



Core Elements for Antibiotic Stewardship in Nursing Homes

Leading Antibiotic Stewardship in Nursing Homes



In nursing homes, approximately

20% of healthcare providers

account for about

80% of antibiotics prescribed.¹



Roughly

40–75%

of antibiotics are prescribed incorrectly.

Nearly

50%

of antibiotics prescribed in nursing homes may be given longer than necessary.¹



Current nursing home regulations (e.g., F-tag 441, F-tag 329, F-tag 428)

already include requirements

to review and monitor antibiotic use.

Who are the Antibiotic Stewardship Leaders in Nursing Homes?

- ▶ **Medical Director**
- ▶ **Director of Nursing**
- ▶ **Consultant Pharmacist**

What are their Roles?



Medical Directors can:

- ▶ Set standards for antibiotic prescribing practices for all healthcare providers prescribing antibiotics.
- ▶ Oversee adherence to antibiotic prescribing practices.
- ▶ Review antibiotic use data and ensure best practices (e.g., the right drug at the right dose for the right amount of time) are followed.



Directors of Nursing can:

- ▶ Establish standards for nursing staff to assess, monitor and communicate changes in a resident's condition that could impact the need for antibiotics.
- ▶ Use their influence as nurse leaders to help ensure antibiotics are prescribed only when appropriate.
- ▶ Educate front line nursing staff about the importance of antibiotic stewardship and explain policies in place to improve antibiotic use.



Consultant Pharmacists can:

- ▶ Provide education to staff about the different types of antibiotics and their uses.
- ▶ Review antibiotic prescriptions as part of the drug regimen review for new medications and ensure they are ordered appropriately.
- ▶ Establish laboratory testing protocols to monitor for adverse events and drug interactions related to use of antibiotics and other high risk medications.
- ▶ Review microbiology culture results and provide feedback to prescribers on initial antibiotic selection to let them know if it is the right drug to treat the infection or if the bacteria may be resistant to the antibiotic.

¹ Daneman, N et.al. Prolonged Antibiotic Treatment in Long-term Care. JAMA Intern Med. 2013; E1-E10.