

Antibiotic Stewardship for Post-Acute & Long-Term Care

Introduction

Antibiotic resistance is now considered one of the most urgent national and global public health threats. Antibiotic use is receiving considerable national attention. In response to new and emerging requirements of CMS, post-acute and long-term care facilities have been mandated to regularly review antibiotic utilization and to have programs in place to promote optimal prescribing practices.

A stewardship protocol is now available as an implementation-ready package. The protocol's principles and design are focused on UTI (UA C&S) as the commonest infection treated with antibiotics and the main driver of antibiotic (over)use. The protocol has recently received a best practice award from the American Medical Directors Association (AMDA).

The initial step is collection of monthly surveillance data on current prescribing practices in the facility. A standard set of metrics has been developed to assess current practice – for example: total positive urine cultures, total days-of-therapy, inappropriate days-of-therapy and frequency of therapy-induced complications (*C. difficile*). Quarterly reports which document these ordering and prescribing practices are the main protocol deliverables. The reports can provide both facility-wide data and individual prescriber data. Facility-wide quarterly reports are discussed at QA meetings and subsequently distributed by the medical director to all prescribers.

Participation by client facilities requires consent to follow the protocol, commitment of resources by the senior team (Administrator, DON, Medical Director, Infection Preventionist) and agreement to collect the necessary monthly data. Once this level of agreement is reached the protocol team provides in-services for both nurses and prescribers. The goal of the in-services is to optimize clinical microbiology concepts, ordering practices and prescribing habits to align with new evidence, regulatory requirements and national goals. At start-up a standard letter goes out from the facility medical director alerting prescribers to program initiation and facility in-services are scheduled.

After staff in-services, the protocol team assists the facility to generate their first quarterly report and also provides ongoing support. Thank you for giving this your consideration.