How Does Your Antibiotic Stewardship Program Measure Up?

Antibiotic stewardship programs have been mandated in long-term care (LTC) facilities since 2017. F-Tag 881 describes the need for a program that includes antibiotic use protocols and a system to monitor antibiotic use.

"The intent of this regulation is to ensure that the LTC facility:

- Develops and implements protocols to optimize the treatment of infections by ensuring that residents who require an antibiotic are prescribed the appropriate antibiotic;
- Reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use; and
- Develops, promotes, and implements a facility-wide system to monitor the use of antibiotics."[1]

Bearing this intent in mind, how does your facility compare? Let's break down the sections to help you find out.

1. **The CDC Stewardship Checklist:** Have you filled out the checklist to know what areas may be missing or perhaps not implemented completely? Once this is done, you can prepare a list of needed actions and a plan of action.

2. **Policies and Procedures (P&Ps):** Do you have a Policy and Procedure that includes all the Core Elements found in the checklist as well as supporting P&Ps/tools for particular actions and process within your plan? Some examples might be antibiotic time-out process, auditing both process and outcomes such as handwashing, documentation, and particular pathogens and infections, and tracking antibiotic use with data reflecting use of facility-approved criteria such as McGeer's or Loeb's criteria.

3. **Communication:** How have you relayed your plan or program to physicians, employees and residents and families? Have you enlisted the support of your consultant pharmacist to include a focus on your facility's antibiotic stewardship interventions? Do you introduce it to your new residents on admission? Are they made aware that prophylactic antibiotics are not used at your facility except in particular situations? Have you educated clinicians and staff and provided more education to residents and families regarding the facility culture of antibiotic stewardship and the purpose behind it, which is to prevent more antibiotic/antimicrobial resistance? Do you provide feedback to the prescribing clinicians and also the nurses transcribing orders so they can see their personal performance and how the facility is tracking in reducing inappropriate usage of antibiotics and antimicrobials?

4. **Reporting:** Do you have a reporting plan located with the antibiotic stewardship or infection prevention plan? Does it include the reporting that needs to take place if there is an outbreak to staff, families, state health officials, and organizational leads? Do you have a process for knowing what needs to be reported to the CDC and how to do that? Is your pharmacy services provider able to assist you with report development? Is there someone within your facility assigned the responsibility to complete the Nursing Home Safety Network reporting data?

[1] Appendix PP Dated 10-24-22

How Does Your Antibiotic Stewardship Program Measure Up? (Cont.)

How does your facility measure when answering these questions? Does it fall short? Consider the following:

- Up to 70% of all nursing home residents receive a course of antibiotics each year.
- 40-75% of nursing home antibiotics are unnecessary or inappropriate.
- Antibiotic resistance is associated with 2 million resistant infections, 23,000 deaths, and $20 billion dollars in costs annually.

Residents deserve the very best care, and an antibiotic stewardship program is vital to ensuring they receive it.

There are many resources available to assist you in maximizing your program to its greatest potential. Just reach out and ask. NADONA and PharMerica are available to assist you in this endeavor.

PharMerica is partnering with leading organizations to support DONs and other nurse leaders in long-term and post-acute care with needed resources and education. Access more at **PharMerica.com/who-we-are/nurse-advancement.**