

FHCA 2019 Annual Conference & Trade Show

CE Session #21 – Implementing a Successful Infection Prevention and Antibiotic Stewardship Program in Your Skilled Nursing Center

Monday, August 5 – 7:00 to 8:00 p.m.

Celebration 3-4 – Clinical/Care Practices

Upon completion of this presentation, the learner will be able to:

- Identify the current trends in antibiotic use
- Identify how the use of data can improve our antibiotic use
- Identify how to maximize the role of the Infection Preventionist (IP) in your skilled nursing center

Seminar Description:

Antibiotic use across the world has risen to crisis levels. We all have to be more cognizant of our use of antibiotics before it's too late. Because of this Centers for Disease Control (CDC) developed the Antibiotic Stewardship Program (ASP). This session specifically addresses the current overuse of antibiotics. An ASP is required to be in place in every skilled nursing center, as of November 28, 2017 (Phase II of Requirements of Participation), and should be managed by your Infection Preventionist (IP). Every center is required to have an IP on staff by November 28, 2018, in order to meet the Phase III Requirements of Participation. The inclusion of the IP in your center is going to be a much needed and valued asset for not only reducing antibiotic usage, but reducing the prevalence of in-house acquired infections. Attendees will learn the process of implementing a successful data driven ASP, maximizing the use of your IP and how to use data to reduce your infections and overall antibiotic use.

Presenter Bio(s):

Jennifer Leatherbarrow, RN, BSN, RAC-CT, IPCO, QCP, CIC is a graduate of Kent State University's School of Nursing. She has over 20 years of health care experience including Corporate Reimbursement Specialist, Director of Nursing, MDS Coordinator and Staff Development Coordinator. Jennifer is currently the Manager of Clinical Consulting for Richter Healthcare Consultants where she has been a State and National level speaker and author with a focus on the LTPAC communities. Jennifer's focus areas include regulatory compliance, process review and redesign, and education and training.



Implementing a Successful Infection Prevention and Antibiotic Stewardship Program in Your Skilled Nursing Facility



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Today's Presenter



Jennifer Leatherbarrow
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Objectives

Participants will:

1. Be able to identify the current trends in antibiotic use
2. Be able to identify the seven core elements of Antibiotic Stewardship Programs (ASPs).
3. Be able to identify how the use of data can improve our antibiotic use
4. Take away procedural tips to implementing an Antibiotic Stewardship Program (ASP), including audit tools.

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Antibiotic Stewardship Programs



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Antibiotic Stewardship Programs

Antibiotic Stewardship Program is a coordinated plan that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.



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CDC's seven core elements of antimicrobial stewardship

- 1 Leadership commitment
- 2 Accountability
- 3 Drug expertise
- 4 Action
- 5 Tracking
- 6 Reporting
- 7 Education

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Leadership commitment
Demonstrate support and commitment to safe and appropriate antibiotic use in your facility

- Dedicating necessary human, financial and information technology resources
- Formal statements that the facility supports efforts to improve and monitor antibiotic use.
- Including stewardship-related duties in job descriptions and annual performance reviews
- Ensuring staff from relevant departments are given sufficient time to contribute to stewardship activities
- Supporting training and education
- Ensuring participation from the many groups that can support stewardship activities.

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Accountability
Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility

- Stewardship program leader: Identify a single leader who will be responsible for program outcomes. Physicians have been highly effective in this role.
- Empower your Medical Director-Medical Director will set standards for antibiotic prescribing practices
- Empower your Director of Nursing-Director of Nursing will set the standards for assessments and monitoring
- Engage consulting pharmacist will provide antibiotic review and reporting through the QA process.

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Accountability
Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility

- Appoint an infection prevention program coordinator
- Engage a consultant laboratory
- State and local health departments
- Clinicians and department heads
- Infection Preventionists and hospital epidemiologists
- Quality improvement staff

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Drug expertise
 Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility

- Appoint an infection prevention program coordinator
- Engage a consultant laboratory
- State and local health departments
- Clinicians and department heads
- Infection Preventionists and hospital epidemiologists
- Quality improvement staff

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Drug expertise
 Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility

- Automatic changes from intravenous to oral antibiotic therapy
- Dose adjustments in cases of organ dysfunction
- Review of antibiotic prescriptions as part of the drug regimen review
- Review of microbiology culture results by the consultant pharmacist

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Action
 Implement **at least one** policy or practice to improve antibiotic use

- Broad interventions to improve antibiotic use
- Antibiotic "Time outs"
- Establish best practices for use of microbiology testing
- Pharmacy interventions to improve antibiotic use
- Develop facility-specific treatment recommendations

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Action
 Implement at least one policy or practice to improve antibiotic use

- Develop and implement algorithms for the assessment of residents suspected of having an infection using evidence-based guidance.
- Utilize a communication tool for residents suspected of having an infection.
- Infection specific interventions to improve antibiotic use
- Reduce antibiotic prophylaxis for prevention of UTI.
- Optimize management of nursing home-associated pneumonia
- Optimize use of superficial cultures for managing chronic wounds.

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Tracking
 Monitor at least one process measure of antibiotic use and at least one outcome from antibiotic use in your facility

- Process measures
- Antibiotic use measures
- Antibiotic outcome measures
- Develop and implement facility specific treatment recommendations
- Implement policies that apply in all situations to support optimal antibiotic prescribing.

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Reporting
 Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff

- Measurement is critical to identify opportunities for improvement and assess the impact of improvement efforts.

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Education
Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

- > Antibiotic stewardship education to clinicians nursing staff, residents and families
- > Provide regular updates on antibiotic prescribing, antibiotic resistance, and infectious disease management
- > Nursing homes sustain improvements by incorporating both education and feedback to providers.
- > Engage residents and their family members in antibiotic use and stewardship
- > The integration of IT into the clinical data presentation and decision-making

Antibiotic Resistance



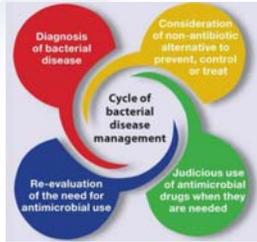
Antibiotic Resistance

How Antibiotic Resistance Happens



Antibiotic Resistance

The recent data regarding Antibiotic Stewardship Programs (ASPs) has demonstrated that programs dedicated to improving antibiotic use can enhance the treatment of infections as well as reduce adverse events associated with antibiotic use.



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Antibiotic Resistance



The misuse of antibiotics has also contributed to the growing problem of antibiotic resistance, which has become one of the most serious and growing threats to public health.

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Antibiotic Resistance

Unlike other medications, the potential for spread of resistant organisms means that the misuse of antibiotics can adversely impact the health of patients who are not even exposed to them.



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Antibiotic Resistance

The Centers for Disease Control and Prevention (CDC) estimates more than two million people are infected with antibiotic-resistant organisms, resulting in approximately 23,000 deaths annually.

Estimated minimum number of illnesses and deaths caused annually by antibiotic resistance*:

At least  **2,049,442** illnesses,

 **23,000** deaths

*bacteria and fungus included in this report

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Antibiotic Resistance

Improving the use of antibiotics is an important patient safety and public health issue as well as a national priority.



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Antibiotic Resistance

Stewardship programs can result in significant annual drug cost savings and even larger savings when other costs are included. These savings have been helpful in garnering support for antibiotic stewardship programs. However, it is important to continue support for stewardship to maintain gains as costs can increase if programs are terminated.

GLOBAL A failure to address the problem of antibiotic resistance could result in:

 **10m** deaths by 2050

Costing **£66** trillion

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Gram-Negative Bacteria

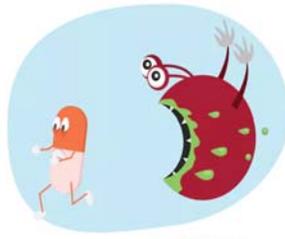




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Antibiotic Resistance

Gram-negative pathogens are particularly worrisome because they are becoming resistant to nearly all the antibiotic drug options available, creating situations reminiscent of the pre-antibiotic era. The emergence of MDR (and increasingly pan-resistant) gram-negative bacilli has affected practice in every field of medicine.



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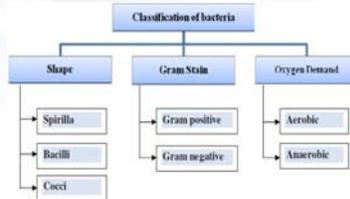


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Antibiotic Resistance

The most serious gram-negative infections occur in health care settings and are most commonly caused by:

- Enterobacteriaceae (mostly Klebsiella pneumoniae)
- Pseudomonas aeruginosa
- Acinetobacter



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Gram-Positive Bacteria



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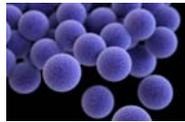
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Antibiotic Resistance Today

Among gram-positive pathogens, a global pandemic of resistant *S. aureus* and *Enterococcus* species currently poses the biggest threat.



Enterococcus



MRSA kills more Americans each year than HIV/AIDS, Parkinson's disease, emphysema, and homicide combined.

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Antibiotic Resistance Today



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Antibiotic Resistance Today

- Penicillin**
 - Penicillin Introduced 1943-1945
 - Penicillin Resistance 1960-1970
- Erythromycin**
 - Erythromycin Introduced 1953
 - Erythromycin Resistance 1968
- Cephalosporin**
 - Cephalosporin Introduced 1962
 - Cephalosporin Resistance 1980-1990
- Levofloxacin**
 - Levofloxacin Introduced 1996
 - Levofloxacin Resistance 1996
- MDRB**
 - Multi – Drug Resistance 1998

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Antibiotic Resistance Today

- Antibiotic resistance is one of the biggest public health challenges of our time.
- In 2013, CDC published a comprehensive analysis outlining the top 18 antibiotic-resistant threats in the U.S.

OUR COMMITMENT TO APPROPRIATE ANTIBIOTIC USE

As part of our commitment to the health and well-being of our patients, this practice is dedicated to prescribing antibiotics only when they are needed, and we will avoid giving antibiotics when they may do more harm than good. If an antibiotic is not needed, we will explain this to you and will offer an appropriate treatment plan. Antibiotic stewardship ensures that every patient is given the best care for their specific condition and gets an antibiotic only when necessary. Other medical options should get.

Use only antibiotics Use only when Use only when
of the right antibiotic of the right dose of the right duration

Up to 50%
of all antibiotics prescribed are not needed at all or are not prescribed appropriately.

Half over in the United States, at least 2 million
people become infected with bacteria that are resistant to antibiotics.

At least 23,000
people die as a direct result of these infections.

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Antibiotic Resistance Today

Mechanisms of Antibiotics:

1. Inhibition of cell wall synthesis
2. Inhibition of DNA/RNA synthesis
3. Blocking of metabolic pathways/ Inhibition of metabolism
4. Inhibition of protein synthesis
5. Inhibition of plasma membrane synthesis

Cell wall

- β-lactams
- penicillins
- cephalosporins
- monobactams
- carbapenems
- glycopeptides
- vancomycin
- Bacitracin

Plasma membrane

- Polymyxins
- polymyxin B
- colistin

Ribosomes

- 30S subunit
- aminoglycosides
- tetracyclines
- 50S subunit
- macrolides
- lincosamides
- chloramphenicol
- oxazolidinones

Metabolic pathways

- Folic acid synthesis
- sulfonamides
- sulfamides
- trimethoprim
- biotin acid synthesis
- voriconazole

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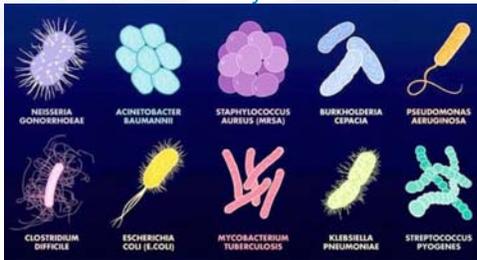
Antibiotic Resistance Today

Vancomycin-resistant enterococci (VRE), Streptococcus pneumoniae and Mycobacterium tuberculosis and a growing number of additional pathogens are developing resistance to many common antibiotics.



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Antibiotic Resistance Today



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Antibiotic Resistance Today

The CDC ranked the top 18 antibiotic-resistant bacterial infections according to seven factors:

1. Clinical impact
2. Economic impact
3. Incidence
4. 10-year projection of incidence
5. Transmissibility
6. Availability of effective antibiotics
7. Barriers to prevention.



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Antibiotic Resistance Today

The threat level of each bacteria was then classified as:

- Urgent**
- Serious**
- Concerning**

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Antibiotic Resistance Today

Urgent Threats

- Clostridium difficile - 500,000+ infections per year
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Drug-resistant Neisseria gonorrhoeae

URGENT

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Antibiotic Resistance Today

Serious Threats

- Multidrug-resistant Acinetobacter
- Drug-resistant Campylobacter
- Fluconazole-resistant Candida (a fungus)
- Extended spectrum beta-lactamase-producing Enterobacteriaceae (ESBLs)
- Vancomycin-resistant Enterococci (VRE)
- Multidrug-resistant Pseudomonas aeruginosa

SERIOUS

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Antibiotic Resistance Today
Serious Threats

- Drug-resistant non-typhoidal Salmonella
- Drug-resistant Salmonella Serotype Typhi
- Drug-resistant Shigella
- Methicillin-resistant Staphylococcus aureus (MRSA)
- Drug-resistant Streptococcus pneumoniae
- Drug-resistant tuberculosis

SERIOUS

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Antibiotic Resistance Today
Concerning Threats

- Vancomycin-resistant Staphylococcus aureus (VRSA)
- Erythromycin-Resistant Group A Streptococcus
- Clindamycin-resistant Group B Streptococcus

CONCERNING

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Let's Talk About Superbugs

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Enhancing Outcomes

Let's Talk About Superbugs

Most of this unnecessary use is for acute respiratory conditions, such as colds, bronchitis, sore throats caused by viruses, and even some sinus and ear infections



Let's Talk About Superbugs

Up to 75% of antibiotics prescribed in nursing homes may be unnecessary or inappropriate. Aantibiotics have serious side effects, including adverse drug reactions and Clostridium difficile infection.



Let's Talk About Superbugs



Total inappropriate antibiotic use (which includes unnecessary antibiotic use plus inappropriate antibiotic selection, dosing, and duration) is currently at 46% of all outpatient antibiotic use

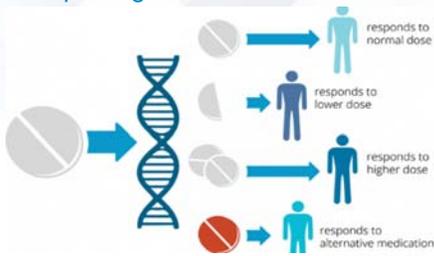
Let's Talk About Superbugs

Patients who are unnecessarily exposed to antibiotics are placed at risk for serious adverse events with no clinical benefit



Let's Talk About Superbugs

Antibiotics cause 1 out of 5 emergency department visits for adverse drug events (ADEs).

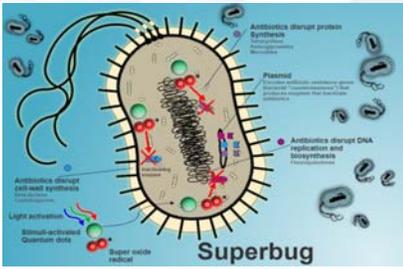


Let's Talk About Superbugs

We spent \$10.7 billion on antibiotics in the United States in 2009, including \$6.5 billion among patients who visit physician offices and \$3.5 billion among hospitalized patients



Let's Talk About Superbugs



The virulent elements in the microscopic world that were largely tamed by the discovery of antibiotics are rapidly circling back on us.

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The Role of an Infection Preventionist



The Role of an Infection Preventionist

Infection Preventionist Specialized Training (IPCO) course, individuals will be specially trained to effectively implement and manage an Infection Prevention and Control Program at their center.



Deadline November 28, 2019

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The Role of an Infection Preventionist

New Infection Preventionist specialized training requirement finalized by CMS in the Reform of Requirements of Participation for Long Term Care Facilities. Infection Preventionist Specialized Training (IPCO) course, individuals will be specially trained to effectively implement and manage an Infection Prevention and Control Program



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The Role of an Infection Preventionist

Position Overview –

- The Infection Preventionist reports to the Director of Nursing and partners with the Medical Director, the Administrator or Quality Officer, and other stakeholders to develop a system of care that promotes sound and scientific infection prevention principles and practices.
- This individual is accountable for decreasing the incidence and transmission of infectious diseases between patients, staff, visitors and the community.

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The Role of an Infection Preventionist

Position Responsibilities and Qualifications –

In this key position, essential job duties and responsibilities include:

- Partners with the Medical Director for Epidemiology/ Infectious Disease to develop, implement and evaluate annual infection prevention goals and action plan
- Partners with facility leaders, physicians, local, state, and national agencies on activities related to infection prevention
- Oversees the operations of the infection prevention, epidemiology, industrial hygiene, and relevant safety programs

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The Role of an Infection Preventionist

Position Responsibilities and Qualifications –

- Manages goal setting process for system, unit and physician goals related to healthcare acquired infections and conditions
- Lead industrial hygiene program to anticipate, recognize, evaluate, mitigate and control workplace conditions
- Participates in the national collaboratives and external reporting to CDC NHSN system, and other post acute-care specific quality organizations
- Accountable for surveillance of healthcare acquired and community acquired infections

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The Role of an Infection Preventionist

Position Responsibilities and Qualifications –

Review lab data and complete reports for:

- Bloodstream infections
- Urinary tract infections
- Surgical site infections
- MRSA infections
- Clostridium difficile



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The Role of an Infection Preventionist

A recent study found Healthcare acquired infections to be the sixth leading cause of death in the United States, costing the healthcare industry \$6 billion annually.



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The Role of an Infection Preventionist

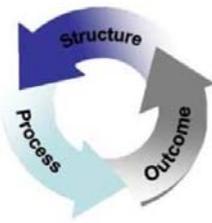


Infection prevention has become a key focus in the realm of patient safety. ... The actions of the nurse and other healthcare workers directly impacts patient morbidity and mortality. The role of the professional nurse in preventing nosocomial infections or Hospital Acquired Infections HAIs is significant.

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The Role of an Infection Preventionist

The role of the Infection Preventionist in preventing HAIs is significant. Nursing-sensitive indicators are actions and interventions performed by the nurse when providing patient care within the scope of nursing practice. These interventions are integral to the processes of nursing care and are often performed in collaboration with other members of a multidisciplinary healthcare team.



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Strategies for Positive Resident Outcomes

Strategies for Positive Resident Outcomes

Some of the most basic strategies resulting in positive patient outcomes include:

- > The practice and promotion of hand hygiene
- > Consistent use of aseptic technique
- > Cleaning and disinfection practices
- > Use of standard precautions/ Use of safety devices
- > Patient assessment and additional precautions
- > Patient education
- > Removal of unnecessary invasive devices

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Strategies for Positive Resident Outcomes

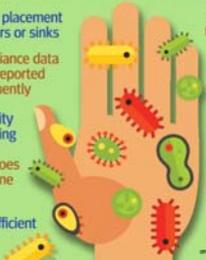
1. Rub palms together
2. Rub the backs of both hands
3. Interlace fingers and rub hands together
4. Interlock fingers and rub the backs of fingers of both hands
5. Rub thumb in a rotating manner followed by the area between index finger and thumb for both hands
6. Rub fingertips on palm for both hand
7. Rub both wrists in a rotating manner



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10 Primary Causes of Poor Hand Hygiene

1. Ineffective placement of dispensers or sinks
2. Hand hygiene compliance data are not collected or reported accurately or frequently
3. Lack of accountability and just-in-time coaching
4. The safety culture does not stress hand hygiene at all levels
5. Ineffective or insufficient education
6. Health providers, such as those carrying supplies, have their hands full
7. Wearing gloves that interfere with hand hygiene
8. The perception that hand hygiene is not needed if wearing gloves
9. Health care workers forget to perform hand hygiene
10. Distractions



Source: Joint Commission on Transforming Healthcare, 2012
H&HN
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Strategies for Positive Resident Outcomes

Consistent use of aseptic technique

Aseptic technique is a set of specific practices and procedures performed under carefully controlled conditions, with the goal of minimizing contamination by pathogens.



Strategies for Positive Resident Outcomes

Cleaning and disinfection practices

Nurses and other healthcare workers often use medical devices on more than one patient. You're responsible for cleaning and disinfecting the device between each patient use.

Communicating with environmental services about expectations regarding cleaning and disinfecting sophisticated patient monitoring equipment and computers is vital to ensure cleaning and disinfection occur on a routine basis.



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Strategies for Positive Resident Outcomes

Use of standard precautions

Standard precautions are the most basic level of infection control and prevention that should be used at all times when providing patient care at any level. The use of personal protective equipment (PPE), such as fluid-resistant cover gowns, disposable gloves, masks, and eye protection, provides safety for the nurse providing care.



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Strategies for Positive Resident Outcomes

Patient assessment and additional precautions

When you complete an initial nursing assessment of a patient, you're in an excellent position to notify the physician immediately of unexpected signs and symptoms, thereby reducing infection transmission and expediting patient treatment.



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Strategies for Positive Resident Outcomes

Patient education

Patient and family education are critical aspects of providing care to patients and their families. Nurses routinely provide most of the healthcare education to patients and their families about their illness or disease processes. It's the nurse who typically explains to the patient the rationale for strategies and treatments.



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Strategies for Positive Resident Outcomes

Use of safety devices

Federal legislation in the form of Occupational Safety and Health Administration regulations requires the use of engineering and work practice controls to eliminate or minimize employee exposure to blood-borne pathogens.



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Strategies for Positive Resident Outcomes

Removal of unnecessary invasive devices

It's the nurse who prompts the physician and the rest of the team by reporting patient response and improvement. The nurse is aware of the patient's ability to ambulate to go to the restroom with the assistance of one person, and the possibility of eliminating the use of a urinary catheter before it causes an infection.



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Commonly Identified Practices & Gaps



Infection Control Domains for Gap Assessment

- I. Infection Control Program and Infrastructure
- II. Healthcare Personnel and Resident Safety
- III. Surveillance and Disease Reporting
- IV. Hand Hygiene
- V. Personal Protective Equipment (PPE)



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Infection Control Domains for Gap Assessment

- VI. Respiratory/ Cough Etiquette
- VII. Antibiotic Stewardship
- VIII. Injection safety and Point of Care Testing
- IX. Environmental Cleaning



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Commonly Identified Practices & Gaps Domain I: Infection Control Program and Infrastructure



- Not clear on role and responsibilities of IP lacks formal training in IC
- Need more support or personnel
- Outdated written infection control policies and procedures

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Commonly Identified Practices & Gaps Domain II: Healthcare Personnel and Resident Safety

Healthcare Personnel

- No work-exclusion policies for staff with potentially transmissible conditions
- Lack annual training and competency validation on managing a potential blood-borne pathogen exposure



Personnel & Residents Vaccination

- Resident's and Staff not receiving vaccinations

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Commonly Identified Practices & Gaps Domain IV: Hand Hygiene

- Did not promote preferential use of alcohol-based hand rub (ABHR). Generally soap and water is preferred over ABHR.
- Insufficient amount of supplies for hand hygiene-not easily accessible from patient care areas.
- Hand Hygiene was not consistent among the staff



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Commonly Identified Practices & Gaps Domain V: Personal protective equipment

- Lack in job-specific training and competency validation on use of PPE
- Lack in audit for adherence to PPE use
- Isolation signage Instructions are not clear



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Commonly Identified Practices & Gaps Domain VI: Respiratory Hygiene/ Cough Etiquette

- Lack of signs posted at entrances with instructions to individuals with symptoms of respiratory infection to:
 - cover their mouth/nose when coughing or sneezing,
 - use and dispose of tissues
 - perform hand hygiene after contact with respiratory secretions



Commonly Identified Practices & Gaps Domain VII: Antibiotic Stewardship

The facility has not:

- Identified individuals accountable for leading ASP activities.
- Implemented practices in place to improve antibiotic use.
- Provided clinical prescribers with feedback about their antibiotic prescribing practices
- Training on antibiotic use to all nursing staff and all clinical providers
- The facility does not have written policies on antibiotic prescribing.

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Commonly Identified Practices & Gaps Domain VIII: Injection Safety and Point of Care Testing

Lack of:

- Training and competency validation on injection safety procedures at time of employment & annually.
- Auditing (monitors and documents) adherence to injection safety procedures during point of care testing (e.g., AMBG).
- Providing feedback to personnel regarding their adherence to injection safety procedures during point of care testing (e.g., AMBG).

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FREE Nursing Home Infection Preventionist Training

Program Description:

This course will provide infection prevention and control (IPC) training for individuals responsible for IPC programs in nursing homes so they can effectively implement their programs and ensure adherence to recommended practices by front-line staff. The course will include information about the core activities of an effective IPC program, with a detailed explanation of recommended IPC practices to prevent pathogen transmission and reduce healthcare-associated infections and antibiotic resistance in nursing homes. Additionally, this course will provide helpful implementation resources (e.g., training tools, checklists, signs, and policy and procedure templates).

https://www.train.org/cdctrain/training_plan/3814

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Additional Resources

Checklist for Core Elements of Antibiotic Stewardship in Nursing Homes:
<http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf>
CDC The Core Elements of Antibiotic Stewardship for Nursing Homes
Appendix A:
<http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship.pdf>
The Core Elements of Antibiotic Stewardship
for Nursing Homes APPENDIX B: Measures of antibiotic prescribing, use and
outcomes:
<http://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship-appendix-b.pdf>

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Additional Resources

Centers for Medicare and Medicaid Services
<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Nursing-Homes.html>
Association for professionals in Infection Prevention Epidemiology:
<https://apic.org/Professional-Practice/Practice-Resources/Antimicrobial-Stewardship>

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Thank You!

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