GREATER NEW YORK HEALTH CARE FACILITIES ASSOCIATION
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MEMO 24-19

TO: Administrator, DNS, Medical Director, Infection Preventionist, Licensed Nurses and QA Committee

FROM: **Mary Gracey- White RN, BSN, QCP Director of Regulatory Compliance** and
Arlette A Drigpaul, RN BA MSN Infection Preventionist/Education Coordinator

DATE: July 26, 2024

RE: Antibiotic Stewardship: A Quality Assurance Performance Improvement Perspective

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Antimicrobial resistance (AR) is an urgent global public health threat. In the U.S., more than 2.8 million antimicrobial-resistant infections occur each year. The adverse consequences of unnecessary antibiotic use include adverse drug reactions or interactions, the development of *Clostridioides difficile* infections, the emergence of multi-drug resistant organisms (MDROs), antibiotic failure, increased mortality, and greatly increased costs.

To combat these issues and promote safe and effective antibiotic use to improve resident care as well as strive to reduce antimicrobial resistance, ensure the facility's Antibiotic Stewardship Program (ASP) optimizes the treatment of infections while reducing the adverse events associated with antibiotic use. As we know, if antibiotics lose their effectiveness, then we lose the ability to treat infections.

Some helpful tips for optimizing your facility's antibiotic stewardship program include:

- Establish an antibiotic stewardship committee to include at a minimum the medical director, director of nursing services, director of staff development, infection preventionist, and pharmacy consultant.
- Have a policy in place and conduct staff education that includes the difference between colonization and infection, and multi-drug resistant organism (MDRO) prevention for physicians and licensed nurses upon hire, annually, and as needed.
- Review antibiotic prescriptions for appropriateness of dose, duration, and indication.
- Incorporate monitoring of antibiotic use, including the frequency of monitoring/review. Monitor/review response to antibiotics, and laboratory and/or diagnostic results when available, to determine if the antibiotic is still indicated or adjustments should be made (e.g., antibiotic time-out)
- Provide written report at least quarterly to the QAPI Committee
    - Summarize antibiotic use (e.g., types of antibiotics prescribed, types of infections treated)
    - Summarize antibiotic resistance (e.g., antibiogram)
- Provide residents and/or health care representatives with education regarding antibiotic stewardship activities.

To assist with your QAPI needs, you can find a sample QAPI template on our website, Home - GNYHCFA.

Please contact the Association if we can be of any assistance.

References

CDC (7/16/2024). Antimicrobial Resistance Facts and Stats | Antimicrobial Resistance | CDC

CMS (2/3/2023). State Operations Manual, Appendix PP (Rev 211, 2/3/2023). F881 Antibiotic Stewardship Program, pp. 794 – 799. SOM - Appendix PP (cms.gov)