Core Elements for Antibiotic Stewardship in Nursing Homes

Creating a Culture to Improve Antibiotic Use in Nursing Homes

Why is Antibiotic Stewardship Important for Nursing Homes?

- Antibiotics are some of the most commonly prescribed medications in nursing homes.
  - Over the course of a year, up to 70% of nursing home residents get an antibiotic.
- Roughly 40% to 75% of antibiotics are prescribed incorrectly.
  - In nursing homes, high rates of antibiotics are prescribed to prevent urinary tract infection (UTI) and respiratory tract infection (RTI). Prescribing antibiotics before there is an infection often contributes to misuse.
  - Often residents are given antibiotics just because they are colonized with (carrying) bacteria that are not making the person sick. Prescribing antibiotics for colonization contributes to antibiotic overuse.
- When patients are transferred between facilities, for example from a nursing home to a hospital, poor communication between facilities about prescribed antibiotics (e.g., rationale, number of days) plus insufficient infection control practices can result in antibiotic misuse and the spread of antibiotic resistance.
- Antibiotic-related harms, such as diarrhea from *C. difficile*, can be severe, difficult to treat, and lead to hospitalizations and deaths, especially among people over age 65.
- Current nursing home regulations (e.g., F-tag 441, F-tag 329, F-tag 428) already include a requirement to review and monitor antibiotic use.

What Can I Do as a Leader to Improve Antibiotic Use?

- Share formal statements in support of improving antibiotic use with staff, residents and families.
- Commit resources for monitoring antibiotic use and providing feedback to staff.
- Identify and empower the medical director, director of nursing, and/or consultant pharmacist to lead stewardship activities.
- Have clear policies to improve prescribing practices for staff to ensure patients are not started on antibiotics unless needed.
  - Establish minimum criteria for prescribing antibiotics,
  - Develop facility-specific standards for empiric antibiotic use, based on data from the facility; and
  - Review antibiotic appropriateness and resistance patterns on a regular basis.
- Print and distribute materials to educate staff, residents and families.
- Provide access to individuals with antibiotic expertise for support staff accountable for implementing antibiotic stewardship activities.
- Partner with antibiotic stewardship program leaders at hospitals and infectious diseases consultants in the community.