 (Vaccination and testing requirements):**

Sections 2, 3, 5, 6, 7, 8, and 9 of Executive Order 2021-22, as amended by Executive Order 2021-23, Executive Order 2021-27, Executive Order 2022-05, and Executive Order 2022-16, are re-issued and extended through **August 20, 2022.**

**Executive Order 2022-06 (Face covering requirements):**

Executive Order 2022-06, as amended by Executive Order 2022-11, is re-issued in its entirety and extended through **August 20, 2022.**

# Q & A – Updated from July 8, 2022 Webinar

Q: What is the current requirement for the Centers for Medicare & Medicaid (CMS) Quality, Safety & Education Portal (QSEP) COVID-19 training?

A: It depends on how the facility is licensed.

- COVID-19 training requirements for 300.675 expired on July 24, 2022.
- COVID-19 training requirements for 295. 4046, 330.800, 340.1390, 350.770, 370.3, 380.642, and 390.761 expire on August 9, 2022.

# Q & A

Q: Is the training for unvaccinated staff still required?

A: Yes, the training requirement for unvaccinated staff was renewed on July 14, 2022, for a maximum of 150 days for: 295.4047.f), 300.698.f), 330.794.f), 350.769.f), 370.4.f), 380.643.f), 390.759.f).







# **Antimicrobial Stewardship in Long-Term Care Settings**

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August 5<sup>th</sup>, 2022

# Objectives

- Recognize the rationale for antimicrobial stewardship in long-term care settings
- Describe key steps for implementing and sustaining successful antimicrobial stewardship programs in long-term care settings
- Identify tools and resources for antimicrobial stewardship in long-term care settings

# Rationale for Antimicrobial Stewardship

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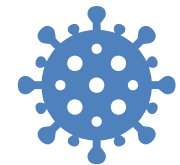
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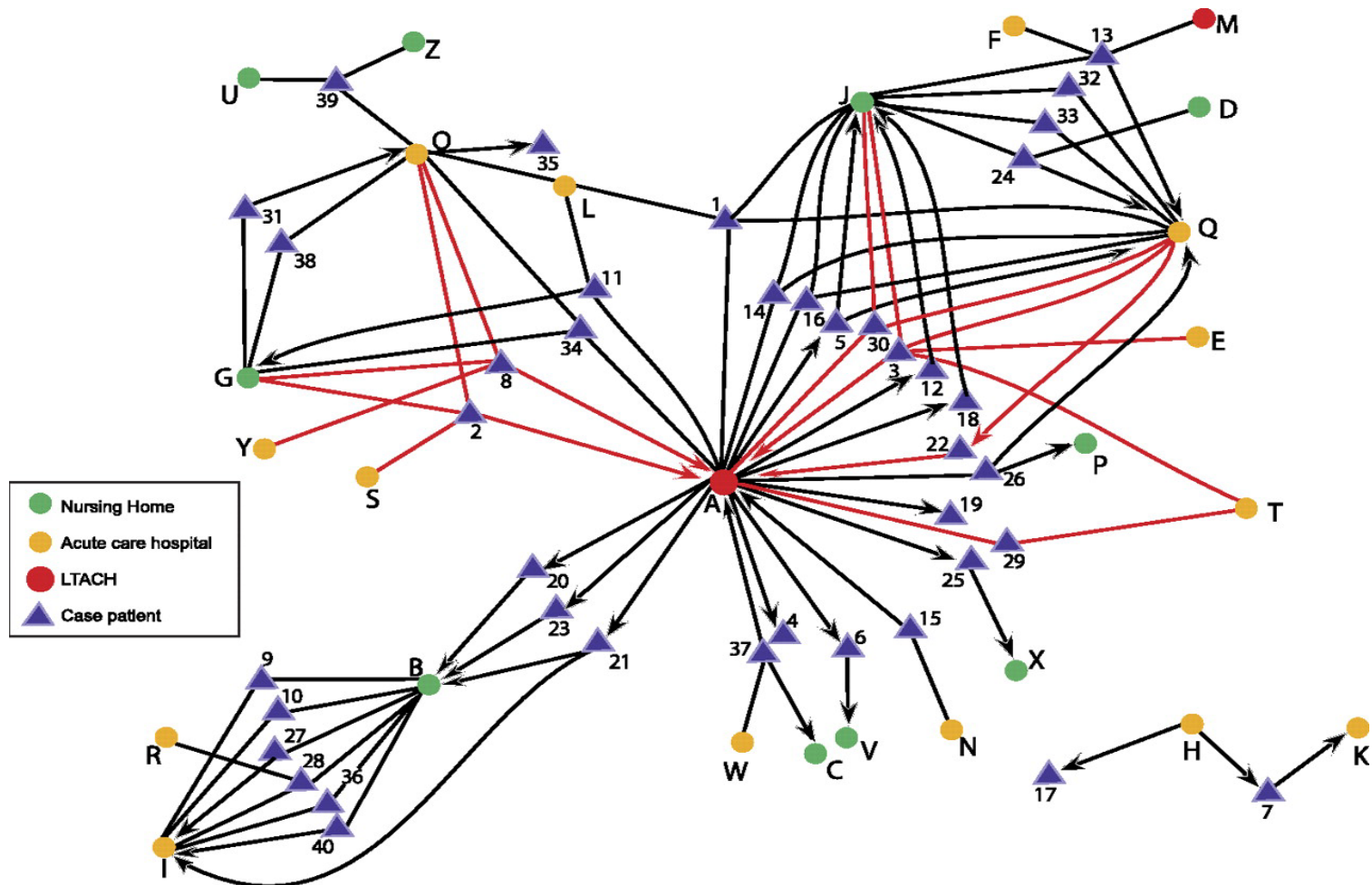
# Barriers for Antimicrobial Stewardship

Facility, Staff, and Prescribing Clinician Factors	Lack of well-validated strategies for antimicrobial stewardship specific to long-term care settings
	Lack of funding and facility resources
	High rates of annual staff turnover
	Limited on-site coverage of prescribing clinicians
	Limited infectious diseases expertise, pharmacy, and laboratory availability
	Delays in diagnostic testing and results necessary for disease management
Patient and Family Factors	Challenges associated with proper diagnosis and treatment of infection in residents
	Medically complex patients with multiple comorbidities
	Residents colonized with multi-drug resistant organisms
	Frequent transfers between health settings
	Resident and family perceptions and expectations about antimicrobial use

# Complications of Inappropriate Antimicrobial Use

- Colonization with Multi-Drug Resistant Organisms (MDROs)
  - Among long-term care residents, prolonged antibiotic use was found to be an independent risk factor for colonization with MDROs.
  - Methicillin-resistant *S. aureus* (MRSA) colonization among long-term care residents can be as high as 60%.
  - Prevalence of carbapenem-resistant Enterobacteriaceae (CRE) colonization was found to be higher among long-term care residents than acute care facility residents (30.4% vs 3.3%).
- *C. difficile* Infections
  - Nursing home residents who received inappropriate antimicrobials for asymptomatic bacteriuria were 8.5 times more likely to develop *C. difficile* infections compared with the rest of the nursing home population.
- Adverse drug events and drug interactions
- Increased healthcare costs

# Regional Spread Of Multi-Drug Resistant Organisms



An outbreak investigation of *Klebsiella pneumoniae* carbapenemase (KPC)-producing Enterobacteriaceae observed extensive transfer of KPC-positive patients throughout the exposure network of 14 acute care hospitals, 2 long term acute care hospitals, and 10 nursing homes.

Key Steps for Implementation

# ANTIMICROBIAL STEWARDSHIP PROGRAM





## Summary of Core Elements for Antibiotic Stewardship in Nursing Homes



### Leadership commitment

Demonstrate support and commitment to safe and appropriate antibiotic use in your facility



### Accountability

Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility



### Drug expertise

Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility



### Action

Implement **at least one** policy or practice to improve antibiotic use



### Tracking

Monitor **at least one process** measure of antibiotic use and **at least one outcome** from antibiotic use in your facility



### Reporting

Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff



### Education

Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

# Leadership Commitment

- Leadership commitment through demonstration of a facility's support of safe and appropriate antibiotic use:
  - ✓ Develop a written statement of support to improve antimicrobial use
  - ✓ Include stewardship-related duties and activities in position descriptions for:
    - Medical Director
    - Director of Nursing
    - Clinical Nurse Leads
    - Consultant Pharmacists
  - ✓ Communicate expectations regarding antimicrobial use, monitoring, and enforcement of stewardship policies with facility staff
  - ✓ Review antimicrobial use and resistance data in quality assurance meetings
  - ✓ Create a culture that supports and promotes antimicrobial stewardship among facility staff and residents

# Leadership Commitment

- [Nebraska ASAP Leadership Support Statement Template](#)
- [Nebraska ASAP Institutional Policy Template for ASP](#)
- [Minnesota Department of Health Sample Antibiotic Stewardship Policy](#)
- [Rochester Nursing Home Collaborative](#)

# Accountability

- Accountability through identification of leaders responsible for promoting and overseeing stewardship activities
  - Identify at least two champions to help drive successful stewardship by increasing staff awareness of antimicrobial use, building support among leadership and staff, and monitoring the results of a stewardship program
    - Consider infection preventionists, charge nurses, assistant director of nursing, the director of nursing, and the medical director or a prescribing clinician
    - Nursing leadership: promotes nursing assessment, documentation, and communication in antimicrobial stewardship activities
    - A prescribing clinician: promotes adherence to clinical practice guidelines for antimicrobial prescribing
  - Champions should identify an antimicrobial stewardship program team to lead and monitor stewardship efforts
    - Medical director, nursing leadership, infection prevention program coordinator, consultant pharmacist, consultant laboratory, quality improvement, information technologist, etc.

# Accountability

- Antimicrobial Stewardship Program Team
  - Reviews published clinical practice guidelines that support antimicrobial stewardship
  - Develops and communicates roles and responsibilities about antimicrobial stewardship for facility stakeholders
  - Establishes facility-specific stewardship policies and protocols
  - Nursing leadership/nursing champion regularly communicates antimicrobial stewardship progress to nursing assistants and nurses
  - Medical director/physician champion regularly communicates antimicrobial stewardship progress to licensed providers in the facility
  - Regularly reviews antimicrobial use summaries/reports
- AS Team members should have dedicated time for antimicrobial stewardship activities

# Collaboration with Microbiology

- Facilities contracting laboratory services can request reports and services to support antimicrobial stewardship activities
  - Develop annual antibiogram to help inform empiric antimicrobial selection and monitor antimicrobial resistance patterns
  - Provide education on various diagnostic modalities
  - Establish process for identifying and alerting facility staff of resistant organisms
  - [Minnesota DOH Sample Letter to Obtain an Antibiogram from a Laboratory](#)

# Collaboration with Pharmacy/Drug Expertise

- Establish access to individuals with antimicrobial expertise to implement antimicrobial stewardship activities
  - Consultant pharmacy
  - Partnering with stewardship team at referral hospital
  - External infectious disease/stewardship consultant
  - Certifications for Antimicrobial Stewardship
    - [Society of Infectious Diseases Long-Term Care Antimicrobial Stewardship Certificate](#)
    - [Making A Difference in Infectious Diseases \(MAD-ID\) Antimicrobial Stewardship Certificate](#)
- Assess antimicrobial use and appropriateness on a regular basis
- Ensure that all antimicrobial orders have the appropriate elements documented (drug, dose, route, duration, diagnosis, etc.)

# Baseline Assessment

- Conduct a baseline assessment
  - Each facility has different needs, priorities, and resources
  - Allows ASP team to determine what stewardship goals are reasonable
- Develop an implementation plan, timeline, responsibilities, budget, and schedule for ASP team meetings
- Develop plan to reinforce stewardship initiatives and integrate them into the standard workflow



# Baseline Assessment

- [CDC Core Elements of Antibiotic Stewardship for Nursing Homes Checklist](#)
- [Minnesota DOH Antimicrobial Stewardship Gap Analysis Tool](#)
- [AHRQ Readiness Assessment](#)
- [Nebraska ASAP Self-Assessment Instrument](#)

# Action

- Develop policies based on practice standards for antimicrobial stewardship
- Develop policies based on clinical practice guidelines for infectious diseases, including prescribing algorithms and clinical pathways
- Develop standardized policies and protocols for ordering diagnostic tests (e.g., microbiology, imaging)
- Multidisciplinary stewardship initiatives have been associated with improvements in antimicrobial prescribing practices

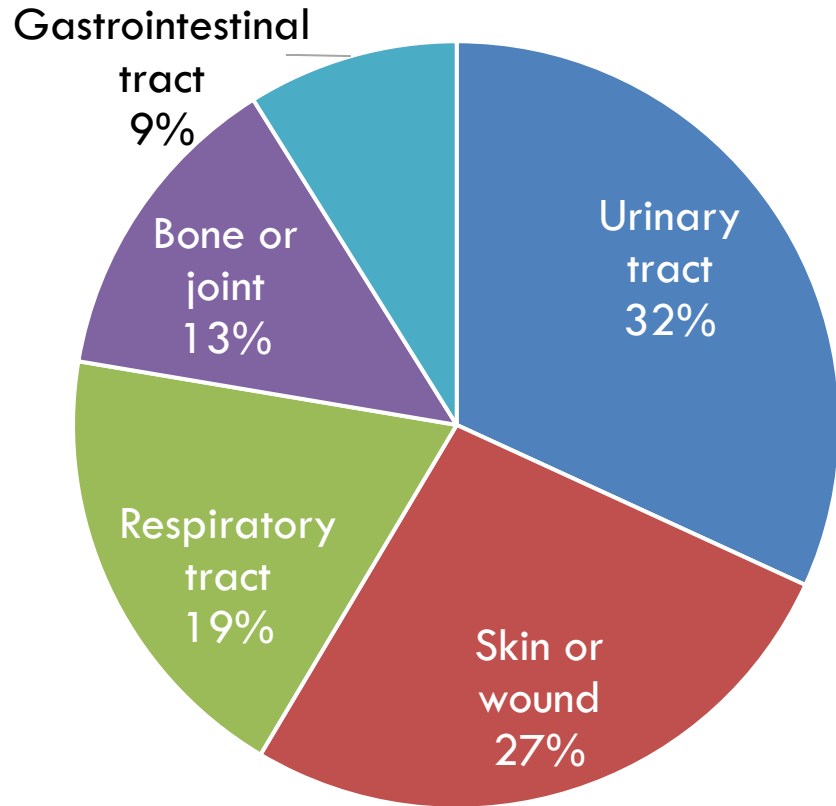
# Action

- Evaluate the facility's process to assess, communicate, and document a resident's change in condition
  - Perform process mapping to examine key opportunities to communicate clinical information
- Establish a standardized process to communicate a change in a resident's condition between *nursing assistants and nurses*
  - [INTERACT™ Stop and Watch Early Warning Tool for nursing assistants](#)
  - [AHRQ Concerned – Uncomfortable – Safety \(CUS\) Communication Tool](#)
- Establish a standardized process to communicate a change in a resident's condition in a consistent manner between *nurses and providers*
  - [Situation – Background – Assessment – Request \(SBAR\) Form](#)

# Action

Policies to Improve Antimicrobial Prescribing Use	Require prescribers to document a dose, duration, and indication for all antimicrobial prescriptions
	Develop facility-specific algorithm for assessing residents
	Develop facility-specific algorithms for appropriate diagnostic testing (e.g., obtaining cultures) for specific infections
	Develop facility-specific treatment recommendations for infections
	Review antimicrobial agents listed on the medication formulary
Practices to Improve Antimicrobial Use	Utilize a standard assessment and communication tool for residents suspected of having an infection
	Implement a process for communicating or receiving antimicrobial use information when residents are transferred to/from other healthcare facilities
	Develop reports summarizing the antimicrobial susceptibility patterns (e.g., facility antibiogram)
	Implement an antimicrobial review process/"antibiotic time out"
	Implement an infection specific intervention to improve antimicrobial use

# Action



Antimicrobials Used by Site of Infection for Treatment of Active Infection in Nursing Homes (n=1120)

Target for Intervention	Intervention
Antibiotics being prescribed even when clinical criteria for infection are not met	<ul style="list-style-type: none"> <li>• SBAR tool implementation</li> </ul>
Diagnostic tests being sent unnecessarily	<ul style="list-style-type: none"> <li>• SBAR tool implementation</li> <li>• Use of decision-making algorithm</li> </ul>
Broad spectrum agent being used unnecessarily	<ul style="list-style-type: none"> <li>• Develop facility-specific guidance</li> <li>• Implement antibiotic time-out</li> </ul>
Bug-drug mismatches	<ul style="list-style-type: none"> <li>• Antibigram use for empiric treatment</li> </ul>
Continuation of empiric antibiotics even after infection ruled out	<ul style="list-style-type: none"> <li>• Implement antibiotic time-out</li> </ul>
Inappropriate length of therapy	<ul style="list-style-type: none"> <li>• Develop facility specific guidance</li> <li>• Implement antibiotic time-out</li> </ul>

# Communication

- Communicate policies and protocols for antimicrobial stewardship, infection management, and diagnostic testing to all licensed providers in the facility
  - Communicate a clear timeline for implementation and access to new policies and procedures
  - Include relevant training for staff and prescribing clinicians
- Develop and communicate expectations to all healthcare personnel regarding their roles in antimicrobial stewardship
- Communicate antimicrobial stewardship messages to all facility staff
  - Staff meetings, newsletters, etc.
- Communicate antimicrobial stewardship messages to family/visitors
  - Brochures, communication posters, newsletters, family council meetings, etc.

# Tracking

- Monitor antimicrobial use and outcomes measures
  - Establish an antimicrobial utilization baseline and assess antimicrobial use on a regular basis (i.e., monthly, quarterly)
  - Adherence to clinical assessment documentation (signs/symptoms, vital signs, physical exam)
  - Adherence to prescribing documentation (dose, duration, indication)
  - Adherence to facility-specific treatment recommendations
  - Perform point prevalence surveys of antimicrobial use
  - Monitor rates of new antimicrobial starts/1,000 resident-days
  - Monitor antimicrobial days of therapy/1,000 resident-days
- Monitor clinical outcomes such as rates of *C. difficile* infections, resistant organisms (MRSA, CRE) and/or adverse drug events

# Tracking

- [AHRQ Antibiotic Use Tracking Sheet](#)
- [Nebraska ASAP Infection and Antibiotic Start Log Template](#)
- [Minnesota DOH Infection and Antibiotic Use Tracking Tool](#)
- [Rochester Monthly Antibiotic Tracking Worksheet](#)



# Reporting

- Develop antimicrobial use summaries/reports on a regular basis
- Share facility-specific reports on antimicrobial use and outcomes with clinical providers and nursing staff
  - Measures of antimicrobial use at the facility
  - Measures of outcomes related to antimicrobial use
  - Report of facility antimicrobial susceptibility patterns
  - Personalized feedback on antimicrobial prescribing practices (to clinical providers)
- Share information with:
  - Senior Leadership
  - Quality Committee
  - Prescribing Clinicians
  - Nursing and Healthcare Staff
  - Resident & Family Council

# Reporting

- [AHRQ Sample Monthly Summary Report](#)
- [AHRQ Quarterly or Monthly Prescribing Profile](#)
- [Nebraska ASAP Antibiotic Use Summary Report Template](#)
- [Nebraska ASAP Annual ASP Activity Report for Prescribers](#)
- [Nebraska ASAP Annual ASP Activity Report for Staff](#)
- [Nebraska ASAP Antibiogram Template](#)

# Education

- Provide education to clinicians, nursing staff, residents, and families about antimicrobial resistance and opportunities for improving use
- Discuss rationale and best practices for antimicrobial stewardship
- Review goals of key stewardship interventions and roles and responsibilities of all healthcare staff in ensuring its implementation
- Methods include in-services, flyers, pocket-guides, newsletters or electronic communications, and academic detailing



# **Antimicrobial Stewardship in Long-Term Care Settings**

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**This is the beginning of the Q&A portion of the webinar:**

Please post any questions you have in the text box.