

# Assessment of Current CDI Prevention Activities

## Antibiotic Stewardship

December 28, 2016



### 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	N/A
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	N/A
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	N/A
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)?			

\***Direct care personnel** – All persons interacting with and/or providing hands-on care for residents; **Nursing personnel** – All persons who provide nursing care to residents including implementing orders and documenting resident condition in the record; **Medical personnel** – All persons who provide and document medical assessments and care to residents including writing orders and prescriptions.