

Assessment of Current CDI Prevention Activities: Antibiotic Stewardship

Healthcare in nursing homes is one of the greatest concerns for any resident or loved one of someone living in one of these care facilities. Stewardships are the programs for antibiotic responsibility in terms of providing for their patients. We at <http://www.nhqualitycampaign.org> promote greater scrutiny of the usage of said antibiotics to prevent illnesses resistant to modern medicine from forming.

The following is relevant to your needs:

Background/Rationale:

- Antibiotic stewardship refers to programs and activities that promote the appropriate selection and use of antibiotics.
- Stewardship activities include limiting the use of antibiotics when they are not needed, and minimizing the frequency, duration, and number of antibiotics prescribed.
- Stewardship can improve the outcomes for residents who need antibiotics and prevent the unintended consequences of antibiotic use such as side effects, the development of antibiotic resistant bacteria, and the replacement of normal bacteria with those which cause infections, such as *C. difficile*.
- Many residents with *C. difficile* infection (CDI) have had exposure to antibiotics within 28 days prior to the onset of symptoms.
- CDI risk increases with taking multiple antibiotics or taking long courses of an antibiotic.
- Antibiotic stewardship can be an effective prevention strategy for the reduction of CDI.

Current survey activities:

SECTION 1. KNOWLEDGE AND COMPETENCY		
	YES	NO
Q1	Do direct care personnel* understand how to recognize changes in a resident that might indicate a new infection or other concerning condition?	
Q2	Do direct care personnel understand how to communicate information to medical personnel* when a resident has a change that might indicate a new infection or other concerning condition?	
Q3	Do nursing personnel* receive any periodic training or education about appropriate antibiotic use?	
Q4	Are medical personnel given any resources to help guide decisions about when to suspect a resident has an infection or needs an antibiotic?	
Q5	Do residents and family receive education about appropriate antibiotic use?	
SECTION 2. INFECTION PREVENTION POLICIES AND INFRASTRUCTURE		
	YES	NO
Q1	Do direct care personnel document changes in a resident that might indicate a new infection or other concerning condition?	
Q2	Do nursing personnel communicate information to medical personnel when a resident has a change that might indicate a new infection or other concerning condition?	
Q3	Does your nursing home have a pharmacist or physician who provides guidance or expertise on antibiotic use?	
Q4	Does your nursing home use standardized order forms for antibiotic prescriptions including documentation of indication and anticipated duration of therapy?	
SECTION 3. MONITORING PRACTICES		
	YES	NO
Q1	Does the pharmacy service provide a monthly report of antibiotic use (e.g., new orders, number of days of antibiotic treatment) for the nursing home?	
Q2	Does your nursing home have a process to perform a follow-up assessment 3 days after a new antibiotic start to determine whether the antibiotic is still indicated and appropriate?	
Q3	Does your nursing home provide feedback on antibiotic prescribing practices to medical personnel?	
Q4	Does the laboratory provide your nursing home with a report of antibiotic resistance in bacteria identified from cultures sent from your nursing home (e.g., antibiogram)?	

Disclaimer:

As of September 2020 the Quality Campaign has been picked up by a concerned group of citizens, doctors, providers, researchers and consumers who want to see the good work of the past live on and help collect more info to shape the quality of healthcare in America. If you would like to join the effort, please call: 972-800-6670.

<https://nhqualitycampaign.org/resources-downloads/>