



# **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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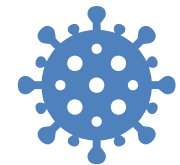
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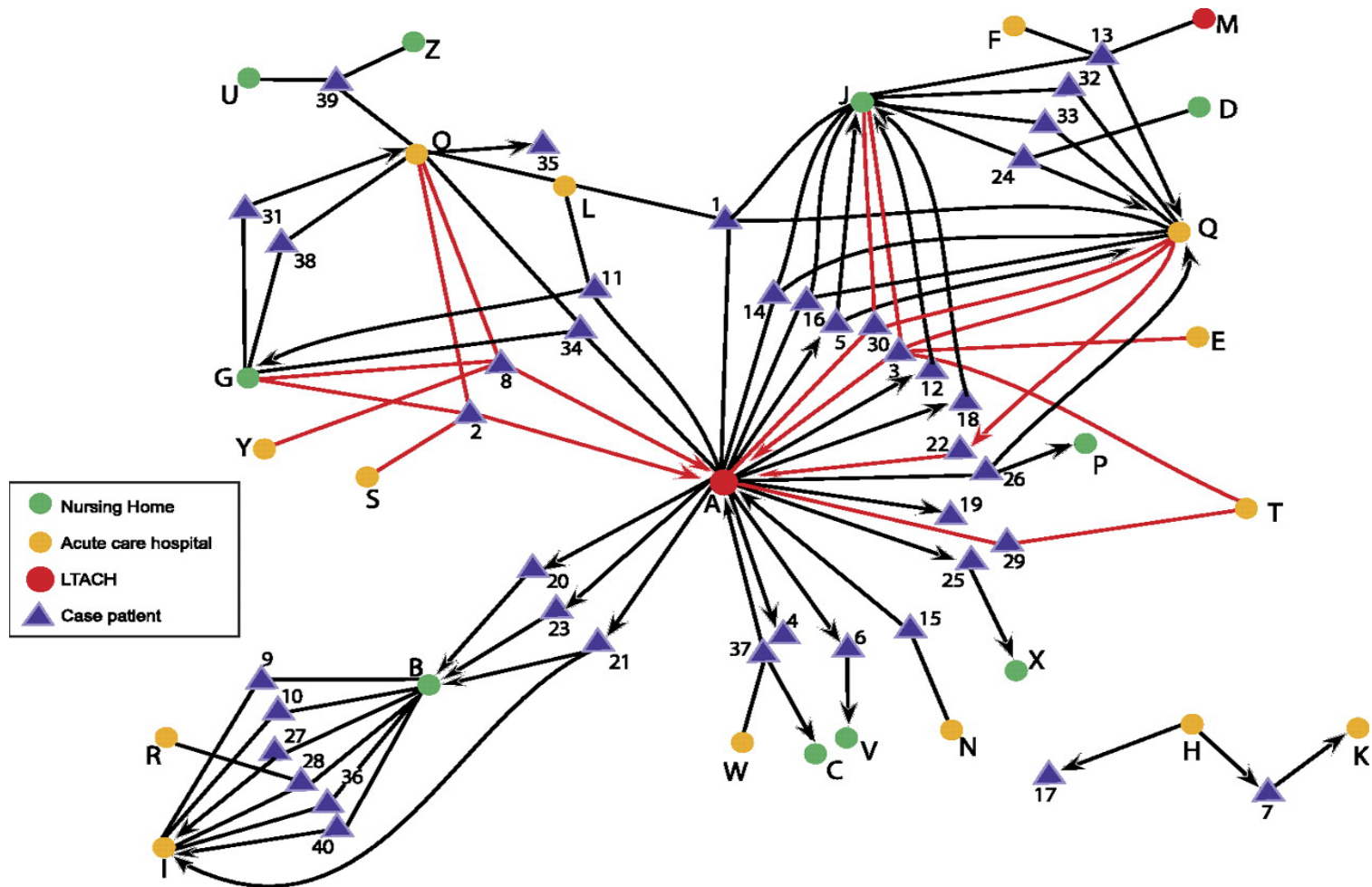
# Barriers for Antimicrobial Stewardship

|  |   |
|--|---|
| 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

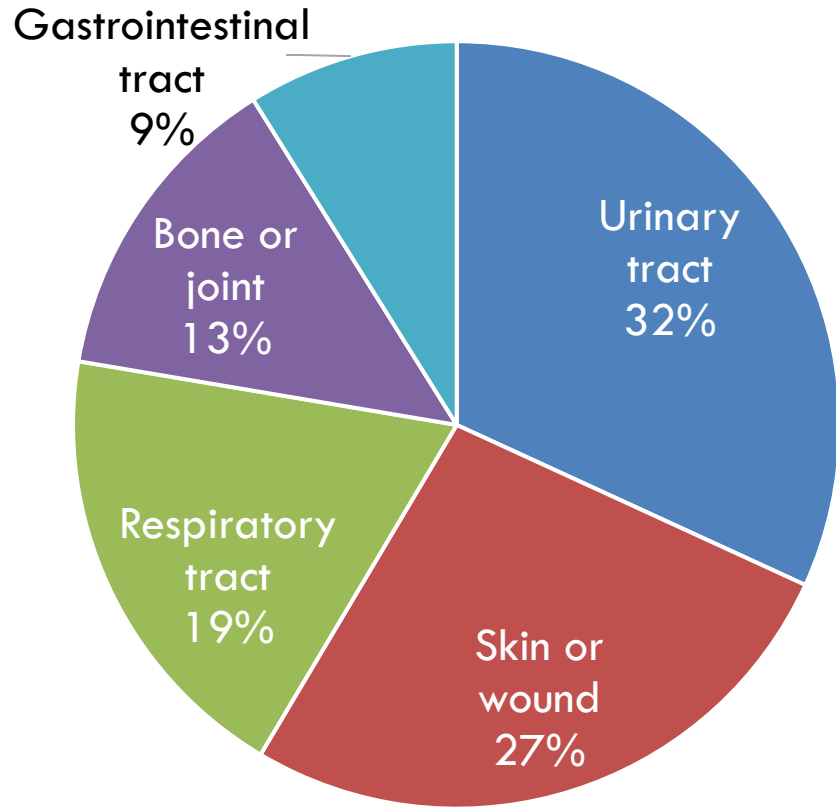
# Action

- 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.