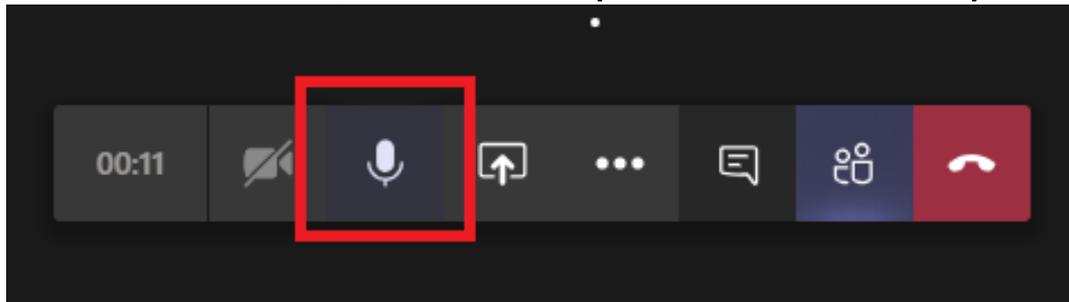# Disclosures

There is no commercial support for today's call

Neither the speakers nor planners for today's call have disclosed any financial interests related to the content of the meeting
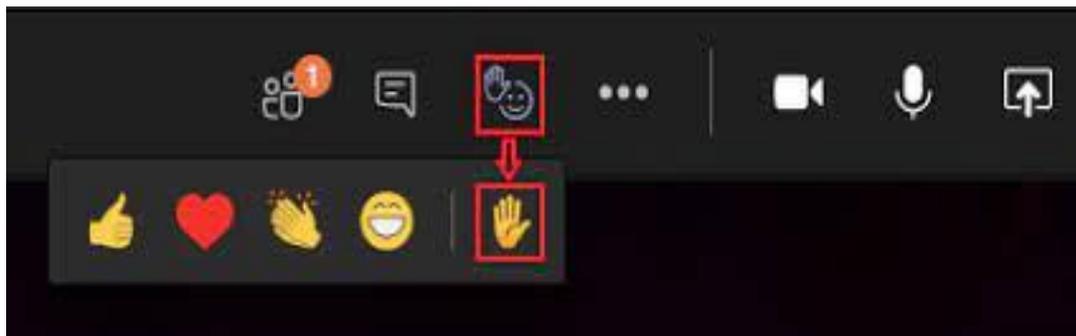
This call is meant for healthcare facilities and is off the record and reporters should log off now

Housekeeping

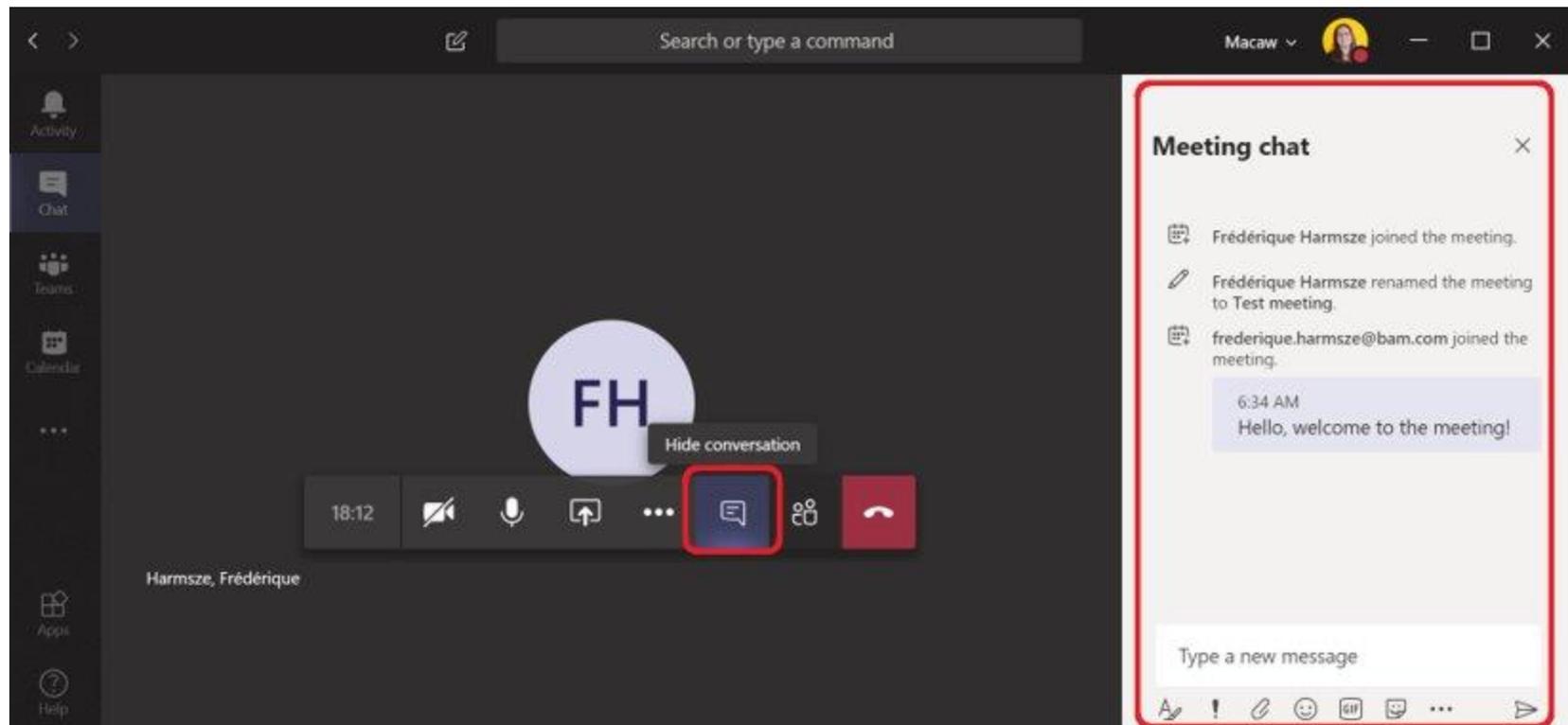- How to Mute/Unmute (Crtl+ Shift+ M):

- How to Raise Hand:

Housekeeping

- How to use chat:

Reminder

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Link to Guidelines:
http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/snf/prevention/

DPH Infection Prevention Team

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~~Icebreaker:~~ How about some trivia??

What is the single most significant factor driving increasing rates of antibiotic resistance?
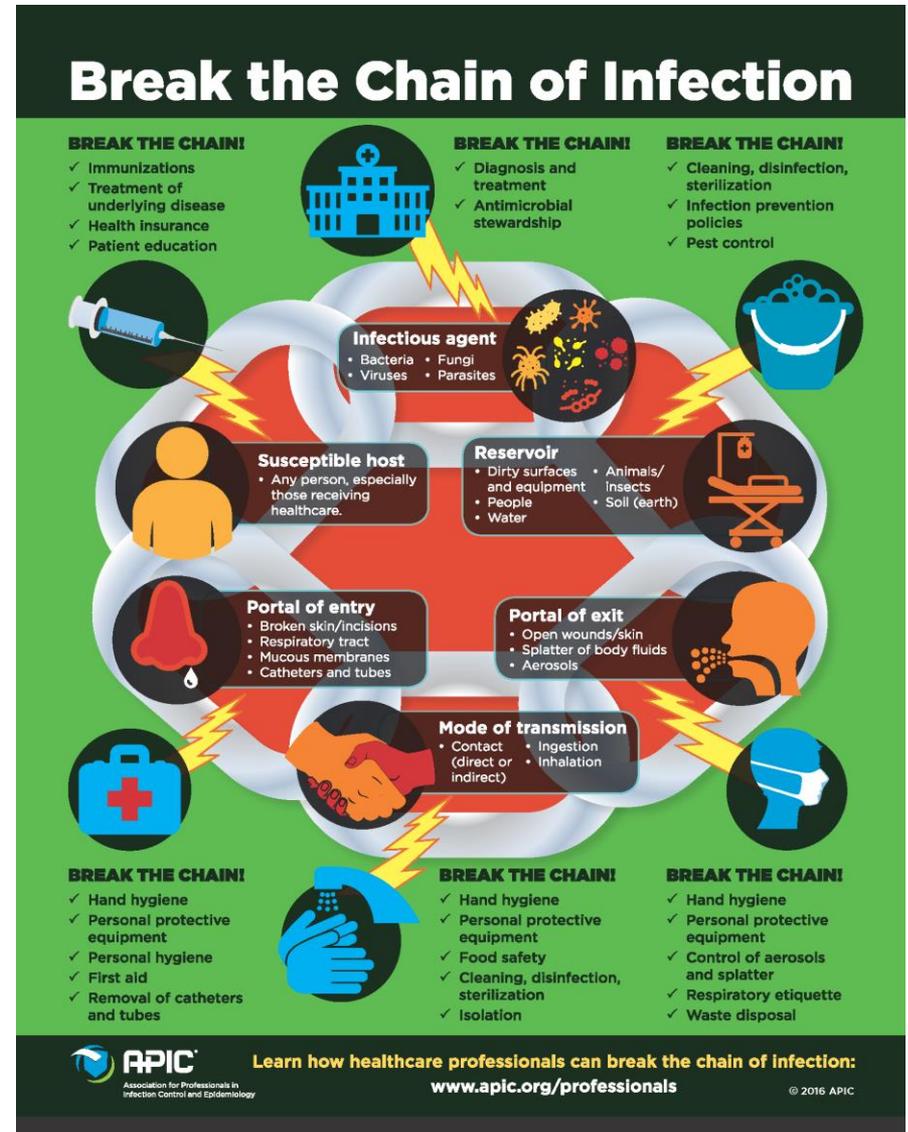
Objectives

- Review **Antimicrobial Stewardship**
- Discuss **link between antimicrobial stewardship** and **infection prevention**
- Review CDC's **Core Elements** of Antibiotic Stewardship
- Review the **role of nursing staff** in Antimicrobial Stewardship
- Foster discussion among LA County Skilled Nursing Facilities about infection control practices

Why discuss Antimicrobial Stewardship during Ask an IP?

Antimicrobial Stewardship breaks the chain of Infection!

Antibiotic vs Antimicrobial

What is an **antibiotic**?

- A drug that kills or stops the growth of bacteria.
- Antibiotics are a type of antimicrobial.
- Penicillin and ciprofloxacin are examples of antibiotics.

(https://www.cdc.gov/narms/resources/glossary.html)

What is an **antimicrobial**?

- A substance, such as an antibiotic, that kills or stops the growth of microbes, including bacteria, fungi, or viruses.
- Antimicrobials are grouped according to the microbes they act against (antibiotics, antifungals, and antivirals).
- Also referred to as drugs.

What goes into an Antibiotic Stewardship Program?

8 Elements of ASP
Leadership commitment
Accountability
Drug Expertise
Action
Diagnosis
Tracking
Reporting
Education

- https://www.cdc.gov/longtermcare/pdfs/core-elements-antibiotic-stewardship-checklist.pdf

Leadership Commitment and Accountability

Dedicate necessary resources

IP and ASP require the following:

- Leadership commitment
- Accountability
- Multidisciplinary engagement among physician, pharmacist, and nursing champions
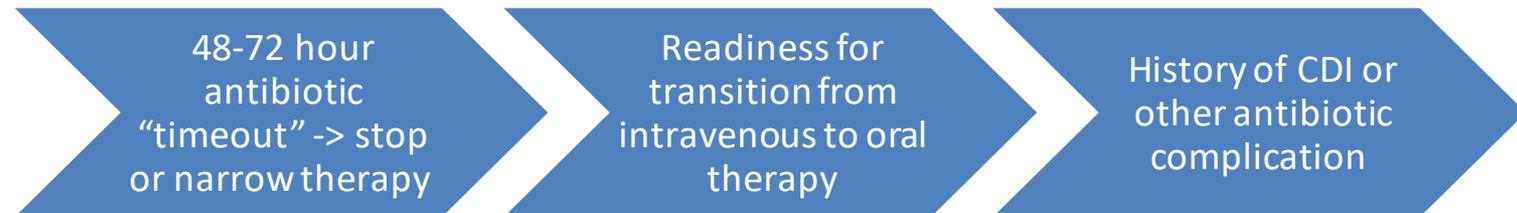
Drug Expertise

Nursing staff can:

- Obtain and document a detailed allergy history
- Include details of timing and nature of reaction

Nursing staff can:

- Educate residents and families
  - What constitutes an accurate antibiotic allergy history

Action: Nurses Role in ASP

- Inform decisions to start antimicrobials promptly upon early signs of likely bacterial infections, including sepsis

- Prompt and participate in discussions about changes in antimicrobial use by evaluating and communicating patients' clinical status and medical history

| 48-72 hour antibiotic "timeout" -> stop or narrow therapy | Readiness for transition from intravenous to oral therapy | History of CDI or other antibiotic complication |

- Perform medication reconciliations during patient transitions of care

Diagnosis

- Promote optimal use of diagnostic tests and microbiology cultures
  - Verify reason for test is appropriate
- Use proper specimen collection technique and transport to a laboratory in a timely manner
  - Ensure specimens are collected before antimicrobials are started

Tracking & Reporting: An IP and ASP Collab

Monitor antibiotic prescribing and resistance patterns

Regularly report information on antibiotic use and resistance to doctors, nurses, and relevant staff

Conduct HAI surveillance

- Use surveillance data to prioritize ASP interventions
- Consult regarding use of NHSN
- NHSN Antimicrobial Use and Resistance (AUR) module tracks and analyzes antimicrobial use and resistance trends

Provide feedback of HAI data

- Clinicians, patient safety and medical executive committees, board of directors, and other stakeholders
- Provide feedback that is timely, frequent, individualized, non-punitive, and customized

Education

- Create educational strategies to address each discipline's clinical interests
  - Include why infection prevention and antimicrobial stewardship is of value to staff and their patients
  - Consider team-oriented and problem-based trainings, including multidisciplinary workshops, bedside teaching, and simulation-based training

Patient Safety Must be Prioritized

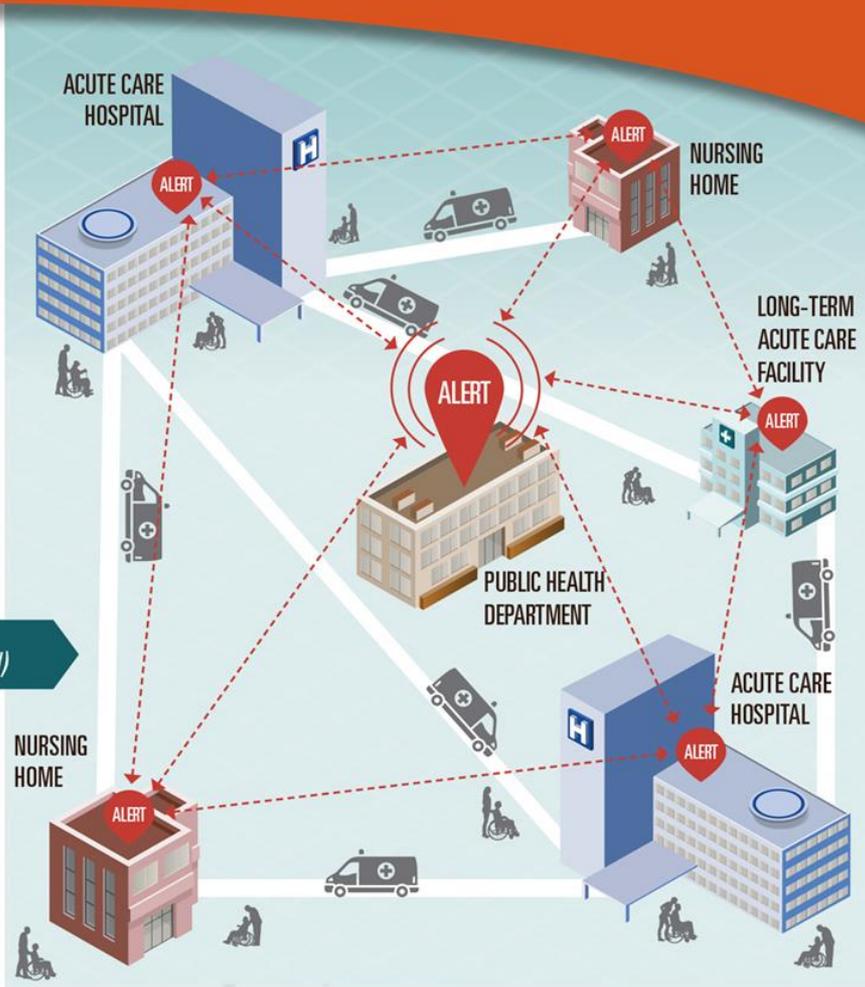Facilities work together to protect patients.

Common Approach (Not enough)
- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

Independent Efforts (Still not enough)
- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or *C. difficile* germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

☑ **Coordinated Approach** (Needed)
- Public health departments track and **alert** health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.

Infectious Organism Transfer Form

Programming

Session	Date (2021)	Covered Topics
Week 1 (Today!)	Wednesday, Sept 22nd	Antimicrobial Stewardship
Week 2	Wednesday, Sept 29th	Office Hours
Week 3	Wednesday, Oct 6th	Disease Surveillance
Week 4	Wednesday, Oct 13th	Office Hours
Week 5	Wednesday, Oct 20th	Outbreak Investigation
Week 6	Wednesday, Oct 27th	Office Hours
Week 7	Wednesday, Nov 3rd	Regulatory Bodies
Week 8	Wednesday, Nov 10th	Office Hours
Week 9	Wednesday, Nov 17th	Communication, Education and Advocacy
~~Week 10~~	~~Wednesday, Nov 24th~~	Week of Thanksgiving (off)
Week 11	Wednesday, Dec 1st	Office Hours
Week 12	Wednesday, Dec 8th	Professional Development, Resources and Other IP Settings
Week 13	Wednesday, Dec 15th	Office Hours

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Questions