

To the Point



From the desk of
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SPECIAL EDITION: FOCUS ON INFECTION

Core Elements of Antibiotic Stewardship for Nursing Homes

We know that antibiotics are a double edged sword with the ability to save lives, but also the risk of C. diff, significant drug interactions and medication side effects. Antibiotics are prescribed to 70 percent of long-term care residents every year, and it is estimated that about half of that use is inappropriate, exposing residents to all the risk with no benefit. We are embarking on a journey to improve our antibiotic stewardship within the Society – but we need your help to make this a reality. Please **click here** to review this document from the CDC, and talk with your location's leadership team about how to get started.

Influenza Season

It is that time of year (already!) We are in the midst of the annual ritual of vaccinating residents against this pernicious infection. This year, we are making special efforts to track vaccination of all employees. Nationwide, employees in long-term care are notoriously under-vaccinated, putting residents at unnecessary risk. Please support employee vaccination efforts and tracking in your location. This will allow us to understand our baseline employee influenza vaccination rates, and our opportunities for improvement. **Click here** to view a video about the importance of getting your flu shot.

Pneumococcal Vaccination

ACIP has updated the recommended vaccinations for older adults. Please work with your location to make sure those eligible for PCV-13 receive it. **Click here** to view the updated vaccinations schedule.

INTERACT

By now, you have hopefully heard of the SBAR (Situation-Background-Appearance-Request) format for how nurses are to approach a change in a resident's condition. Following a standard approach to sharing this information with the prescriber allows better decision making by the provider. Consider the scenario: a fax or phone message received says "resident's urine is foul smelling; request antibiotic" – this is an all-too-common scenario that leads to over use of antibiotics. Consider the alternative scenario: a request that includes relevant information that you need to know: when symptoms started, what interventions have been taken and the response, a list of diagnoses and medications, and pertinent physical evaluation. Now you are in a much better position to know whether the appropriate response is hydration, laboratory testing, antibiotic treatment, etc. without engaging in time consuming and frustrating efforts to track this information down.

If you receive a request for an order due to a change in a resident's condition that is NOT accompanied by this type of information, please ASK FOR IT! We all know how hard it is to change habits, so we need to help remind each other to consistently use this approach to make sure that the necessary background information and condition-appropriate assessment is completed to make accurate clinical conclusions. Your residents deserve this, and as the medical director, you have tremendous opportunity to influence nursing practice. **Click here** to access the SBAR Communication Form.

Questions or Suggestions? Contact me at vwalker3@good-sam.com.

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