

Antibiotic Stewardship in Senior Care Organizations

Antibiotics are a crucial and powerful treatment option in modern healthcare. These medications, when used appropriately, can effectively treat common illnesses and life-threatening conditions. However, antibiotics have side effects, and their misuse can lead to harm and contribute to antibiotic resistance, which the Centers for Disease Control and Prevention (CDC) has identified as an urgent threat to public health.¹

Senior care organizations are particularly vulnerable to adverse events involving antibiotics because their resident populations are at increased risk for infections and often have complex medical issues. Antibiotics are frequently prescribed in senior care, and

research suggests that 40 percent to 75 percent of these prescriptions are unnecessary or inappropriate.²

Senior care organizations can benefit from implementing strategies that address the CDC's seven core elements of antibiotic stewardship in nursing homes: (1) leadership commitment, (2) accountability, (3) drug expertise, (4) action, (5) tracking, (6) reporting, and (7) education.³

The following tips, adapted from CDC guidance and other resources,⁴ offer senior care leaders and staff members recommendations for improving antibiotic prescribing practices, preventing adverse events, and reducing the spread of antibiotic resistance.

1

Secure leadership support for antibiotic stewardship efforts as part of your organization's overall commitment to resident safety. Work with leaders to make sure this commitment is part of the organization's overall culture and reflected in organizational goals, resource allocation, and training.



2

Identify local, regional, and national organizations with which your facility could potentially partner to improve antibiotic stewardship efforts. Examples include local hospitals, ambulatory care facilities, laboratories, pharmacies, state and local health departments, health insurance companies, and professional associations.



3

Implement an antibiotic stewardship program and written plan that defines the organization's goals, staff accountabilities, and antibiotic use protocols.* Additionally, include responsibilities related to antibiotic stewardship in job descriptions and/or job evaluation criteria.



4

Identify individuals in charge of implementing and overseeing the organization's antibiotic stewardship program (e.g., the medical director, the director of nursing, and the infection preventionist[†]), and empower them to set standards and oversee adherence to organizational policies.



5

Facilitate access to individuals who have expertise in antibiotic prescribing and antibiotic stewardship (e.g., infectious disease experts, consultant pharmacists, physicians, and other specialized healthcare providers).



6

Assess current practices and identify clinical situations that might result in inappropriate antibiotic prescribing or deviations from best practices or organizational antibiotic prescribing protocols. Work with prescribing clinicians and staff members to address the barriers that lead to these issues.

* Developing an antibiotic stewardship program is required under the Centers for Medicare & Medicaid Services Rules of Participation for Long-Term Care Providers ([42 CFR, § 483.80 Infection Control](#)).

[†] Designating an infection preventionist is required under the Centers for Medicare & Medicaid Services Rules of Participation for Long-Term Care Providers ([42 CFR, § 483.80 Infection Control](#)).

7

Implement standards and best practices for various tasks associated with caring for residents who have, or are suspected of having, infections. For example, standardize practices for evaluation and communication of signs/symptoms, use of diagnostic testing, documentation of antibiotic prescribing, and antibiotic review processes.

8

Develop a process for communicating or receiving antibiotic use information during residents' care transitions (e.g., when residents are transferred to/from other healthcare facilities).

9

Implement standards and best practices in a step-wise approach to help clinicians and staff members adjust to them and become familiar without being overwhelmed.

10

Make sure systems are in place for monitoring antibiotic use, recording potential incidents, and implementing and documenting corrective actions. Data from these systems can be used to enhance quality improvement initiatives. Tracking should include how and why antibiotics are prescribed (e.g., whether organizational standards are being followed), how often and how many antibiotics are prescribed, and adverse outcomes and costs associated with antibiotics.

11

Use data from the tracking and reporting systems to provide feedback to clinicians and nurses about antibiotic prescribing practices, outcomes, and progress with stewardship efforts. Providing feedback also may help improve communication about antibiotic stewardship barriers and challenges.

12

Offer clinicians and nursing staff training and education related to antibiotic stewardship, including information about the organization's goals, policies, and individual accountabilities. Training should include education specific to assessing and monitoring the effectiveness of antibiotics in relation to the conditions being treated (e.g., whether symptoms are improving). Training and education should occur at hire and at least every 12 months thereafter.

13

Diversify educational formats to broaden awareness and meet differing educational preferences. Options might include flyers, e-mail or other electronic communications, interactive workshops, or individualized feedback.

14

Engage residents and families in educational efforts to raise awareness about antibiotic use and antibiotic resistance and to gain their support for antibiotic stewardship efforts.

15

Ensure your organization has the resources and mechanisms in place to sustain its antibiotic stewardship program over time (e.g., funding, ongoing training, access to experts, etc.).

Resources

For more information about antibiotic stewardship and other aspects of infection prevention and control in senior care organizations, see MedPro's [Risk Resources](#) on this topic.

Endnotes

¹ Centers for Disease Control and Prevention. (2021, December 17). Antibiotic/antimicrobial resistance (AR/AMR). Retrieved from www.cdc.gov/drugresistance/

² Centers for Disease Control and Prevention. (2015). *The core elements of antibiotic stewardship for nursing homes*. Retrieved from <https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.html>

³ Ibid.

⁴ Ibid; Centers for Disease Control and Prevention. (2016). Infection prevention and control assessment tool for long-term care facilities. Retrieved from www.cdc.gov/infectioncontrol/pdf/icar/litcf.pdf; Agency for Healthcare Research and Quality. (2016). *Nursing home antimicrobial stewardship guide: Implement, monitor, and sustain an antimicrobial stewardship program*. Retrieved from www.ahrq.gov/nhguide/toolkits/implement-monitor-sustain-program/index.html

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