Antibiotic Stewardship – Will you be ready by 11.28.17?

by TJ Griffin, RPh. and Sonja Quale, Pharm.D.

In October of 2016, the Centers for Medicare and Medicaid Services (CMS) adopted a final rule to make major changes and updates to the federal regulations surrounding long term care facilities; it’s most comprehensive update since 1991.

To comply with these new CMS regulations, nursing facilities must adopt an Antibiotic Stewardship program in conjunction with an Infection Prevention and Control Program, which includes antibiotic use protocols and a system for monitoring antibiotic use by November 28, 2017.

Antibiotic Stewardship refers to a set of commitments and actions designed to optimize the treatment of infections and reduce adverse events with a goal of slowing the emergence of resistant bacteria and preventing the spread of resistant infections.

The Centers for Disease Control and Prevention (CDC) has found:

- Antibiotics are among the most frequently prescribed medications in nursing homes with up to 70% of nursing home residents receiving at least one course of antibiotics per year.
- Studies have shown that 40–75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate.
- Antibiotic resistance is associated with 2 million resistant infections, twenty three thousand deaths, and $20 billion dollars in costs annually.

PharMerica is pleased to announce the introduction of our Model Nursing Facility Antibiotic Stewardship Program that utilizes the principles set forth in the CDC’s “The Core Elements of Antibiotic Stewardship for Nursing Homes.” These core elements empower each facility to take control of their individual antibiotic stewardship program and utilize a step-wise approach to successful adoption of such a program.

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The seven core elements of antibiotic stewardship for nursing homes include:

1. **Leadership Commitment:** Dedicating necessary human, financial and information technology resources

2. **Accountability:** Appointing a single leader responsible for program outcomes. Experience with successful programs show that a physician leader is effective

3. **Drug Expertise:** Appointing a single pharmacist leader responsible for working to improve antibiotic use

4. **Action:** Implementing at least one recommended action, such as systemic evaluation of ongoing treatment need after a set period of initial treatment (i.e. “antibiotic time out” after 48 hours)

5. **Tracking:** Monitoring antibiotic prescribing and resistance patterns

6. **Reporting:** Regular reporting information on antibiotic use and resistance to doctors, nurses and relevant staff

7. **Education:** Educating clinicians about resistance and optimal prescribing

Our program is intended to assist each facility in establishing the framework to implement a facility-specific Antibiotic Stewardship Program to satisfy CMS regulations and CDC guidance. Each binder is customized to each facility and with the assistance of one of our Consultant Pharmacists, the program can be tailored to fit the goals and resources available at the facility. Active involvement by a multidisciplinary team of facility leaders, clinicians and staff is required for a successful and meaningful program.

PharMerica Consultant Pharmacists have the ability to provide education to nursing staff and other healthcare colleagues about antibiotic stewardship. As a participant on the multidisciplinary team, Consultant Pharmacists bring clinical expertise that ensures the optimal use of antibiotics.

PharMerica Consultant Pharmacists in California started working with facilities by defining what the Antibiotic Stewardship Program should look like from a team perspective, including all staff at the facilities, creating a new culture in antibiotic protocols and use. Using PharMerica’s Antibiotic Stewardship binder as their guide, the Consultant Pharmacists, through in-servicing and working hand-in-hand with the leadership of the facilities, helped develop staff understanding of the various functions of each team member so they could assure the best resident outcomes during antibiotic use. From prevention and identification of infections, to controlling infections and tracking data, the PharMerica Consultant Pharmacists are an integral part of pioneering systems that work.

**Roles of Each Participant**

In nursing homes, approximately 20% of healthcare providers account for 80% of antibiotics prescribed. Roughly 40-75% of antibiotics are prescribed incorrectly with nearly 50% of antibiotics prescribed in nursing homes being given longer than necessary. Current nursing home regulations by CMS already include requirements to review and monitor antibiotic use; F-tag 441, F-tag 329, F-tag 428.

Each leader in the long term care setting has specific roles and tasks that can be implemented to effectively establish an Antibiotic Stewardship Program.

There is no single method to implement Antibiotic Stewardship programs and each facility and geographical location will be required to tailor their efforts to suit their specific characteristics. Experience has shown that these programs are more successful when a multidisciplinary approach is taken with defined leadership and leadership roles.

**Consultant Pharmacists**

- Consultant Pharmacists provide education to staff about the
InformRx

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different types of antibiotics and their uses.

- Consultant Pharmacists review current antibiotic prescriptions as part of the monthly drug regimen. This could include reviewing microbiology culture results and initial prescribing documentation for appropriateness of antibiotic selection.

- In addition to the customary duties, the PharMerica Consultant Pharmacist can participate in additional duties as requested by the facility leadership for an additional fee.

A PharMerica pharmacist can be additionally consulted on a case by case basis to ensure appropriate antibiotic selection, dose, frequency and treatment duration for the indicated infection. Facilities can utilize the Antibiotic Consult fax sheet to request these services.

“The PharMerica Antibiotic Stewardship Program is a good and useful tool. Some of the material in the binder is good for me as a DON as it keeps me updated and helps me implement various policies within our facility and helps me to teach nurses and other staff the necessary protocols to have a successful stewardship program.”

– Susan Todd, RNC, Director of Nursing for Oakdale Nursing and Rehab Center

PharMerica’s Antibiotic Stewardship Model Program

This model program is available to customers of PharMerica and non-customers.

Visit PharMerica.com to request more information or contact your local PharMerica representative.
What is Huntington’s Disease? It is an incurable genetic disorder that results in the breakdown of the nerve cells in the brain. Over time, it gradually will deteriorate a person’s mental and physical abilities. A child born with a parent with Huntington’s Disease has a 50/50 chance of inheriting the disease. The life expectancy is 10-20 years post diagnosis and the younger the patient exhibits symptom’s the quicker the progression. Currently, there are 30,000 diagnosed patients in the US. It is a disease that strikes in the prime of life, typically between the ages of 30-50 years old and manifests itself with mood and personality changes, memory changes, involuntary movements (chorea), unsteady gait, slurred speech and drastic weight loss due to severe swallowing difficulties.

Also known as Huntington’s Chorea, the involuntary movements often present at an early stage which can make regular work duties difficult and often results in onset of depression. As the disease progresses, movement disorders and diminished speech capabilities become much more prominent and medication to treat the chorea becomes vital. Often the need arises for the services of speech and physical therapists. In late stage, Huntington’s Disease patients become totally dependent on the care of others and often are placed in long term care settings, as walking and talking becomes impossible. The leading cause of death for Huntington’s Disease patients is typically aspiration pneumonia.

Since medication treatment is centered on improving quality of life by providing symptomatic relief, any therapy that can reduce the chorea is a significant development. One such newly available treatment is a medication called AUSTEDO (deutetrabenazine) tablets. It is indicated for the treatment of chorea associated with Huntington’s Disease. It is the chorea that terribly affects the activities of daily living and reduction of symptoms and provides great relief to patients and caregivers. AUSTEDO is the first drug to market with a deuterized molecular structure allowing for decreased metabolism, and subsequently a longer half-life of the drug. This
allows for lower dosages and twice daily dosing. The dose of Austedo twice daily dosing - a significant improvement over the previous standard of care. When first prescribed to patients who are not being switched from tetrabenazine (a related VMAT2 inhibitor), the recommended starting dose of Austedo is 6mg orally once daily.

- The dose of AUSTEDO may be increased at weekly intervals in increments of 6mg per day to a maximum recommended dose of 48 mg.
- Administer total daily dosages of 12mg or Above in two divided doses.
- Administer AUSTEDO with food.

- Swallow AUSTEDO whole. Do not Chew, Crush or Break tablets.

PharMerica has been chosen by TEVA Pharmaceuticals as one of three exclusive providers of this medication and one of two providers in long term care. Our Consultant Pharmacists have all received training on Huntington’s Disease and specifically the recommended therapies and titration schedules for patients both switching from tetrabenazine and those starting fresh on Austedo. Our clinical, customer service, and billing teams are prepared to work with facilities, families, prescribers and insurers to reach maximum access to this product across the long term care community.

If you have any questions regarding Huntington’s Disease or Austedo, please contact your consultant pharmacist.

**WARNING: DEPRESSION AND SUICIDALITY**

AUSTEDO™ can increase the risk of depression and suicidal thoughts and behavior (suicidality) in patients with Huntington's disease. Anyone considering the use of AUSTEDO™ must balance the risks of depression and suicidality with the clinical need for treatment of chorea. Closely monitor patients for the emergence or worsening of depression, suicidality, or unusual changes in behavior. Patients, their caregivers, and families should be informed of the risk of depression and suicidality and should be instructed to report behaviors of concern promptly to the treating physician.

Particular caution should be exercised in treating patients with a history of depression or prior suicide attempts or ideation, which are increased in frequency in Huntington’s disease. AUSTEDO™ is contraindicated in patients who are suicidal, and in patients with untreated or inadequately treated depression.