Antibiotic Stewardship Updates and Resources for California Skilled Nursing Facilities

2018 U.S. Antibiotic Awareness Week
Educational Kick-Off Event
Los Angeles, California
November 13, 2018

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California Department of Public Health

Objectives

- Explain the California requirements for antimicrobial stewardship policies in skilled nursing facilities (SNF).

- Describe the antimicrobial stewardship resources for California skilled nursing facilities, including a new CDPH toolkit.

- Define the key roles that nursing and infection prevention staff play in implementing antibiotic stewardship.

California Antimicrobial Stewardship Legislation for Skilled Nursing Facilities

- California Senate Bill 361 – By January 1, 2017
  - Each skilled nursing facility shall **adopt and implement an antimicrobial stewardship policy consistent with guidelines**

Regulatory Mandates for Antibiotic Stewardship in SNF

- CMS Conditions of Participation for SNF:
  - "An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use."

Antibiotics Frequently Prescribed in Nursing Homes

- Antibiotics comprise ~ 40% of all prescriptions in nursing homes

- Over the course of one year, 50-70% of nursing home residents receive one or more courses of antibiotics

- Up to 75% of antibiotic use in nursing homes may be inappropriate

Daneman et al. JAMA Int Med 2013
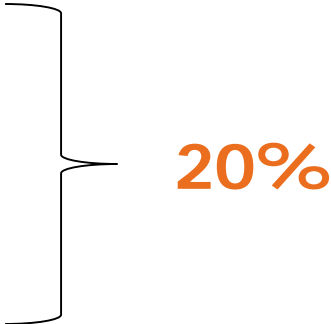Benoit et al. JAGS 2008
Nicolle et al. ICHE 2000

Antibiotic Use Can Harm Residents

- Risk of side effects and adverse events

- Major risk factor for *Clostridium difficile* infections

- Driver of antibiotic resistance

C. difficile: A Major Cause of Morbidity and Mortality in Nursing Home Residents

- 112,800 cases of nursing-home onset *C. difficile* infections in United States in 2012

  - 76% received antibiotics during prior 12 weeks
  - 57% were discharged from a hospital during the 4 weeks prior to specimen collection
  - 28% hospitalized within 7 days
  - 8% died within 30 days

Hunter, et al. OFID 2015

Multidrug Resistant Organisms (MDRO) Common Among Nursing Home Residents

- Methicillin Resistant *Staphylococcus aureus* (MRSA) **30-50%**

- Vancomycin Resistant *Enterococcus* (VRE) **5-10%**

- Resistant *Pseudomonas*

- Resistant *Acinetobacter*   **20%**

- Extended Spectrum Beta Lactamase (ESBL)

- Carbapenem Resistant Enterobacteriaceae (CRE) **sporadic**

Mody et al. Clin Infect Dis 2008; 46(9): 1368-73; Stone et al. ICHE 2012; 33(6): 551-7; Pop-Vicas et al J Am Geriatr Soc. 2008 56(7):1276-80; Benenson et al. ICHE. 2009 30:786-9 O'Fallon et al. ICHE 2009; 30: 1172-1179;

MDRO Colonization Among Southern CA Nursing Home Residents

Table 1. MDRO Colonization in Residents of 28 Nursing Homes

Body Site	# Swabbed	Any MDRO	MRSA	VRE	ESBL	CRE
Nares	1,397	29%	29%	-	-	-
Axilla/Groin	1,400	39%	24%	7%	16%	1%
All Body Sites	2,797	49%	37%	7%	16%	1%

McKinnell et al. OFID 2017

Core Actions to Address Antimicrobial Resistance (AR)

- **Improve antimicrobial prescribing** through antimicrobial stewardship

- **Prevent infections and transmission** of antimicrobial resistant pathogens within and across healthcare facilities

- **Track antimicrobial use and resistance** trends

Antibiotic Prescribing Challenges in Nursing Homes

- Comorbidities, indwelling devices – risk of infection and MDRO

- Bacterial colonization is common; cultures are frequently positive in absence of infection

- Chronic symptoms, cognitive impairment can hinder reliable assessments

- Most antibiotic prescriptions made over phone based on assessments made by someone else

- Influence of resident and family on decisions to obtain diagnostic tests and start antibiotics

Nicolle, Antimicrob Resist and Infect Contr 2014   Richards et al. JAMDA 2005

Antibiotics Used Incorrectly in a Variety of Ways

- Given when not needed
  - Illness caused by a virus
  - Positive cultures reflect colonization, not infection

- The wrong antibiotic selected
  - Drug doesn't match the susceptibility of the bug
  - Broad spectrum agents used to treat very susceptible bacteria

- Administered at the wrong dose, or used without appropriate monitoring
  - Side effects, drug interactions

- Continued when no longer necessary

http://www.cdc.gov/getsmart/healthcare/

What is Antibiotic Stewardship?

- Coordinated activities to promote and measure appropriate antibiotic use

  - **Diagnosis** – Does the patient have an infection for which an antibiotic is needed?

  - **Antibiotic selection** – Is the antibiotic the correct one?

  - **Dosing** – Is the antibiotic dose and monitoring appropriate?

  - **Duration** – How long is sufficient, but not longer than necessary?

Benefits of Antibiotic Stewardship

- Appropriate antimicrobial use

  - Improved patient outcomes – increased cure rates, reduced treatment failures

  - Reductions in CDI and antimicrobial resistance

  - Decreased or controlled costs

Antibiotic Stewardship Core Elements

- Antibiotic stewardship interventions are most effective when **coordinated** within **infrastructure** of a **multidisciplinary** antibiotic stewardship program.

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

Home | Programs | Center for Health Care Quality | Healthcare Associated Infections | CA_AntimicrobialStewardshipProgramInitiative

HEALTHCARE-ASSOCIATED INFECTIONS (HAI) PROGRAM

California Antimicrobial Stewardship Program Initiative

The California Antimicrobial Stewardship Program Initiative of the CDPH Healthcare-Associated Infections (HAI) Program provides guidance and support for California healthcare facilities to implement antimicrobial stewardship programs (ASPs). ASPs promote and measure appropriate antimicrobial use by optimizing selection, dosing, route and duration of therapy. ASPs improve patient outcomes while minimizing adverse events associated with antimicrobial use, including toxicity, Clostridium difficile infections and the emergence of antimicrobial resistant organisms.

California was the first state to enact antimicrobial stewardship legislation.

- California Senate Bill 739 (PDF): Hospitals are required to develop a process for monitoring the judicious use of antibiotics, the results of which are monitored by quality improvement committee(s).
- California Senate Bill 1311: Hospitals are further required adopt and implement an antimicrobial stewardship policy in accordance with guidelines established by federal government and professional organizations, and to establish a physician-supervised multidisciplinary antimicrobial stewardship committee with at least one physician or pharmacist who has undergone specific training related to stewardship.
- California Senate Bill 361: Skilled nursing facilities are required to adopt and implement an antibiotic stewardship policy by January 1, 2017.

HAI Program Resources for Antimicrobial Stewardship in Hospitals

- CDPH Spotlight on ASPs Project
  The Spotlight on ASPs project offers California hospit[als] [the] opportunity to highlight and publically share their progress with ASP implementation on the HAI Program website. Spotlighted hospitals provide the contact information of their ASP leaders to facilitate mentoring and regional collaboration with other facilities.
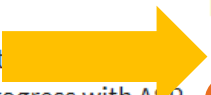
HAI Program Resources for Antimicrobial Stewardship in Skilled Nursing Facilities

- CDPH Skilled Nursing Facilities (SNF) ASP Toolkit
  The CDPH SNF ASP Toolkit provides practical examples of local program implementation.

- Antibiotic Stewardship in Nursing Homes Webinar Series - 2016
  This six-part Antibiotic Stewardship in Nursing Homes webinar series

Skilled Nursing Facility Antibiotic Stewardship Program Implementation Toolkit

The CDPH skilled nursing facility (SNF) antibiotic stewardship program (ASP) toolkit compiles resources for California SNF to implement ASP. The toolkit can be used by SNF medical directors, administrators, directors of nursing or staff development, infection preventionists, pharmacy consultants, and any other staff seeking guidance, resources, and practical examples for developing ASP practices.

ASP optimize the treatment of infections and reduce unnecessary antibiotic use. Improving antibiotic use can reduce adverse events including *Clostridium difficile* infections, prevent emergence of resistance, and lead to better outcomes for SNF residents.

In California, all SNF are required by law to implement an antibiotic stewardship policy consistent with guidelines developed by the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services, the Society for Healthcare Epidemiology of America, or similar recognized professional organizations. This toolkit is aligned with the CDC "Core Elements of Antibiotic Stewardship for Nursing Homes (PDF)". The toolkit includes suggestions for implementing the core elements as well as webinar recordings, examples and tools shared by SNF.

Element 1. Leadership Commitment

SNF leadership commitment support helps ensure adequate funding and staffing of the ASP, and facilitates buy-in among clinicians.
Suggestions:

- Create a written statement in support of ASP, including demonstration of adequate funding and staffing resources to support the program
- Establish antibiotic stewardship as a Performance Improvement Program under the facility Quality Assurance-Performance Improvement (QAPI) initiative as recommended by the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC)
- Routinely review ASP activities during the facility quality improvement committee meetings
- Webinar recording: Leadership Support for Nursing Home Antimicrobial Stewardship (link opens in YouTube)
- Example 1.1: Statement of Leadership Support (PDF), Sharp Coronado Hospital and Villa Long Term

Antibiotic Stewardship Programs – Everyone Has a Role

- Administrator
- Medical Director
- Physicians, PAs, NPs
- Pharmacist
- Director of Nursing
- Infection Preventionist
- Nursing Staff
- Laboratory
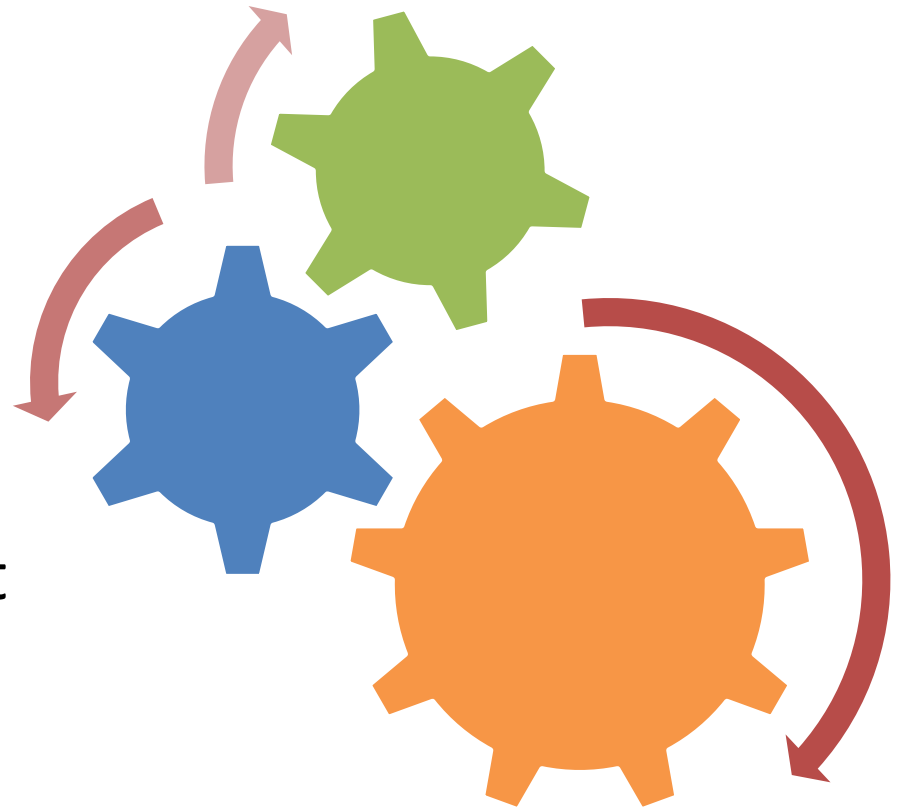
Leadership Support for Antibiotic Stewardship

- Facility leadership support is critical
  - Create a "culture of stewardship"
  - Set and communicate expectations about antibiotic use
  - Include stewardship-related duties in position descriptions

- Written statement of support from leadership significantly associated with having a comprehensive hospital antibiotic stewardship program

Pollack, et al. Clin Infect Dis 2016

Medical Director Roles in Antibiotic Stewardship

- Clinical leader in the facility
  - Set and communicate expectations about antibiotic prescribing practices for all clinical providers
  - Review data on antibiotic use, adherence to antibiotic prescribing policies/protocols
  - Provide feedback to prescribing clinicians and ensure best practices are followed

Pharmacy Roles in Antibiotic Stewardship

- Consultant Pharmacist
  - Incorporate assessment of adherence to antibiotic prescribing protocols in medication regimen reviews
  - Track antibiotic use measures
  - Develop reports for review at quality assurance/infection control committee meetings

- Dispensing Pharmacist
  - Implement reviews of antibiotic appropriateness at time of dispensing

Nursing Roles in Antibiotic Stewardship

- Director of Nursing
  - Set practice standards and oversee training of front-line nursing staff for assessing, monitoring and communicating changes in a resident's condition
  - Nursing staff are central communicators and coordinators of care; important source of information and education for patients and families

Olans RN et al. CID 2016

- Infection Preventionist
  - Data on *C. difficile* infections, antibiotic resistance patterns, adherence to criteria during evaluation and management of treated infections

Laboratory Support for Antibiotic Stewardship

- Provide summary reports of antibiotic susceptibility patterns from organisms isolated in cultures from residents in the facility (i.e., the antibiogram)

- Alert facility if certain antibiotic-resistant organisms are identified

- Provide education for staff on diagnostic tests

CDC's Core Elements of Antibiotic Stewardship in Nursing Homes

- Take **Action** through **policy and practice change** to improve antibiotic use.

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

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

Tracking
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Reporting
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Education
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CDC Recommended Actions to Improve Antibiotic Use in Nursing Homes

- Identify clinical situations and practices which might be driving inappropriate courses of antibiotics

- Examine processes for assessing, documenting and communicating suspected infection
  - Develop assessment & communication protocols for nursing staff to use when relaying pertinent information to clinicians when infection is suspected

- Assess how laboratory tests are used
  - Implement algorithms to guide appropriate use of microbiology and diagnostic testing

Element 4. Action

SNF should implement at least one intervention to improve antibiotic use. New policies and procedures should be introduced in a step-wise fashion so staff become familiar with, and not overwhelmed by, new changes in practice. Prioritize interventions based on the prescribing and resistance patterns or most prevalent antibiotic adverse events (e.g., *Clostridium difficile* infections) at the facility.

Suggestions:

- Develop reports summarizing the antibiotic susceptibility patterns observed at the facility (e.g., facility antibiogram)
- Partner with ASP physician or pharmacy consultant to use the antibiogram to reevaluate the antibiotic formulary and develop facility-specific treatment recommendations for common infection syndromes
- Develop a facility-specific algorithm and communication tool for assessing residents suspected of having an infection
- Develop facility-specific algorithms for appropriate diagnostic testing (e.g., obtaining cultures) for specific infections
- Require prescribers to document a dose, duration, and indication for all antibiotic prescriptions
- Implement an antibiotic review process or "antibiotic time out" at 48-72 hours after initiation of antibiotics to reevaluate treatment based on clinical response and culture results
- Implement a process for communicating or ensuring receipt of antibiotic use information when residents are transferred to and from other healthcare facilities

- Webinar recording: Antimicrobial Stewardship Actions and Interventions in the Nursing Home Setting (link opens in YouTube)
- Example 4.1: Antibiogram (PDF), Palomar Health
- Example 4.2: Antibiogram (PDF), Sharp Coronado Hospital and Villa Long Term Care
- Example 4.3: Antibiogram Analysis (PDF), Eden Medical Center / Sutter Health
- Example 4.4: Antibiotic Initiation Guidelines (PDF), Sharp Coronado Hospital and Villa Long Term Care
- Example 4.5: Antibiotic Interventions (PDF), O'Connor Hospital
- Example 4.6: Antibiotic Time Out (PDF), O'Connor Hospital
- Example 4.7: Drug Interaction Progress Note (PDF), O'Connor Hospital
- Example 4.8: Fever/Suspected Infection Treatment (PDF), Sharp Coronado Hospital
- Example 4.9: Infection Assessment (PDF), Palomar Health Long Term Care
- Example 4.10: Pharmacy Communication Sheet for Vancomycin (PDF), O'Connor Hospital
- Example 4.11: Pharmacy Communication Sheet for Narrower Spectrum (PDF), O'Connor Hospital
- Example 4.12: Pharmacy Communication Sheet for Resistant Organism (PDF), O'Connor Hospital

Where to Start: Targeted Approaches to Antibiotic Stewardship Actions

- **Specific antibiotic(s**), e.g., expensive, toxic, broad-spectrum or new agents

- **Specific infection(s**), e.g. *C. difficile*

- **Syndrome(s)**, e.g. suspected urinary tract infection (UTI)/asymptomatic bacteriuria

Identifying Antibiotic Use Patterns and Potential Stewardship Targets

- Pharmacist medication regimen reviews, tracking new antibiotic starts
  - Identify most common clinical scenarios or conditions
  - Identify most common antibiotics prescribed
  - Adherence to criteria, antibiotic prescribing protocols

- Compare prescribing patterns with antibiotic susceptibility trends for bacteria encountered in the facility (i.e., the antibiogram)

- Share these data with nursing home staff!

10 most Common Situations Where Antibiotics are Used and Rarely Necessary

UTI

1. Positive urine culture in asymptomatic patient

2. U/A and culture for cloudy or malodorous urine

3. Non specific symptoms or signs not referable to the urinary tract

Respiratory Conditions

4. Upper respiratory infections

5. Bronchitis without COPD

6. Suspected or proven influenza with no secondary infection

7. Respiratory symptoms in a terminal patient with dementia

Skin Wounds

8. Skin wound without cellulitis, sepsis or osteomyelitis

9. Small localized abscess without significant cellulitis

10. Decubitus ulcer in a terminal patient

http://www.annalsoflongtermcare.com/article/ten-clinical-situations-long-term-care-which-antibiotics-are-often-prescribed

Potential Antibiotic Stewardship Targets in Nursing Homes

- Three antibiotic classes accounted for nearly 60% of antibiotic courses:
  - Fluoroquinolones (e.g., ciprofloxacin, levofloxacin) - 38%
  - First-generation cephalosporins (e.g., cephalexin) - 11%
  - Macrolides (e.g., azithromycin) - 10%

- The most common conditions for which antibiotics were prescribed:
  - Respiratory tract infections - 33%
  - Urinary tract infections - 32%

Benoit et al. JAGS 2008

What Antibiotic Stewardship Actions Have Been Effective in Nursing Homes?

- Programs focusing on specific aspects of treatment of urinary infection reported to be effective
  - Limiting treatment of asymptomatic bacteriuria or prophylaxis of urinary infection

- Diagnosis and treatment algorithms for urinary infection
  - Pocket cards and posters
  - Small-group interactive sessions using case scenarios
  - Follow-up educational sessions with case-based feedback of inappropriate practices

Nicolle, Antimicrob Resist and Infect Contr 2014

Bacterial Colonization of Urine Extremely Common Among Nursing Home Residents

- Among nursing home residents, 15%–30% of men and 25%–50% of women have positive urine cultures

  - In residents with urinary catheters, ~100% have positive urine cultures

- Asymptomatic bacteriuria has <u>not</u> been shown to be associated with adverse outcomes in nursing home residents

- Asymptomatic bacteriuria in elderly nursing home residents should <u>not</u> be treated with antibiotics

Nicolle LE CID 2000

Resident Symptoms Critical to Decision-making

- Symptoms must be new or acutely worse

- Consider alternative non-infectious causes of signs and symptoms (e.g., dehydration, medications)

- Infection should not be determined on basis of single piece of evidence
  - Always consider clinical presentation together with microbiologic or radiologic information

Stone N, et al. ICHE 2012.

Importance of Nursing Assessments and Communication of Resident Symptoms

- 67% of antibiotic prescriptions made over phone based on assessments made by someone else

Richards et al. JAMDA 2005

- Based on their assessments and reporting of resident symptoms, front-line nursing staff play a critical role in whether antibiotics are initiated!

Sharp Coronado Hospital
Long Term Care Fever/Suspected Infection ASSESSMENT

RN to complete prior to calling Pharmacist/Physician for fever or suspected infection

Patient Name: Unit   Rm:

Attending Physician: ID Consultant?   On-call MD:

Current Isolation Status: Code Status:

Admitting Diagnosis (please list):

Allergies:

IV Lines: yes ___ no ___ If yes, what type(s)? _____
Feeding tube: yes __ or no ___ (type):_____
Current Antibiotics: _____ (please include dates)
Recent Antibiotic use (within the last month):_____ (please include dates)
History of resistant organisms: _____ (please include dates)

Vitals: (last 24 hours)
HR
RR_____
BP_____   Report symptoms and fevers to pharmacist/MD
O2 Sat
WBC   SCr
Last 2 Temp.: _____ _____ (site:_____) Re-check after 1 hour if >100.4 (38.0)
Immunosuppressed? (i.e. on steroids or post-chemo) Y or N

Patient Status/symptoms→Please check all that apply & report to Pharmacist/MD/NP:

Suspected Respiratory Infection	Suspected UTI
☐ History of COPD or CHF (circle one)	☐ Catheter (type:_____date changed_____)
☐ Ventilator/trach/blowby (circle one)	☐ Acute dysuria
☐ Rigors (shaking chills)	☐ Acute pain/swelling of testes/epididymis or prostate
☐ Cough, new or increased	☐ Gross hematuria
☐ Purulent sputum production, new or increased	☐ Acute costovertebral angle tenderness or pain
☐ New infiltrates on chest xray (dated:)	☐ New or worsening urinary urgency, frequency or suprapubic pain or incontinence
☐ RR > 25 bpm	☐ Rigors (shaking chills)
☐ Pleuritic chest pain	☐ Acute change in mental status or functional decline
☐ O2 sat <94% or decreased >3% from baseline	☐ Purulent discharge from around catheter
☐ Acute change in mental status or functional decline	
Suspected skin/soft tissue infection	**Fever of Unknown Origin**
☐ New or increasing purulent drainage at site	☐ New onset of delirium
☐ Redness at site	☐ Rigors (shaking chills)
☐ Tenderness or warmth at site	☐ Diarrhea
☐ Swelling that is new or increasing at wound or soft tissue site	

☐ Satisfies LTC Fever/Suspected Infection Protocol for Cerner Powerplan initiation for CBC, CMP, chest xray (T>100.4 x 2, at least 1 hour apart, or HR >120, RR>25, sys BP <90 after suctioning/re-positioning)
☐ Labs & symptoms reviewed with Pharmacist to help determine origin of infection

SBAR for MD call: (if 2200-0630, as per on-call Pharmacist recommendation)
Situation: Report imminent patient status: abnormal vitals, pain, physical symptoms, fever or acute mental status or vital sign changes, CBC, CMP, & chest xray results.
Background: Give patient history, status: diagnosis, presence of catheter, wounds, etc.
Assessment: Report if McGeer Criteria met & if patient qualifies for initiation of antibiotics per on-call RPh
Recommendation: Initiate cultures/empiric antibiotic therapy per Cerner powerplan/as recommended by RPh

FAX this page to Pharmacy when completed; Call Pharmacist to review

RN completing assessment:_____ Date: _____ Form Updated 7/2015

- Patient symptoms grouped by 4 basic categories of infection
- Communicate assessment findings using "SBAR" format
- Include subjective assessment of resident's condition, in addition to vitals and symptoms

Example shared courtesy of Bridget Olson, Sharp Coronado Hospital

California Department of PublicHealth

Suspected UTI

❑ Catheter (type:_____date changed_____)

❑ Acute dysuria

❑ Acute pain/swelling of testes/epididymis or prostate

❑ Gross hematuria

❑ Acute costovertebral angle tenderness or pain

❑ New or worsening urinary urgency, frequency or suprapubic pain or incontinence

❑ Rigors (shaking chills)

❑ Acute change in mental status or functional decline
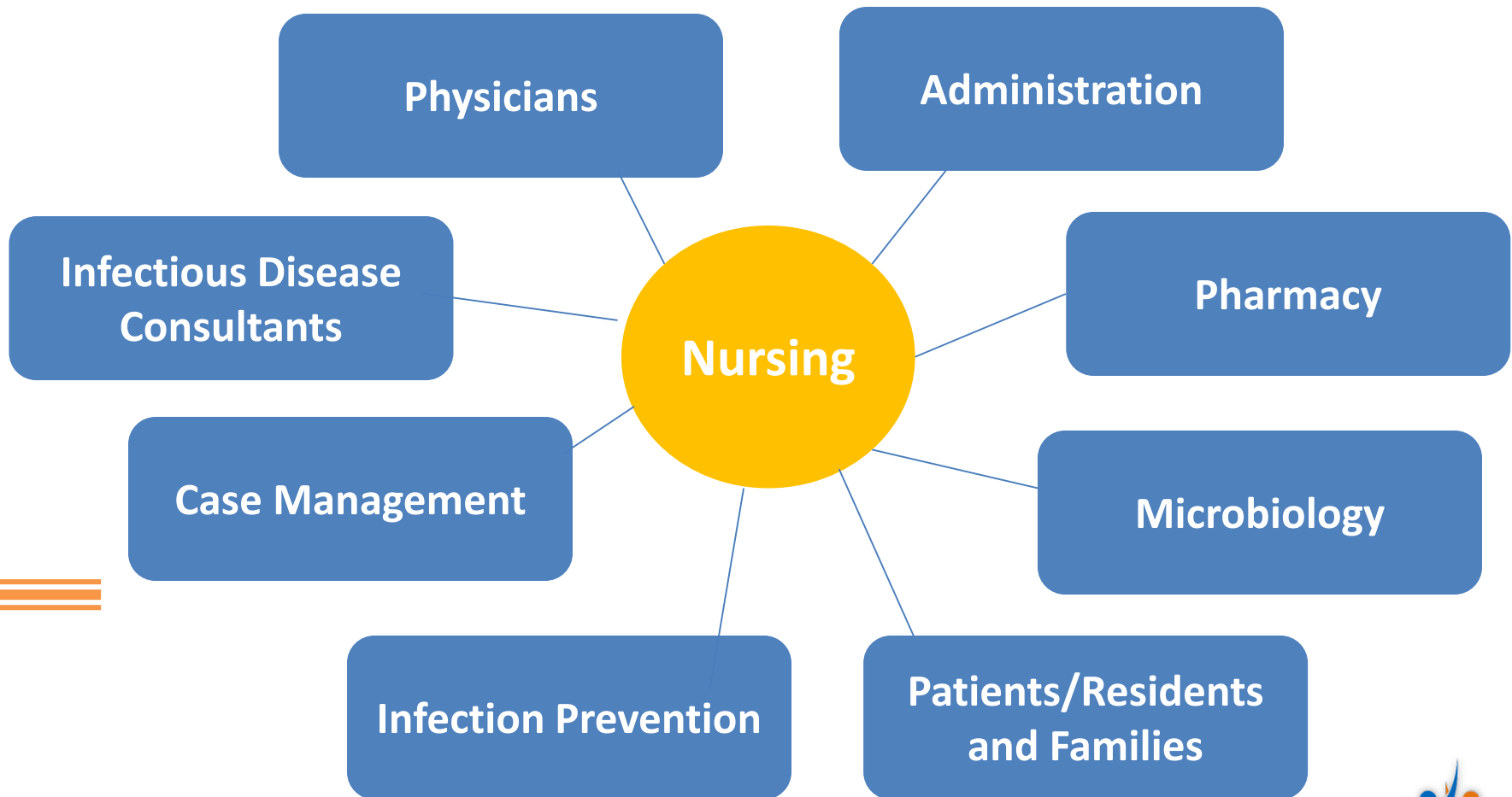
❑ Purulent discharge from around catheter

Strategies to Ensure Appropriate Laboratory Testing

- Ensure good quality specimen collection
  - Poor specimen collection and handling can lead to contamination, false positive and/or misleading results
- If a culture is positive, ensure resident is assessed (or reassessed) for symptoms before starting treatment
- When antibiotic treatment is indicated, ensure appropriate cultures are obtained <u>before</u> starting antibiotics

California Department of PublicHealth

Importance of Educating and Communicating with Residents and Families

- Residents and families often influence decisions to obtain diagnostic tests and start antibiotics

- Nursing and other front-line staff are the "central communicators"
  - Educate residents and families about appropriate antibiotic use
  - Communicate protocols when infections are suspected

Nursing as the Hub of Communication for Antimicrobial Use Stakeholders

Resources for Educating Healthcare Consumers

http://consumerhealthchoices.org/campaigns/choosing-wisely/

Antimicrobial Stewardship Across Transitions of Care

- Establish **consistency of practice and messaging** about antimicrobial use across diverse care settings

- Ensure communication of **antimicrobial indication and anticipated duration** when patients transfer between facilities

  – Avoid duplicative or unnecessarily prolonged courses of antimicrobial therapy, which increase CDI risk

- Ensure communication and documentation of **patient symptoms** upon transfer

  – Ensure appropriate diagnostic testing and infection control measures implemented promptly

California Department of **PublicHealth**

Interfacility Transfer Communication Tool

- Document antimicrobials patient is receiving, including

  - Antimicrobial name, dose, frequency

  - What infection is being treated

  - Start and anticipated stop dates
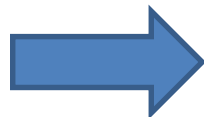
INFECTION CONTROL TRANSFER FORM

This form should be sent with the patient/resident upon transfer. It is NOT meant to be used as criteria for admission, only to foster the continuum of care once admission has been accepted.

Affix any patient labels here.

Demographics

Patient/Resident (Last Name, First Name):	
Date of Birth: / /	**MRN:**	**Transfer Date:** / /
Sending Facility Name:	
Contact Name:	**Contact Phone: ( ) -**
Receiving Facility Name:	

⚠ **Currently in Isolation Precautions?** ☐ Yes
If Yes, check: ☐ Contact ☐ Droplet ☐ Airborne ☐ Other: _____   ☐ No isolation precautions

Organisms

Did or does have (send documentation, e.g. culture and antimicrobial susceptibility test results with applicable dates):	Current (or previous) infection or colonization, or ruling out *	
MRSA	☐	☐ No known MDRO or communicable diseases
VRE	☐	
Acinetobacter resistant to carbapenem antibiotics	☐	
E. coli, Klebsiella or *Enterobacter* resistant to carbapenem antibiotics (CRE)	☐	
E. coli or *Klebsiella* resistant to expanded-spectrum cephalosporins (ESBL)	☐	
C. difficile	☐	
Other^: _____	☐ (current or ruling out*)	
^e.g. lice, scabies, disseminated shingles, norovirus, flu, TB, etc		
*Additional information if known:		

Symptoms

Check yes to any that <u>currently</u> apply**:

☐ Cough/uncontrolled respiratory secretions   ☐ Acute diarrhea or incontinent of stool
☐ Incontinent of urine   ☐ Draining wounds
☐ Vomiting   ☐ Other uncontained body fluid/drainage
                            ☐ Concerning rash (e.g.; vesicular)

**NOTE: Appropriate PPE required ONLY if incontinent/drainage/rash NOT contained.

☐ No symptoms / PPE not required as "contained"

PPE

PERSONAL PROTECTIVE EQUIPMENT CONSIDERATIONS

☐   ☐   ☐

CHECK ALL PPE TO BE CONSIDERED AT RECEIVING FACILITY

Answers to sections above

ANY YES

ALL NO

Person completing form: _____
Role: _____ Date: __ / __ / __

Other MDRO Risk Factors

Is the patient <u>currently</u> on antibiotics? ☐ Yes ☐ No				
Antibiotic	**Dose, Frequency**	**Treatment for:**	**Start date:**	**Stop date:**

Does the patient <u>currently</u> have any of the following devices?   ☐ Yes   ☐ No
☐ Central Line/ PICC, Date inserted: __/__/__   ☐ Subrapubic catheter
☐ Hemodialysis Catheter   ☐ Percutaneous gastrostomy tube
☐ Urinary Catheter, Date inserted: __/__/__   ☐ Tracheostomy
☐ Fecal management system

IZ

Were immunizations received at sending facility?   ☐ Yes   ☐ No
If yes, specify: _____ Date(s): _____

Version 2016.03.14

Summary

- Antimicrobial stewardship programs are necessary, and required, in skilled nursing facilities

- Infection prevention and nursing staff have critical roles to play in SNF antimicrobial stewardship programs

- Public health provides many resources and tools to support SNF ASP

Questions?

For more information or consultation, contact HAIProgram@cdph.ca.gov or (510) 412-6060.