Nursing Home ECHO

COVID-19 Action Network

Virginia Nursing Homes * VCU Department of Gerontology

VCU Division of Geriatric Medicine * Virginia Center on Aging

For educational and quality improvement purposes, we will be recording this video-session. By participating in this ECHO session you are consenting to be recorded. If you have questions or concerns, please email, nursinghome-echo@vcu.edu.

Project ECHO® collects registration, participation, questions/answers, chat comments, and poll responses for some teleECHO® programs. Your individual data will be kept confidential. These data may be used for reports, maps, communications, surveys, quality assurance, evaluation, research, and to inform new initiatives

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Module 8: Session 5

Ensuring reliable processes around antibiotic/antiviral stewardship

Important Clarification: Compensation Letter to Nursing Homes

- **Incorrect information was accidentally sent from Project ECHO to communities that have not submitted their contract and/or W-9 to initiate the payment process.**
  - **Incorrect Correspondence:**
    - **Contact and W-9 are due on August 16th**
    - **Submit contract and W-9 to** acctspay@unm.edu

- **Correct Information**
  - **Contracts at the end of the contract, but please initiate the payment process as soon as possible.**
  - **Be sure to follow the two-step process for submitting your documentation.**

This is a TWO-STEP compensation process:

Step 1: Submit Contract and W9 via online Nursing Home Payment Initiation Form

Step 2: Submit Invoice with PO, Attendance Report, and Certificate of Completion to UNM Accounts Payable at acctspay@unm.edu

CE/CME Disclosures and Statements

Disclosure of Financial Relationships:

The following planners, moderators or speakers have the following financial relationship(s) with commercial interests to disclose:
Christian Bergman, MD – none; Dan Bluestein, MD – none; Joanne Coleman, FNP-none; Laura Finch, GNP - none; Tara Rouse, MA, CPHQ, CPXP, BCPA – none; Sharon Sheets-none;

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VCU Health Continuing Education awards 1.50 hours of participation (equivalent to AMA PRA Category 1 CreditsTM) to each non-physician participant who successfully completes this educational activity.

ECHO is All Teach, All Learn

Interactive — Co-Management of Challenges — Peer-to-Peer Learning — Collaborative Problem Solving

Agenda

1. Weekly COVID-19 Updates
    - Virginia COVID-19 Stats
    - Guidance/Regulatory Updates
    - From the Literature
2. Follow Up
    - Concerns from last week
3. Weekly Topic
4. Open Discussion
    - COVID-19 Active Issues
    - QI Content with More In-Depth Conversation
    - Questions for Group Discussion

Checking In

Unmute or chat

As a reminder, please introduce yourself in the chat

1. Your Name
2. Your Nursing Home
3. One or two words that represent how you are feeling today

- How are you feeling today?
- What is top of mind for you?
- Do you have any questions that we should be sure to cover this week?
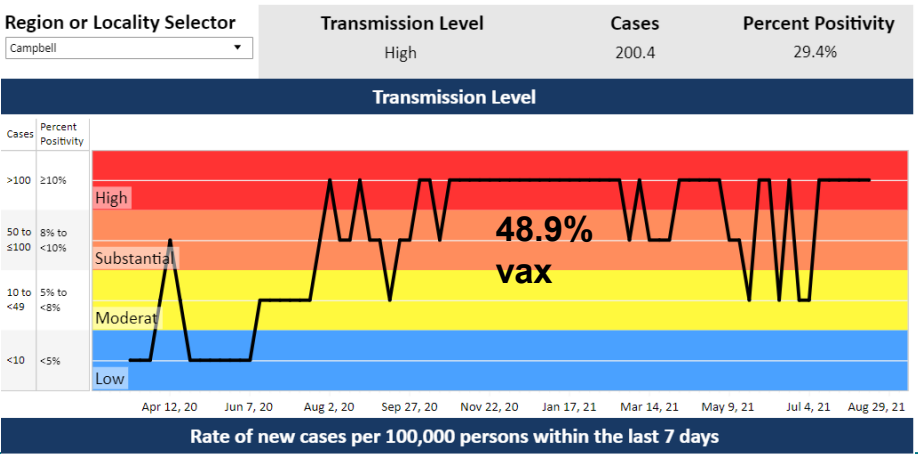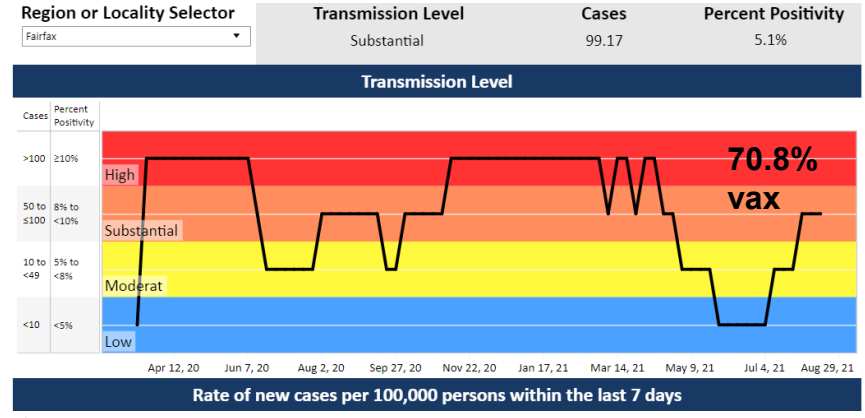- Has anything been particularly challenging or frustrating that you would like help advancing?
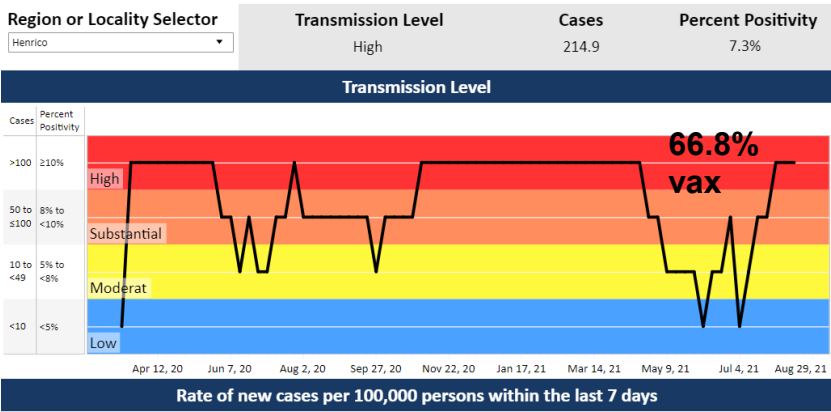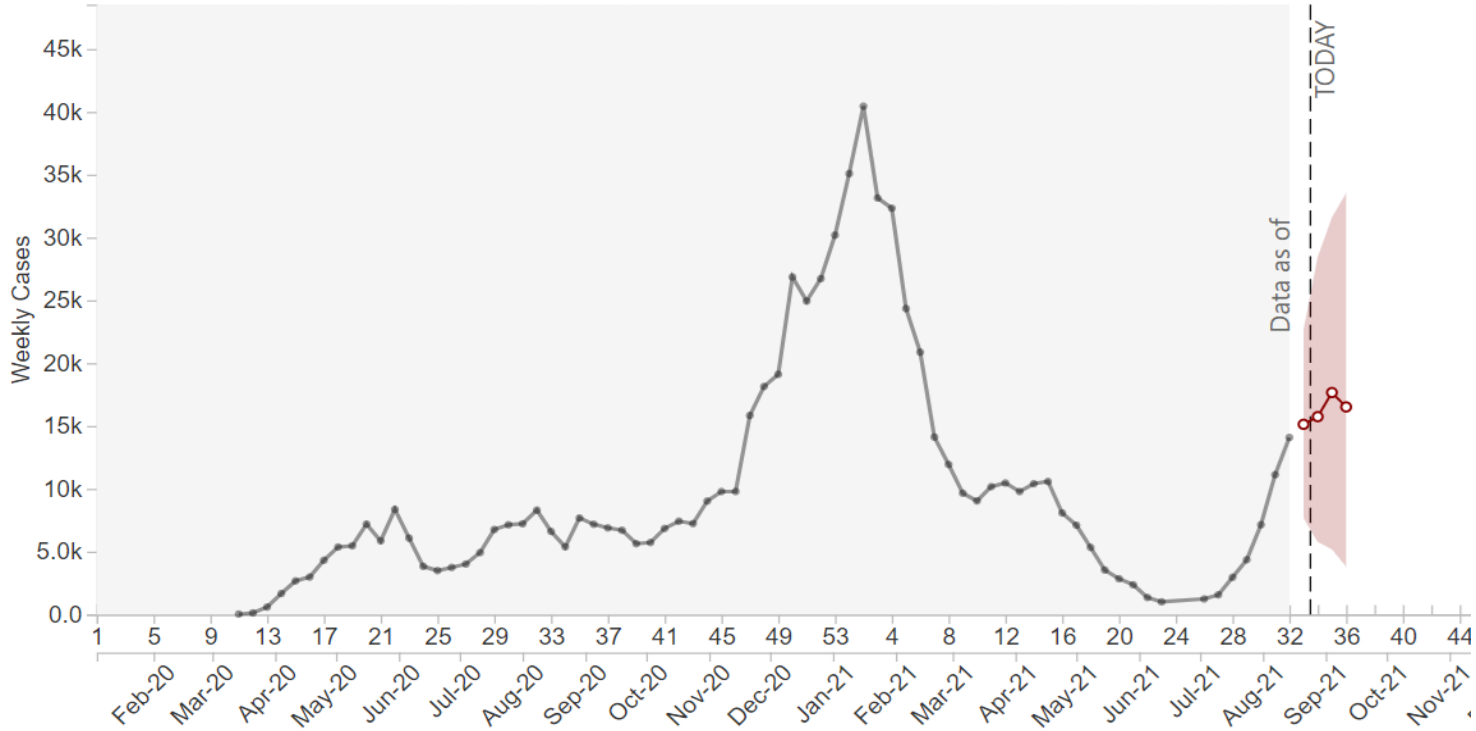
Weekly COVID-19 Updates

- Virginia COVID-19 Stats

- Guidance/Regulatory Updates

- From the Literature

Virginia Locality % Positivity and Adult Vaccination Rate
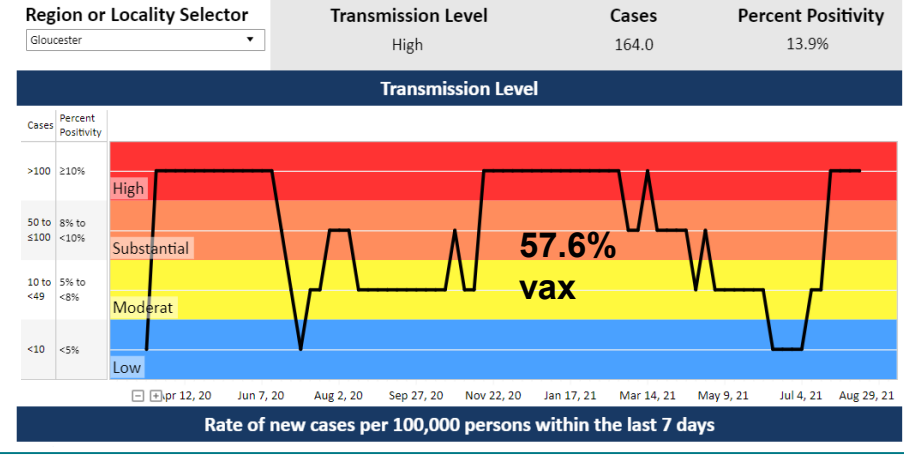
Observed and forecasted weekly COVID-19 cases in Virginia

Last known data point is >14,000, going up to >17,000 and then back down to >16,000/week

CDC/CMS Updates

Weekly updates or novel research findings from
CDC, CMS, VDH, for nursing homes.

Awaiting guidance re. requirement that nursing home staff be vaccinated against COVID-19 as a condition for continued receipt of Medicare and Medicaid funding.

ACIP to meet Aug. 30 to discuss recommendations re. Now fully approved Pfizer vaccine

CDC Boosters for LTCF residents, staff Mandates

Pending guidance, What are you doing to revise vaccine programs?

- Reach out to your LTC pharmacy to see if they are offering a program for boosters

- Consider the following:

    - Logistics/staff/physical location - What worked? What didn't work?

    - Administration record

    - Reporting requirements to VIIS

- Track the following for each resident/staff member now

    - Date of vaccine doses

    - Type of vaccine

Unmute or chat

Follow Up

- Other Concerns from Last Week

From the Literature

Effect of Bamlanivimab vs Placebo on Incidence of COVID-19 Among Residents and Staff of Skilled Nursing and Assisted Living Facilities
A Randomized Clinical Trial

Myron S. Cohen, MD; Ajay Nirula, MD, PhD; Mark J. Mulligan, MD; Richard M. Novak, MD; Mary Marovich, MD; Catherine Yen, MD; Alexander Stemer, MD; Stockton M. Mayer, DO; David Wohl, MD; Blair Brengle, MD; Brian T. Montague, DO; Ian Frank, MD; Russell J. McCulloh, MD; Carl J. Fichtenbaum, MD; Brad Lipson, DO; Nashwa Gabra, MD; Julio A. Ramirez, MD; Christine Thai, MD; Wairimu Chege, MD, MPH; Margarita M. Gomez Lorenzo, MD; Nirupama Sista, PhD; Jennifer Farrior, MS; Meredith E. Clement, MD; Elizabeth R. Brown, ScD; Kenneth L. Custer, PhD; Jacob Van Naarden, BS; Andrew C. Adams, PhD; Andrew E. Schade, MD, PhD; Matan C. Dabora, MD; Jack Knorr, PhD; Karen L. Price, PhD; Janelle Sabo, PharmD; Jay L. Tuttle, PhD; Paul Klekotka, MD, PhD; Lei Shen, PhD; Daniel M. Skovronsky, MD, PhD; for the BLAZE-2 Investigators

https://jamanetwork.com/journals/jama/fullarticle/2780870

Background & Methods

Background:

In addition to immunizations and infection control measures, other measures are needed in LTC

     High risk pts

     Incomplete immunization rates

     Immunity wanes w time

Bamlanivimab, a neutralizing monoclonal antibody against SARS‑CoV‑2, may confer rapid protection from SARS‑CoV‑2 infection and COVID-19.

Methods:

- Phase 3 RCT enrolled residents and staff of 74 skilled nursing and assisted living facilities in the US, 1+ confirmed SARS-CoV-2 index case, Aug 2-Nov 20,2020
- 1175 participants, randomized to receive 1 IV infusion of bamlanivimab, 4200 mg (n = 588), or placebo (n = 587). Followed 57 days

Findings

Bamlanivimab significantly reduced the incidence of COVID-19 in the prevention population compared with placebo (8.5% vs 15.2%; P < .01

NNT (Number needed to treat) = 15! By comparison:
    NNT for BP & cholesterol meds 30-50
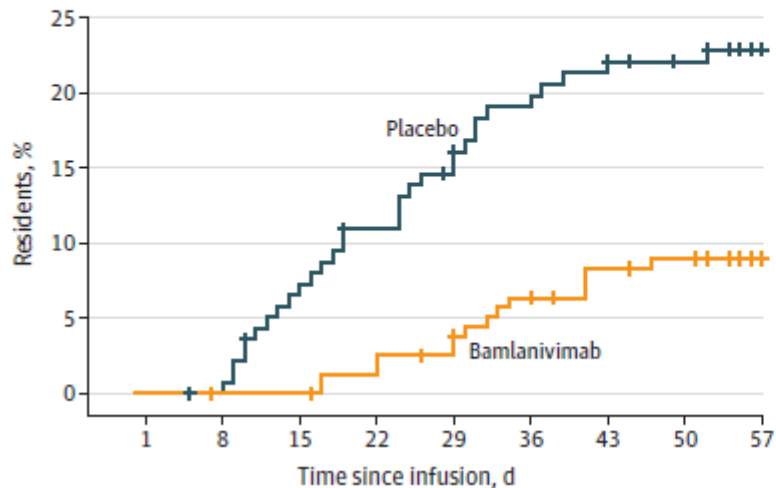   NNT for preventive interventions several hundred

5 deaths due to COVID-19 reported, all in placebo group.

Few, mild adverse events (UTI, HTN) even between 2 groups
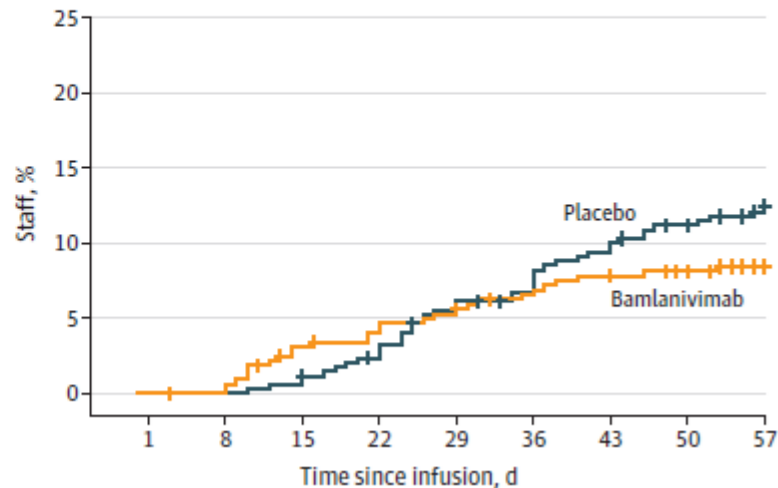
Findings, visual

Figure 2. Time From Infusion to Development of Mild or Worse COVID-19 With Bamlanivimab vs Placebo Among Resident and Staff Participants

Conclusions, Questions, & Bottom Line

Bamlanivimab safe, effective in COVID Prophylaxis -

Limits-EUA, That for Bamlanivimab alone withdrawn (variants) but works in combination

Also highly effective for mild to moderate disease

High potential for LTC
- Need protocol but in scope of feasible
- Free or cost offsets
- Benefits:
    - Save lives (residents; ???? employee health)
    - Reduced transfers
    - Reduced costs
    - Less staff illness
    - Reputation

Ensuring reliable processes around antibiotic/antiviral stewardship

Learning Objectives

By the end of this session, participants should be able to:

1. Appreciate the import of Quality Assurance/Performance Improvement initiatives concerning antibiotic/antiviral stewardship.

2. Identify the components of an antibiotic/antiviral stewardship program in the context of a broader infection control strategy

3. Articulate methods to ensure reliable and sustainable processes surrounding these initiatives.

Antibiotic Stewardship in Nursing Homes

4.1 MILLION
Americans are **admitted to** or **reside in nursing homes** during a year[1]

UP TO **70%**
of nursing home residents **received antibiotics** during a year[2,3]

UP TO **75%**
of antibiotics are **prescribed incorrectly**[*,2,3]

- **Lack of indication**
- **Wrong antibiotic**
- **Wrong dose**
- **Wrong duration**

https://www.cdc.gov/media/images/releases/2015/p0915-nursing-home-antibiotics.pdf

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Harms of Antibiotic Misuse

Side effects: GI, cardiac (QT interval prolongation, arrhythmias), other

Drug interactions

"Overdose" if not adjusted to kidney function

Bacterial resistance

Cost

C Diff

Errors: wrong drug, wrong dose, wrong patient, wrong duration

Never figured out what was really wrong

> *Example: Acute confusion, "blamed" on asymptomatic bacteriuria, treated as UTI with antibiotics, no other explanations for confusion considered, gets worse & sent to ER*

Antimicrobial Stewardship Defined

A program aimed at improving antibiotic/antiviral usage to reduce adverse events, prevent emergence of resistance, optimize prescribing, and lead to better outcomes for LTC residents.

Antibiotic Stewardship and COVID-19

Despite little evidence of bacterial co-infection, antibiotics are widely prescribed to COVID patients.

Stewardship interventions specific for COVID-19 are urgently required.

Stewardship also embraces COVID-19 vaccines & therapeutics.

   Facilitate timely use

A QI focus pre-pandemic & going forward

Rawson TM et al. Clin Infect Dis. 2020; 71(9):2459-68.
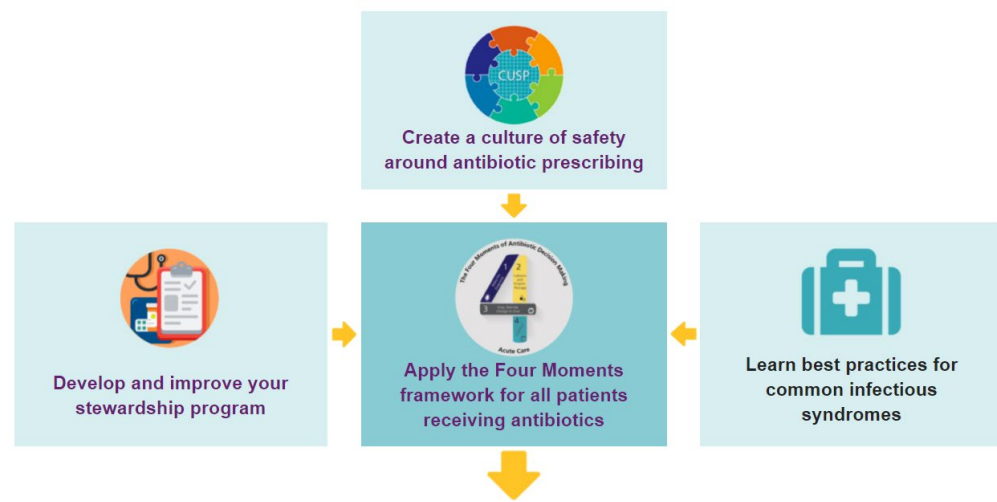Langford BJ et al. Clin Microbiol Infect. 2020; 26(12):1622-9.
Garcia-Vidal C et al. Clin Microbiol Infect. 2021; 27(1):83-8
Mody L et al. SHEA Research Committee. Coronavirus disease 2019 (COVID-19) research agenda for healthcare epidemiology. Infect Control Hosp Epidemiol. 2021 Jan 25:1-11.

Stewardship is for Everyone

AHRQ Toolkit for Abx Stewardship in LTC

https://www.ahrq.gov/antibiotic-use/long-term-care/index.html

Create a culture of safety around antibiotic prescribing

Develop and improve your stewardship program

Apply the Four Moments framework for all patients receiving antibiotics

Learn best practices for common infectious syndromes

Improve antibiotic prescribing

Infection Preventionists and other members of the Antibiotic Stewardship Team: it is recommended that you review the content in all four boxes above.

Frontline Staff: at a minimum, it is recommended that you review the content in "Create a culture of safety around antibiotic prescribing," "Learn best practices for common infectious syndromes," and "Apply the Four Moments framework for all patients receiving antibiotics."

Prescribing Clinicians: at a minimum, it is recommended that you review the content in "Create a culture of safety around antibiotic prescribing," "Learn best practices for common infectious syndromes," and "Apply the Four Moments framework for all patients receiving antibiotics."

Nursing Home Administrators and Leadership: at minimum, it is recommended that you review content in "Develop and improve your stewardship program" and "Create a culture of safety around antibiotic prescribing."

Antibiotics Stewardship is part of a broader Infection Control Program

Long-Term-Care Facility Infection Control Elements

- Surveillance
- Outbreak control
- Isolation and precautions
- Policies and procedures
- Education
- Resident health program
- Employee health program
- Antibiotic stewardship ←
- Disease reporting
- Other functions

  The oversight committee directs the ICP, who directs the infection control functions

SHEA/APIC Guideline, 2008

https://apic.org/Resource_/TinyMceFileManager/Practice_Guidance/id_APIC-SHEA_GuidelineforICinLTCFs.pdf
2008 version being updated

Antibiotic Stewardship Program Core Elements

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

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

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

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

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

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

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

https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html
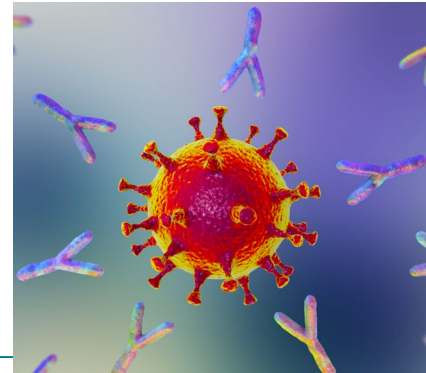
What are Monoclonal Antibodies?

"Monoclonal antibody (mAb) therapy, also called monoclonal antibody infusion treatment, is a way of treating COVID-19. The goal of this therapy is to help prevent hospitalizations, reduce viral loads and lessen symptom severity.

This type of therapy relies on monoclonal antibodies. These are antibodies that are similar to the ones your body would naturally make in response to infection. However, monoclonal antibodies are mass-produced in a laboratory and are designed to recognize a specific component of this virus — the spike protein on its outer shell.

By targeting the spike protein, these specific antibodies interfere with the virus' ability to attach and gain entry into human cells. They give the immune system a leg up until it can mount its own response."

Dr. Howard J. Huang, medical director

What Is Monoclonal Antibody Therapy & Who Is Eligible to Receive It? | Houston Methodist On Health

Monoclonal Antibodies for prevention & treatment

- Effective in reducing death and symptoms

- Drug itself is free to patients or reimbursable

- Given in 1 or 4 injections

- Effective within 10 days of administration

- Hospitals, urgent care centers and some private doctors are authorized to administer

- For vaccinated or unvaccinated (not a vaccine substitute)

Nursing homes can be ideal for administration

Administering Monoclonal Antibody Treatments for COVID-19 in Your Facility

The following summary can help you prepare your site to administer monoclonal antibody treatment.

Plan*

☐ **Prepare your facility to participate** in monoclonal antibody administration for COVID-19.

- Healthcare providers can only administer monoclonal antibodies for COVID-19 in settings where providers have immediate access to medications to treat a potential severe infusion reaction (such as anaphylaxis) and the ability to activate the emergency medical system (EMS), as necessary.

☐ Develop a process to gain **patient consent** for treatment as indicated by local and state requirements.

☐ Develop **appropriate isolation and infection control procedures.**

☐ Ensure a dedicated source of **supplies,**

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- ☐ Determine how to **allocate dedicated clinical space.**

- ☐ Plan to effectively **manage patient flow.**

- ☐ Develop your **process for patient screening.**
  - Under the EUA, healthcare providers are authorized to administer monoclonal antibodies to patients if they have experienced the onset of mild to moderate symptoms of COVID-19 in the last 10 days, have tested positive for COVID-19, and have one or more of the following high-risk factors.[1]

*Infusion locations should consider all local and state requirements.

- ☐ Develop a process to gain **patient consent** for treatment as indicated by local and state requirements.

- ☐ Develop **appropriate isolation and infection control procedures.**

- ☐ Ensure a dedicated source of **supplies, including product.**
  - The U.S. Government developed a process for sites to directly order monoclonal antibodies from the distributor, AmerisourceBergen (ABC). An Overview of Direct Order Process for COVID-19 Therapeutics is available at: https://www.phe.gov/emergency/events/COVID19/investigation-MCM/Documents/Overview%20of%20direct%20order%20process%20Fact%20Sheet-508.pdf

- ☐ Establish a process for **reimbursement for administrative costs.**

- ☐ Develop a **referral pathway** for providers.

Nursing homes can be ideal for administration

Implement

☐ **Assign sufficient personnel and resources** to manage expected patient demand.

☐ **Give patients official fact sheets** with information about the specific treatment given.

- The Eli Lilly Bamlanivimab and Etesevimab Patient Fact Sheet is available at:
  — English: https://www.fda.gov/media/145803/download
  — Spanish: https://www.fda.gov/media/148713/download

- The Regeneron REGEN-COV™ Patient Fact Sheet is available at:
  — English: https://www.fda.gov/media/145612/download
  — Spanish: https://www.fda.gov/media/145713/download

- The GSK Sotrovimab Patient Fact Sheet is available at:
  — English: https://www.fda.gov/media/149533/download
  — Spanish: http://infusioncenter.org/wp-content/uploads/2021/06/sotrovimab-eua-fact-sheet-for-patients-in-spanish.pdf

- The Genentech Actemra (Tocilizumab) Patient Fact Sheet is available at:
  — English: https://www.fda.gov/media/150321/download

☐ **Prepare for the administration process.**

- Refer to the playbooks, operation guide, and healthcare provider fact sheets at the beginning of this document and under Resources for details.

☐ **Monitor patients** for one hour post-administration for potential side effects.

How to get started

Resources: Must have staff members who can provide IV therapy and direct observation after administration and be able to treat anaphylaxis

Education: Study the fact sheets and discuss with DON, medical director and pharmacy

Preparation: Build your team and processes, Practice a dry run
Omnicare has available:

Nurse protocols and education

Patient education and consent

Vials from Omnicare when requested

Monitor Selected Process/Outcome Data

- Indication
- Prescribing Documentation
- Report Adverse Drug events
- C. diff
  - Appropriateness of recent ABT
- Fluoroquinolones ☐ indication
- Time to first dose administration
  - COVID-19 + ☐ monoclonal antibodies
- Culture results
  - Rx direct by Antibiotic sensitivity
- Other

New Segue to Tara
An Allegorical Archeopteryx

Ensure reliable processes around antibiotic/antiviral stewardship

Stopping the Spread

Slides courtesy of Todd Hatley, PhD. MBA, MHA   April 2021

Key Questions:

- What processes does your facility have in place for monitoring and assessing residents, staff and visitors for COVID-19?

- Is the process reliable? (Reliability questions)

- What part of the process needs to be improved?

- Why is this part of the process not reliable? Why? Why? Why? (Root cause analysis)

- Are there particular groups who are not benefitting as much as others?

Key Questions (cont.):

- What would success look like? (Aim setting)

- How would you know (what would you see) if successful? (Feedback/Measure)

- What could you try that would get you closer to success? (Change ideas)

- What could you try out before the next call? (Plan-Do-Study-Act)

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State an aim to focus your energies:

- What do you want to accomplish?

- How good do you want to get?

- By when do you want results?

Example: Our aim is to decrease inappropriate antibiotic use with a resident from 20% to less than 5% by December 31st, 2021

Potential Infection Communication Process

Signs/Symptom of infection noted during daily assessment or resident encounter → Vital Signs obtained → Call placed to resident physician or medical staff → Decision made regarding care and prescription of antibiotics

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Litmus Reliability Test

Ask 5 staff involved in the process to describe the five attributes of the process:

1. **What** they communicate

2. **When** they communicate a concern

3. **Where** they find a list of situations that lead to over prescribing of antibiotics

4. **How** it is done

5. **What** is needed to do it

Potential Infection Communication Process

Signs/Symptom of infection noted during daily assessment or resident encounter → Vital Signs obtained → Call placed to resident's physician or medical staff → Decision made regarding care and prescription of antibiotics

Area of Opportunity
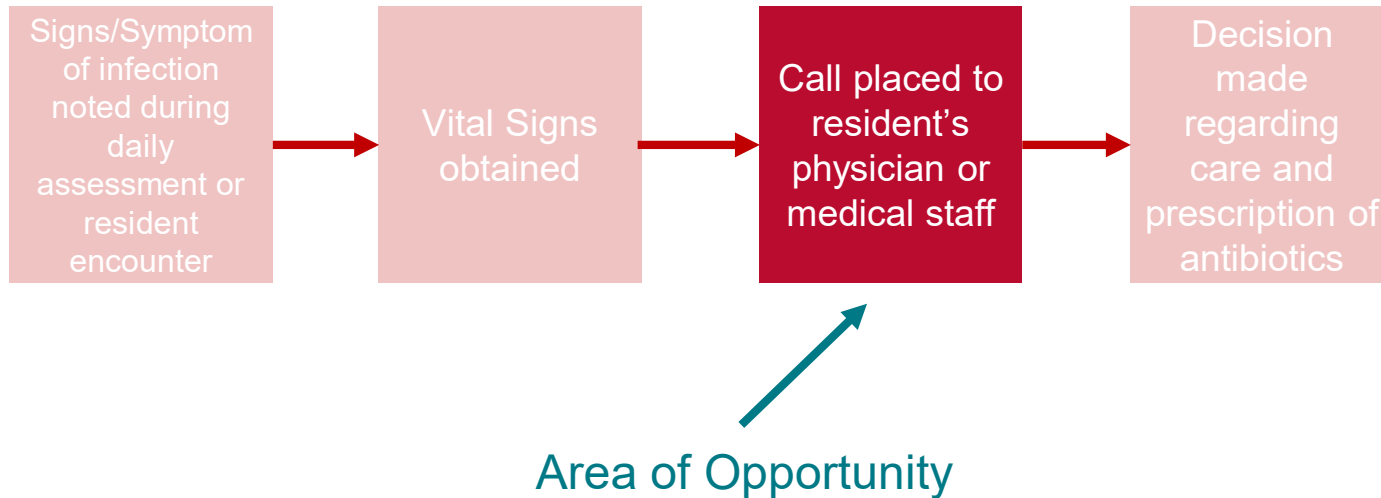
Get to the Root Cause – The 5 Whys

1. Why?

2. Why?

3. Why?

4. Why?

5. Why?

Create a Cause and Effect

Not present at resident location

Call made in loud area

Faulty thermometer

Dead Battery

Equipment & Supplies
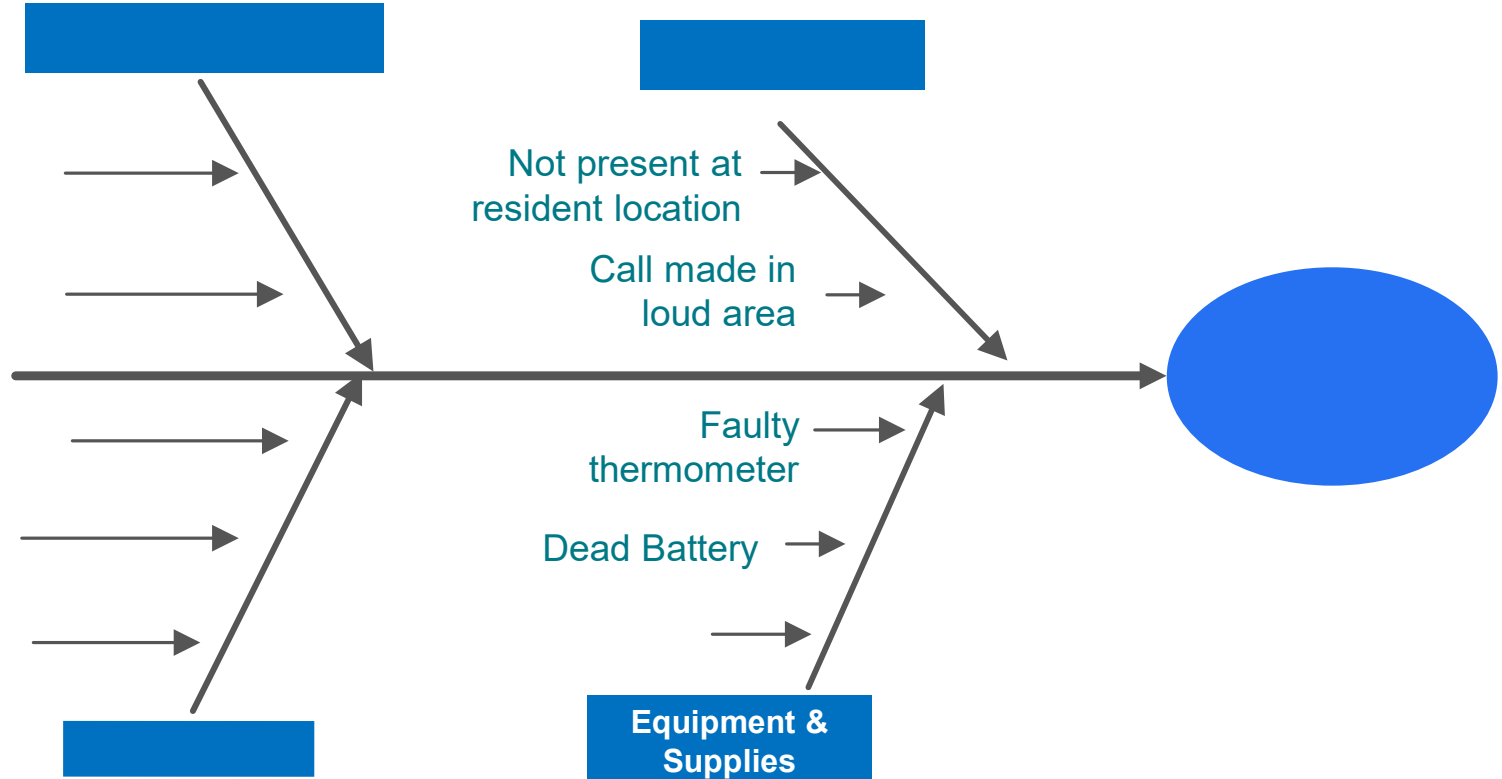
Gather Some Data

Rapid Cycle Analysis Preferred Antibiotics Audit Tool

	Antibiotic name	Condition	Age	Dose	Duration	Preferred	Justified	Correct	Comment
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Source: www.hse.ie

Number of Inappropriately Prescribed Antibiotics

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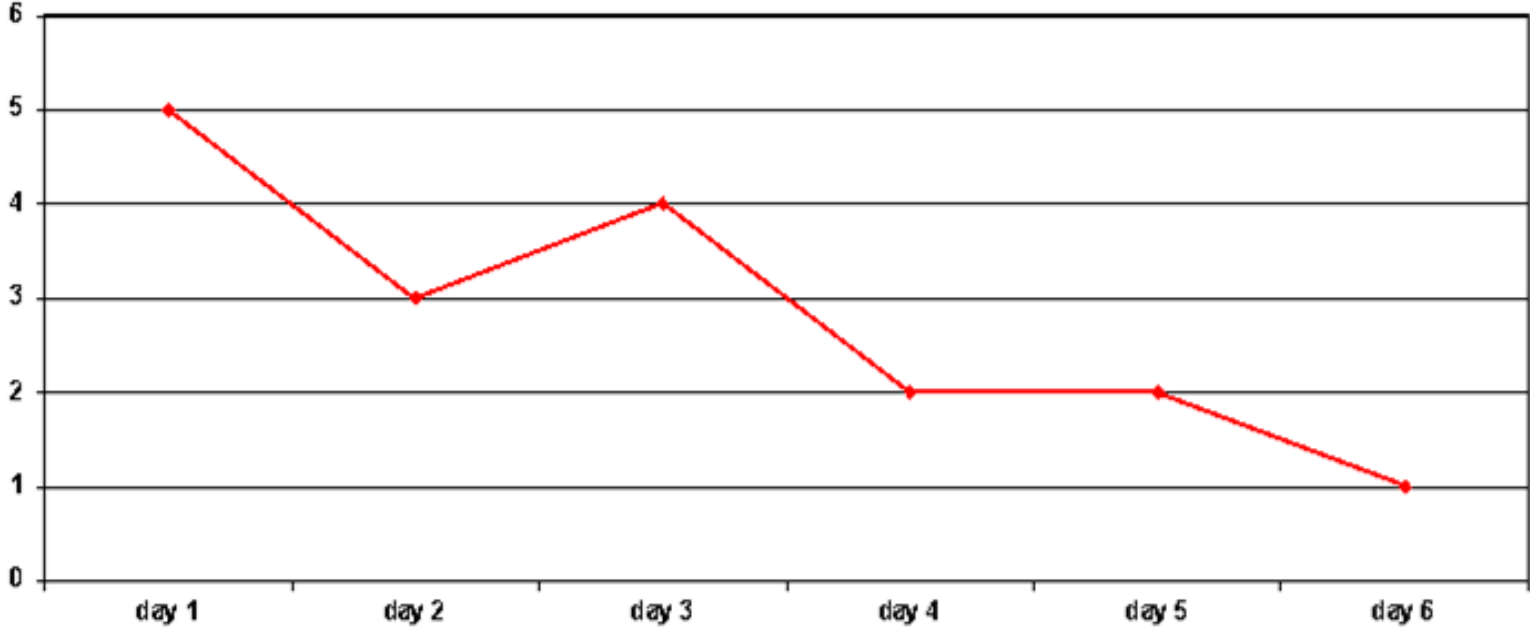
Model for Improvement: IHI and API

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act — Plan — Study — Do
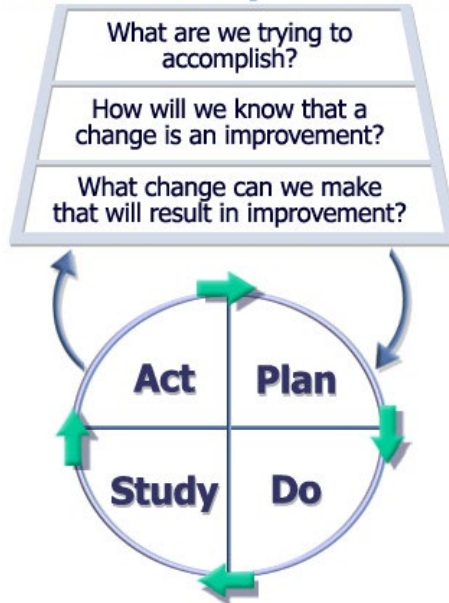
Learn in Small Doses

- Try new ideas with a portion of your staff. This will stack the deck in your favor and help minimize obstacles.

- Learn in small samples, get your process working, and then spread.

The Improvement Guide, 2nd Edition, Langley, Moen, Nolan, et.al., Jossey-Bass 2009

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PDSA Test Description

- Project name: SBAR Communication Tool

- Participants: Sam, Tony, Pat

- Aim: Improve communication of infection concerns

- Cycle number: One

- Briefly describe the change to test: We will provide point-of-care staff with a new SBAR form which will facilitate communication of information important making account decision regarding antibiotic use. The back of the SBAR form will include a list of situation antibiotics are commonly prescribed but not indicated by evidence-based practice.

Optimizing Antibiotic Use in Nursing Homes Through Antibiotic Stewardship
Philip D. Sloane, Kirk Huslage, Christine E. Kistler and Sheryl Zimmerman
North Carolina Medical Journal September 2016, 77 (5) 324-329

SBAR for Communicating Possible Infection

1. Situation (brief summary of current problem)

2. RELEVANT INFO
- ☐ Medical history (COPD, vaccine, status)
- ☐ Meds and med changes
- ☐ Recent labs
- ☐ Drug allergies/
- ☐ Advance Directive

3. VITAL SIGNS
- ☐ Medical history (COPD, vaccine, status)
- ☐ Meds and med changes
- ☐ Recent labs
- ☐ Drug allergies/
- ☐ Advance Directive

3. NON_SPECIFIC S/S
- ☐ New or worsening confusion
- ☐ New or worsening agitation
- ☐ Decreased eating/drinking
- ☐ New or worsening weakness
- ☐ Sleepy/less active or alert
- ☐ Decline in function
- ☐ Malaise
- ☐ Body aches
- ☐ Headache
- ☐ Other non-specific changes

3. SPECIFIC S/S
- ☐ Nasal congestion/drainage
- ☐ Sneezing
- ☐ Sore throat
- ☐ New/worse cough *(+/- sputum)*
- ☐ Shortness of breath
- ☐ Labored breathing
- ☐ Pleuritic chest pain
- ☐ Changes in lung exam (focal)
- ☐ Positive chest x-ray
- ☐ Urine appearance
- ☐ Skin wounds
- ☐ Decubitus ulcer
- ☐ Vomiting and/or diarrhea

6. Assessment

7. Recommendations *(Front)*

Situations Antibiotic Prescribed but NOT Indicated

- Positive urine culture in an asymptomatic patient
- Urine culture ordered solely because of change in urine appearance
- Nonspecific symptoms or signs not referable to the urinary tract (with or without a positive urine culture)
- Upper respiratory infection (common cold)
- Bronchitis or asthma in a patient who does not have COPD
- "Infiltrate" on chest X-ray in the absence of clinically significant symptoms
- Suspected or proven influenza in the absence of a secondary infection (but DO treat influenza with antivirals)

- Respiratory symptoms in a patient with advanced dementia, on palliative care, or at the end of life
- Skin wound without cellulitis, sepsis, or osteomyelitis (regardless of culture result)
- Small (<5cm) localized abscess without significant surrounding cellulitis (note: drainage is required of all abscesses)
- Decubitus ulcer in a patient at the end of life
- Acute vomiting and/or diarrhea in the absence of a positive culture for shigella or salmonella, or a positive toxin assay for C difficile

(Back)

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Plan

- What are the questions for this cycle? Will use new SBAR form to capture and communicate concerns over infections.

- What are your Predictions? Yes, the form will improve communication and reduce inappropriate use of antibiotics.

- What data is needed to test your prediction? Number of time form used, count of inappropriately prescribed antibiotics (pharmacist review)

- What is the detailed plan for the small test of change? Will use a new form

Task to be completed	Person Responsible	When?	Where and how?
Label all containers in stock	Pat	By Monday	At Pam's convenience
Create memo and poster to provide info on new form and concerns over over prescribing of antibiotics	….		

Do

- Was the plan carried out? Yes

- What issues or unexpected events did you encounter? It may be beneifical to create customized forms for various types of concerns (i.e, respiratory, urinary, skin, etc.)

- What did you observe about the effectiveness of the action tested? While POC staff has begin to use new SBAR form, they occasionally forgot.

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Study

- What worked and didn't work in making this change? **The process seemed to work but there are still some that are hesitate to adopt the process.**

- Were your predictions confirmed? **Yes, the form improved communication and decreased inappropriate prescribing of antibiotics.**

  - If not, what did you learn that you can do to make the next change more productive? **Will consider a customized form for respiratory condition due to COVID-19 concerns.**

Act

- Will you adopt, adapt or abandon the change tested? Yes, we will adopt new SBAR form.

- What is your plan for the next cycle? Test respiratory specific form.

SBAR for Communicating Possible Respiratory Infection		
1. Situation (brief summary of current problem)		
2. RELEVANT INFO ❑ Medical history (COPD, vaccine, status) ❑ Meds and med changes ❑ Recent labs ❑ Drug allergies/ ❑ Advance Directive	**3. NON_SPECIFIC S/S** ❑ New or worsening confusion ❑ New or worsening agitation ❑ Decreased eating/drinking ❑ New or worsening weakness ❑ Sleepy/less active or alert ❑ Decline in function ❑ Malaise ❑ Body aches ❑ Headache ❑ Other non-specific changes	**3. SPECIFIC S/S** ❑ Nasal congestion/drainage ❑ Sneezing ❑ Sore throat ❑ New/worse cough *(+/- sputum)* ❑ Shortness of breath ❑ Labored breathing ❑ Pleuritic chest pain ❑ Changes in lung exam (focal) ❑ Positive chest x-ray
3. VITAL SIGNS ❑ Medical history (COPD, vaccine, status) ❑ Meds and med changes ❑ Recent labs ❑ Drug allergies/ ❑ Advance Directive		
6. Assessment		
7. Recommendations		

How to Make Changes Stick

▪ Stay focused on the KEY PROCESS rather than a benchmark

  • Having a goal is important but without the processes to get there, it is useless

▪ Evaluate if staff KNOW the process with the Reliability Litmus Test

▪ KEEP it SIMPLE!

  • An easy to do process with a trigger to act requires less motivation

▪ Commit to LEARNING how to continually increase the reliability of the process over time

  • You don't have to have it all right the first time through (or the second or the third)

The goal is 95% performance: 95% or better means it is likely to be SUSTAINABLE over time.

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Open Discussion

- COVID-19 Active Issues

- QI Content with More In-Depth Conversation

- Questions for Group Discussion

RESOURCES

Antimicrobial Stewardship Toolkits from AHRQ

& CDC

CDC Toolkit

Core Elements of Antibiotic Stewardship for Nursing Homes

🏠 Long-term Care Facilities (LTCFs)

Clinical Staff Information +

Be a Safe Resident

Infection Prevention Tools −

Core Elements of Antibiotic Stewardship

Infection Prevention Training

Infection Prevention Success Stories

Health Department Resources for LTCFs

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Nursing homes are encouraged to work in a step-wise fashion, implementing 1 or 2 activities to start and gradually adding new strategies from each element over time.

Any action taken to improve antibiotic use is expected to reduce adverse events, prevent emergence of resistance, and lead to better outcomes for residents in this setting.

The Core Elements of Antibiotic Stewardship for Nursing Homes 📄 [PDF – 21 pages]

Checklist: Core Elements of Antibiotic Stewardship for Nursing Homes 📄 [PDF – 3 pages]

Appendix A: Policy and Practice Actions to Improve Antibiotic Use 📄 [PDF – 9 pages]

Appendix B: Measures of Antibiotic Prescribing, Use and Outcomes 📄 [PDF – 7 pages]

Appendix C: Data Sources, Elements, and Measures for Tracking Antibiotic Use in Nursing Homes 📄 [PDF – 6 pages]

On This Page

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Leadership Commitment

Accountability

Drug Expertise

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Tracking and Reporting

Education

Conclusion

References

Fact Sheets for Residents and Families

Fact Sheets for Medical Leaders and

https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html

AHRQ Toolkit

AHRQ Sustainability

QAPI Land "Game"

QAPI Land

- QAPI Land is an interactive tool for QAPI implementation

- 12 Action Steps to achieve full implementation

- One step a month to maintain momentum, provide consistency, establish a pattern and ensure you are QAPI Ready

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https://r.search.yahoo.com/_ylt=AwrEeSTRnSJh308AJQEPxQt.;_ylu=Y29sbwNiZjEEcG9zAzMEdnRpZAME
c2VjA3Ny/RV=2/RE=1629687378/RO=10/RU=https%3a%2f%2fwww.hqi.solutions%2fwp-
content%2fuploads%2f2018%2f10%2fQAPILand_PPT_-
508.pptx/RK=2/RS=Mo9P_nDSInirJuFxZPBY4k1qzq4-

Monoclonal Antibody Resources

[Administering-mAbs.pdf (hhs.gov)](Administering-mAbs.pdf)

[2-ltc-omnicare.pdf (unm.edu)](2-ltc-omnicare.pdf)

[Casirivimab-and-Imdevimab-Infusion-Therapy-Nursing-Care-Plan.pdf (virginia.gov)](Casirivimab-and-Imdevimab-Infusion-Therapy-Nursing-Care-Plan.pdf)

https://www.fda.gov/media/145802/download   EAU

Nursing Procedure 10.18 Administration of Casirivimab_Imdevimab upd 8-4-21_.pdf

treatment-covid19-eua-fact-sheet-for-patient 8-5-21 - Copy.pdf

Announcements

Next Week: The VCU Nursing Home ECHO: Where have we been, where are we now, future directions

CE Activity Code:
Within 7 days of this meeting, **text the code to (804) 625-4041.**
Questions? email ceinfo@vcuhealth.org

Attendance
Contact us at nursinghome-echo@vcu.edu if you have attendance questions.

Resources / Website

https://www.vcuhealth.org/NursingHomeEcho