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ANTIBIOTIC STEWARDSHIP: A PRIMER FOR ASSISTED LIVING

It was only a year ago that reversing decades of antibiotic overprescribing got a national voice in the form of a comprehensive set of provider guidelines from the Centers for Disease Control and Prevention. And the Centers for Medicare & Medicaid Services used those guidelines to establish what is known today as antibiotic stewardship — a movement as much as it is a regulation for providers of all kinds, including senior living facilities.

The “rules” may be less stringent and onerous for non-skilled communities such as assisted living, but the burden for these and every other kind of long-term care provider is no less significant.

“Antimicrobial resistance is one of the most urgent public health threats we all face today. As we begin to enter into the busiest season for antibiotic prescribing, we want to take a look at how to embrace antibiotic stewardship

and what senior living providers can do,” said Nancy Losben, R.Ph., CCP, FASCP, CG, senior director, quality for Omnicare, which sponsored a webinar for an engaged *McKnight’s Senior Living* audience.

Antibiotic stewardship universally is defined as “coordinated interventions designed to improve and measure the appropriate use of antibiotics agents by promoting the selection of the

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optimal drug regimen, including dosing, duration of therapy and route of administration.”

The serious risks of overdosing in elderly residents cannot be overstated. “The dosing in our population is very important, as many of our seniors do not have the real capacity like that of a younger person and generally will require lower doses, especially with some of the high-risk antibiotics they are using,” said Losben, who also serves as chair of the Antimicrobial Stewardship Steering Committee of the American Society of Consultant Pharmacists.

Among the goals of the webinar were to show assisted living providers how to build community teams to evaluate the use of antibiotics in residents, structure strong and effective messages to residents and to families that antibiotics are not always clinically indicated, and work with referral sources on joint community efforts to minimize antibiotic resistance.

Why now?

Many factors, most notably years of antibiotic overprescribing, have contributed to the rise of multidrug resistant bacteria.



Photo: Rodolfo Parulian Jr/Moment/Getty Images/Plus

Antibiotic stewardship can be a major challenge for senior living operators.

Losben unmasked a common misconception about antibiotic resistance. It’s the bacteria – not people – who have become resistant.

And the damage such practices have caused are profound:

- Each year in the United States, at least 2 million people are infected with antibiotic-resistant bacteria. At least 23,000 people die as a result.

- Inside assisted living, as many as 3 million serious infections occur among the 1 million assisted living residents each year. “That means we treat one

to three infections per year per resident in assisted living,” she added.

- Across all of long-term care, such infections are a leading cause of hospitalizations and as many as 380,000 deaths each year.

Providers need to recognize the major risks associated with antibiotic use. Common infections include, but aren’t limited to, urinary tract infection, diarrheal diseases and antibiotic-resistant *Staph* infections. But *Clostridium difficile* (*C. difficile*) is among the most devastating,

and antibiotic resistance can increase the likelihood of getting them almost tenfold, Losben said. Antibiotic resistance also significantly magnifies the incidence of fungal infections like candida, which can lead to severe illness, including bloodstream infections or death.

Overprescribed antibiotics also can increase seniors’ vulnerabilities to allergic reactions, including serious cases of anaphylaxis.

Thanks to the work of the CDC, clinicians today have a roadmap for charting their own course to combat the scourge of antibiotic resistance.

Preventing infections and improving antibiotic prescribing could save 37,000 lives from antibiotic-resistant infections over just five years. In addition, the CDC has established three other goals of antibiotic stewardship:

- *Improving patient outcomes*, by lowering the rate of needless prescribing, treating infec-

For more information

The original webcast is available at www.mcknightsseniorliving.com/September11webinar.

QUESTIONS NEW MOVE-INS SHOULD ASK YOU REGARDING INFECTIONS

(Provided by the Centers for Disease Control)

1. What infections commonly occur among residents in this facility?
2. When was the last outbreak (that is, infection spreading among residents) in this facility?
 - What was the cause (for example, flu, norovirus, other)?
 - Did the facility request assistance from local public health authorities or any other partners?
3. How does the facility communicate with residents, family and visitors when an outbreak occurs?
4. Is the flu vaccine mandatory for all staff working in this senior living community?
 - What percentage of your staff received the flu vaccine this year (or last year)?
5. If a staff member is sick, is he/she allowed to stay at home (or go home from work) without losing pay or time off?
6. How are facility staff trained to respond to questions about hand hygiene from residents and family?
7. Are residents with new diarrhea given separate toilet facilities until the cause of their diarrhea is determined and/or the diarrhea is resolved?
8. How is shared equipment (for example, objects in the therapy area or common room) managed to prevent the spread of germs?
9. Does the facility have private rooms for residents who develop signs or symptoms of a potentially contagious infection such as new cough and fever or new vomiting and abdominal pain?
 - If the facility does not have private rooms, what precautions are taken?
10. Does the facility provide educational materials for residents and families on the following topics?
 - Hand hygiene
 - Use of gowns/gloves and other equipment to prevent the spread of germs
 - Antibiotic use

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tions more effectively while preventing avoidable side effects and reactions.

- *Decreasing C. Difficile infections.* The CDC asserts that just a 10% decrease in outpatient setting scripts can effectively lower *C. difficile* infections by as much as 17%.
- *Decreasing costs.* Thousands of avoidable hospitalization and expensive infection treatment regimens have documented significant savings already. The CDC also has developed four key strategies for combating antibiotic resistance:
 - *Preventing infections,* which in turn prevents the spread of resistance, through such efforts as resident, staff and family immunizations (especially for influenza, pneumococcal and zoster), and time-proven infection control prevention measures such as hand hygiene, encouraging individualized infection control programs.
 - *Tracking infection-prevention progress inside facilities.* Efforts should include monitoring and measuring things such as antibiotic starts and therapy days, and numbers of entering residents already on antibiotics, and various other metrics around diagnoses and stop dates for antibiotic prescriptions.
 - *Improving antibiotic stewardship,* and
 - *Developing new drugs and diagnostics.*

A true 'team' effort

Antibiotic resistance should never morph into a silo. Losben asserted that it takes vigilance and dedication across every discipline inside senior living to make stewardship work.

"When you talk about infection control, data collection,

collaboration with prescribers, liaisons with acute care, human resources in referral facilities and the needed education the tools required. We may ask ourselves, 'Is there a way to approach antibiotic stewardship in a practical

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way?" she asked. "The CDC says everyone has a role to play."

She offered solace to those providers needing help. "In assisted living, there is nothing you need to create," she said. "The CDC has done a remarkable job not only with tools for professionals but tools for residents, patients, families and staff."

Losben added that she believes that proactive measures also include holding the prescribers themselves more accountable.

"We want to remind prescribers that these are seniors," she said. "We can use follow up to ensure our residents are on the right path. For example, if you see a resident treated for five days, and the next time they need an antibiotic for the same infection for 10 days, start asking the question, 'Do we have the right drug? Are we really treating an infection that needs an antibiotic? Is it the right one? Is the microbe becoming resistant?'"

Losben also urged assisted living providers to familiarize

themselves with the key messages that the CDC suggests using with "lay people," or consumers. (See sidebar on page 2.)

A simplified approach

Losben acknowledged that

ing and modifying as needed.

- Tracking and reporting, including monitoring antibiotic prescribing practices and offering regular feedback to clinicians (or having clinicians assess their own antibiotic prescribing practices themselves).
- Education and expertise, including providing educational resources to clinicians and residents on antibiotic prescribing and ensuring access to needed expertise on optimizing antibiotic prescribing.

In closing, Losben emphasized that the core elements designed for long-term care that are posted on the CDC website "may exceed some of the resources we have in assisted living. But it's not to say we cannot assume our proper role in reducing antibiotic prescribing, tracking infections, tracking antibiotic use and improving communication with healthcare providers, prescribers, nurse practitioners, urgent care centers, clinics in your neighborhood and local hospitals."

Such efforts will go far, she added, "to ensure you can take part in the conversation and not only improve your referral sources but, quite frankly, maintain the census in your building by judicious antibiotic use through implementing at least some of the tips the CDC has given us, and by preparing a response to the 10 questions a consumer might have for you regarding how your facilities manage antibiotic use and infections." ■

Editor's note

This McKnight's Senior Living Webinar Plus supplement is based on a similarly named webinar presented on Sept. 11. The event was sponsored by Omnicare. The full presentation is available at www.mcknightsseniorliving.com/September11webinar.