Eventide Senior Living Communities

Antibiotic Stewardship

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Who we are....

- Located in Moorhead MN
- Faith based, non profit senior health care organization
- Top 10 employer in the Fargo/Moorhead community
- 6 campuses located in ND/MN including assisted living, memory care, independent living, HUD housing, child day care, TCU, LTC and home care
- Moorhead Campus has 195 bed nursing home that includes 24 bed TCU , 1 Hospice Respite bed, with attached senior housing
- Average Length of stay for LTC 353 days and TCU 27 days
- Total admissions for 2016 LTC was 160 and TCU was 247 residents
- Total discharges for 2016 LTC was 162 and TCU was 238 residents

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Challenges .....

- Providers ordering broad spectrum antibiotics before cultures ordered or completed
- Providers hesitant to change antibiotics after culture report return
- Nurses not trained in determining which antibiotic is most appropriate based on culture reports
- Retrospective review of antibiotic use completed quarterly by infectious diseases physician consultant limited timely feedback to ordering provider
- Lack of policies to support or direct antibiotic stewardship
- High rate of antibiotics ordered to treat Asymptomatic *bacteriuria*
- Multiple providers among 2 large hospital systems with limited access to timely culture reports

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What we did.....

- Provided the infection surveillance line listing information to the infectious disease physician consultant monthly
- Discussed findings of challenges with the Medical Director to brainstorm ideas for improvement in being proactive vs reactive
- Created a communication tool from the medical director for nursing staff to use when communicating culture results to providers with in 24 hours of culture results
- Work with site leadership and nursing staff to find root cause of trending infections, to find solutions and reduce need for antibiotics
- Education provided to front line nursing staff on importance of stewardship program and current practice expectations

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Current Practice.....

- We track all resident and employee illnesses to monitor for trends and detect correlations.
- We track percent of antibiotic starts per 1000 pt days along with antibiotic DOT and DOT by type of antibiotic
- Antimicrobial resistant organisms receive additional tracking and reporting
- All UTI diagnosis are audited to ensure antibiotics are not being prescribed for Asymptomatic *bacteriuria* and to ensure all MDS definition requirements are met for those being coded on the MDS
- Data is reported to medical director, corporate office, and board of directors quarterly
- Data is also shared with the IDT at quarterly QAPI meetings and with nursing staff at their team meetings

DOT and ABX start rate gathering tool

	Months
Number of residents at Eventide during the month	
Number of new admits to facility	
total patient days	
Total Number of residents on antibiotics	
total number of residents on other anti-infectives	
total number of residents on meds	
# of residents on from previous month	
total # of res on new while a resident	
total # of res on new from hospital/admission	
total # of res carried over to next month	
% of residents on ATB	
% of residents on anti-infective	

	Months
antibiotic DOT from admit/hospital	
antibiotic DOT from HAI	
antibiotic DOT prophylactic	
DOT other anti-infectives	
total Antibiotic Days Of Therapy (**DOT**)	
total Days Of Therapy (**DOT**)	
Rate of antibiotic DOT (per 1000 days)	
Antibiotic Utilization Ratio (**AUR**)(per 1000 days)	
total rate of DOT (per 1000 days)	
total Utilization Ratio (**AUR**)(per 1000 days)	
antibiotic % of DOT admit/hospital	
antibiotic % of DOT HAI	
antibiotic % prophylactic	
antibiotic start rate (per 1000 pt days)	

Additional tracking for resistant organisms

Last name	First name	room	organism	Onset	site	Treatment	Started	completed	precautions	start	end

Employee illness data is primarily gathered by symptom review

2017 Employee Illnesses																		
Last	First	Date	Day	Shift	# Days	location	Ear	Eye	GI	Skin	Oral	Up Resp	Low Resp	fever	Gen/Urin	Migraine	Surgical	Sick Child	Misc
	Totals																		

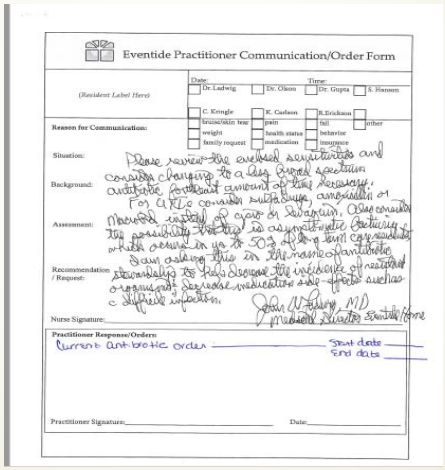
UTI audit

Incidence of UTI audit													
Resident	Room	ARD	30day lookback	fall off	type of assess	I2300 MDS coordinator	practitioner/Dx	signs/symptoms	laboratory findings	Rx treatment	MDS coded appropriately	Notes

success we have seen in reducing antibiotics

Antibiotic	1st quarter 2016	2nd quarter 2016	3rd quarter 2016	4th quarter 2016
Amoxicillin/ Augmentin	24	25	15	16
Ciprofloxacin	21	26	14	17
Levaquin	31	25	14	13

Communication form used to discuss culture results with providers



Eventide Practitioner Communication/Order Form

(Resident Label Here)

Date: Time:

Dr. Ladwig Dr. Olson Dr. Gupta S. Hanson

C. Kringle K. Carlson R.Erickson

Reason for Communication:

bruise/skin tear pain fall other

weight health status behavior

family request medication insurance

Situation:

Background:

Assessment:

Recommendation / Request:

Nurse Signature:

Practitioner Response/Orders:

Current Antibiotic order

Start date

End date

Practitioner Signature: Date:

Future Plans.....

- Pharmacy consultant provide education to front line nursing staff in regards to antibiotic classification, best practice guidelines , and Mcgreer's diagnostic assessment criteria
- Develop corporate-wide policies to support antibiotic stewardship
- Include education to the nursing assistants during annual skills fair and ongoing based on root cause analysis of high incidence of UTI rates and how prevention contributes to lower antibiotic use
- Infection control nursing certification completion prior to requirement
- Ongoing surveillance and identification of trends with frequent communication with infectious disease physician, medical director and site leadership team
- Timely feedback to medical director and affiliated hospital system in regards to provider ordering practices and non-compliance with antibiotic stewardship

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