



Expanding the Reach of Antibiotic Stewardship:

A guide to the National Quality Partners™ Playbook:
Antibiotic Stewardship in
Post-Acute & Long-Term Care

August 7, 2018

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Antibiotic Stewardship

Post-Acute and Long-Term Care

- The CDC estimates antibiotic-resistant bacteria lead to **23,000 deaths** and **2 million illnesses** each year.¹
- According to the CDC, nearly **75 percent** of the antibiotics in nursing homes are **prescribed inappropriately**.²
- Updates to the CMS conditions of participation include requirements that facilities develop and implement an **antibiotic stewardship program**.³
- Post-acute and long-term care facilities face unique challenges to implementing antibiotic stewardship programs.
- However, a growing knowledge and experience base can be leveraged to help facilities implement an effective program.

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Antibiotic Stewardship

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Antibiotic Stewardship

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National Quality Partners Playbook™: Antibiotic Stewardship in Post-Acute & Long-Term Care

- An essential tool for post-acute and long-term care facilities seeking to implement, improve, and sustain antibiotic stewardship programs
- Can assist facilities in complying with the new CMS CoPs related to infection prevention and control
- Includes concrete implementation strategies, solutions, and practical tools and resources



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Core Elements of Antibiotic Stewardship

- The *NQP Playbook™* is built around the CDC's eight core elements of antibiotic stewardship for nursing homes⁴:



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Core Elements of Antibiotic Stewardship Post-Acute and Long-Term Care

- For each Core Element, the NQP Playbook™ provides:

Core Element 2: Accountability

1. Core Element Description
2. Implementation Strategies
3. Potential Barriers and Suggestion Solutions
4. Suggested Tools and Resources
5. Case Study

Core Elements of Antibiotic Stewardship Post-Acute and Long-Term Care

- Example:

**Core Element 2:
Accountability**

Accountability for antibiotic stewardship means empowering leaders to set standards, communicate expectations, and support oversight. A facility should identify people who are responsible for both the overall stewardship effort and the day-to-day implementation, consistent with the structure of that particular facility. Whenever possible, facilities should integrate antibiotic stewardship strategies into existing workflow and organizational structures to minimize burden and to show how stewardship fits into larger resident safety and care quality improvement efforts. Post-acute and long-term care facilities differ with respect to size and workforce, making it difficult to define a universal structure for the antibiotic stewardship team. Planning discussions should address who might best fulfill the needed function, recognizing that expertise, training, workload, and interest may influence such decisions. Facilities should focus on cross-training for staff development and co-leadership to sustain direction, consistency, and accountability for antibiotic stewardship practices and outcomes.

Implementation Strategies

Overall objectives

- Share a vision of stewardship with providers, referring facilities, and regulatory bodies in the community.
- Conduct an assessment that includes review of team skills, capacity and expertise to define functions and roles within the team.
- Meet with community providers and facilities, preferentially to define roles and responsibilities.

Specific objectives

- Establish authority and responsibility for the medical director to review and communicate changes to providers to address compliance with the antibiotic use requirements of the NQF.
- Include an interdisciplinary team of representatives on the antibiotic stewardship team.
- Establish antibiotic stewardship as a standing agenda item during monthly quality improvement meetings and discuss the comprehensive review of antibiotic use from both clinical and non-clinical perspectives.
- Involve the CMO/CEO in participation. Discuss these individuals' antibiotic stewardship team members and current responsibilities with staff.
- Designate roles and responsibilities for stewardship within the facility and create defined roles and responsibilities as part of documented facility antibiotic stewardship goals.
- Consider antibiotic stewardship team meeting that meets at least on a quarterly basis.
- Incorporate antibiotic stewardship into existing daily facility team meetings, such as the team huddle or staff change to address antibiotic use.
- Invite local health department inspection or an "audit walk" for facilities meeting established antibiotic stewardship goals.
- Designate antibiotic stewardship "Champion" to track hospital "system-level" status for meeting antibiotic stewardship goals and purposes of implementation.

Potential Barriers and Suggested Solutions

Facility is unable to find a qualified leader or staff member to lead antibiotic stewardship efforts.

Suggested Solutions

- Support staff members and leaders with appropriate education and training opportunities.
- Appoint the health department, laboratories, or consulting/facility advisory hospital for training support.
- Use regional collaborative and professional organizations that will support antibiotic stewardship efforts.
- Add antibiotic stewardship sub-roles to job descriptions to recruit leadership.

Staff turnover makes it difficult to sustain stewardship initiatives.

Suggested Solutions

- Establish co-leaders of the stewardship program and co-leader "champions".
- Add antibiotic stewardship roles and functions to job descriptions and position announcements.
- Identify training and expertise in antibiotic stewardship to enter the professional environment for staff.
- Develop and complete staff education in antibiotic use and outcomes to develop a sense of team accountability and involvement in antibiotic stewardship.

Staff members do not identify antibiotic stewardship as their responsibility.

Suggested Solutions

- Articulate the facility's commitment to improving antibiotic use as a resident safety and health improvement issue.
- Ensure that infection preventionists, consultant pharmacists, and others participate in training that connects their role with improved antibiotic use.
- Share information about improvement efforts to demonstrate "small wins" and gain team energy.
- Use resident safety and care examples to show the importance of team-based efforts and the opportunities for all to contribute.
- Establish a committee specific to antibiotic stewardship and assign specific staff to that committee.

Leaders hesitate to communicate with providers about inappropriate antibiotic utilization.

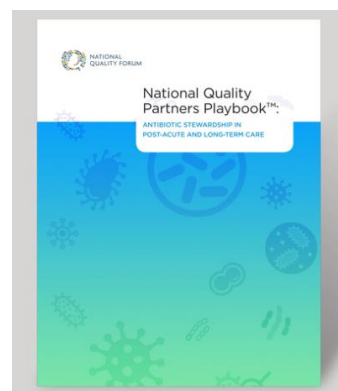
Suggested Solutions

- Provide training and feedback to leaders and direct care staff on communication strategies and facility protocols on antibiotic prescribing.
- Ensure that facility leadership supports the antibiotic stewardship team in addressing inappropriate prescribing practices.
- Develop individual protocols to control facility activity on antibiotic use to show where outliers may exist regarding choice of agent, site of antibiotic, start, or duration of therapy.


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Q&A Session


 A large graphic with the words "THANK YOU" in a yellow, sans-serif font. The letter "O" in "YOU" is replaced by a colorful, multi-colored molecular or network structure. The background is a solid blue gradient.

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References

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3. Centers for Medicare & Medicaid Services (CMS). Medicare Medicaid Programs; Reform of requirements for long-term care facilities. *Federal Register*. 2016;81(192):68688-68872. <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicare-programs-reform-of-requirements-for-long-term-care-facilities>. Last accessed June 2018
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