

ICNC Annual Meeting 10.21.26

Long-Term Care Antibiotic Stewardship Honor Roll

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01 Barriers to Long Term Care AS

02 Honor Rolls in other states

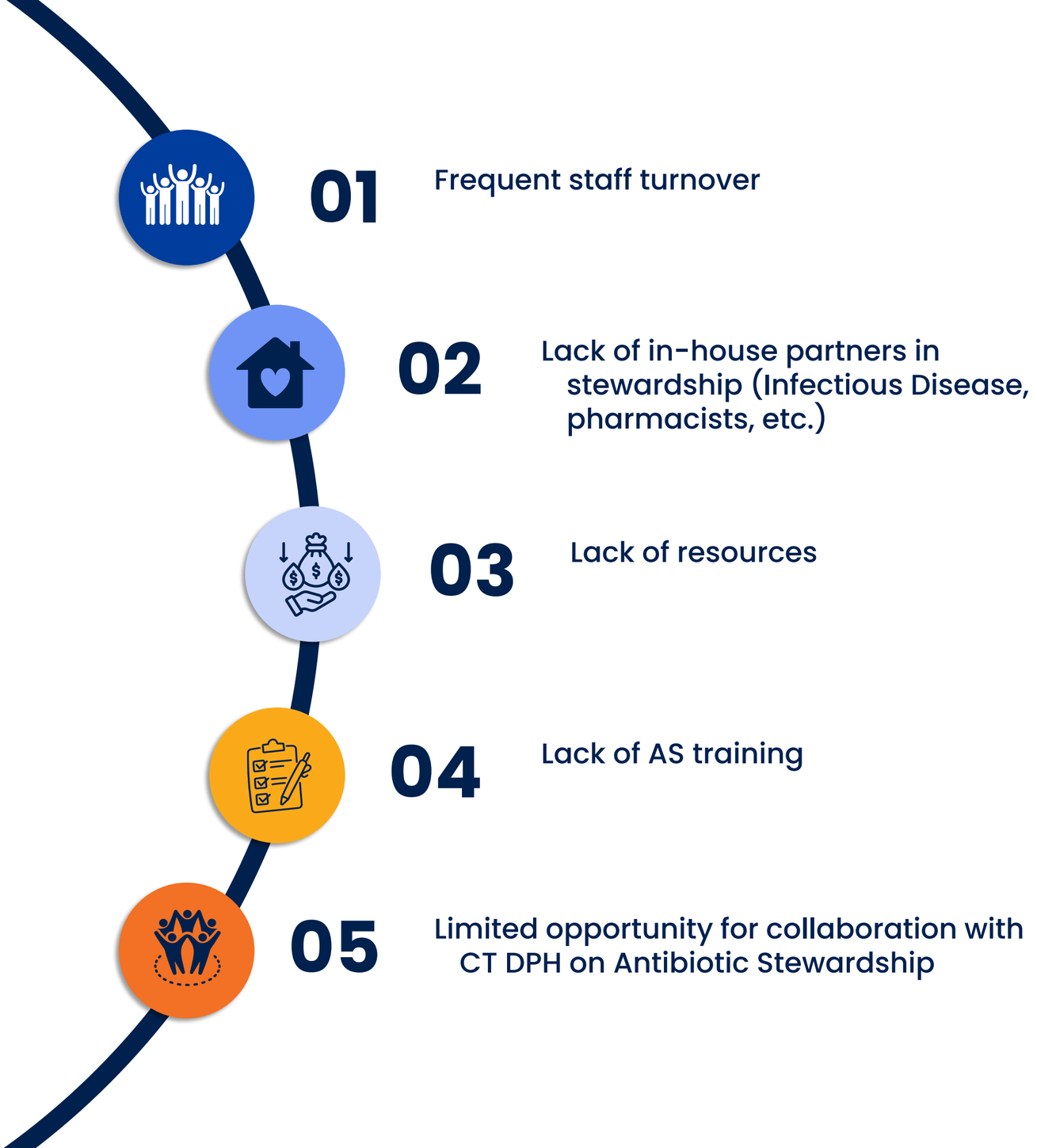
03 Honor Roll Project Goals

04 Application Submission Process

05 Bronze, Silver and Gold Tiers

06 Q&A

Barriers to Antimicrobial Stewardship in LTC



01 Frequent staff turnover

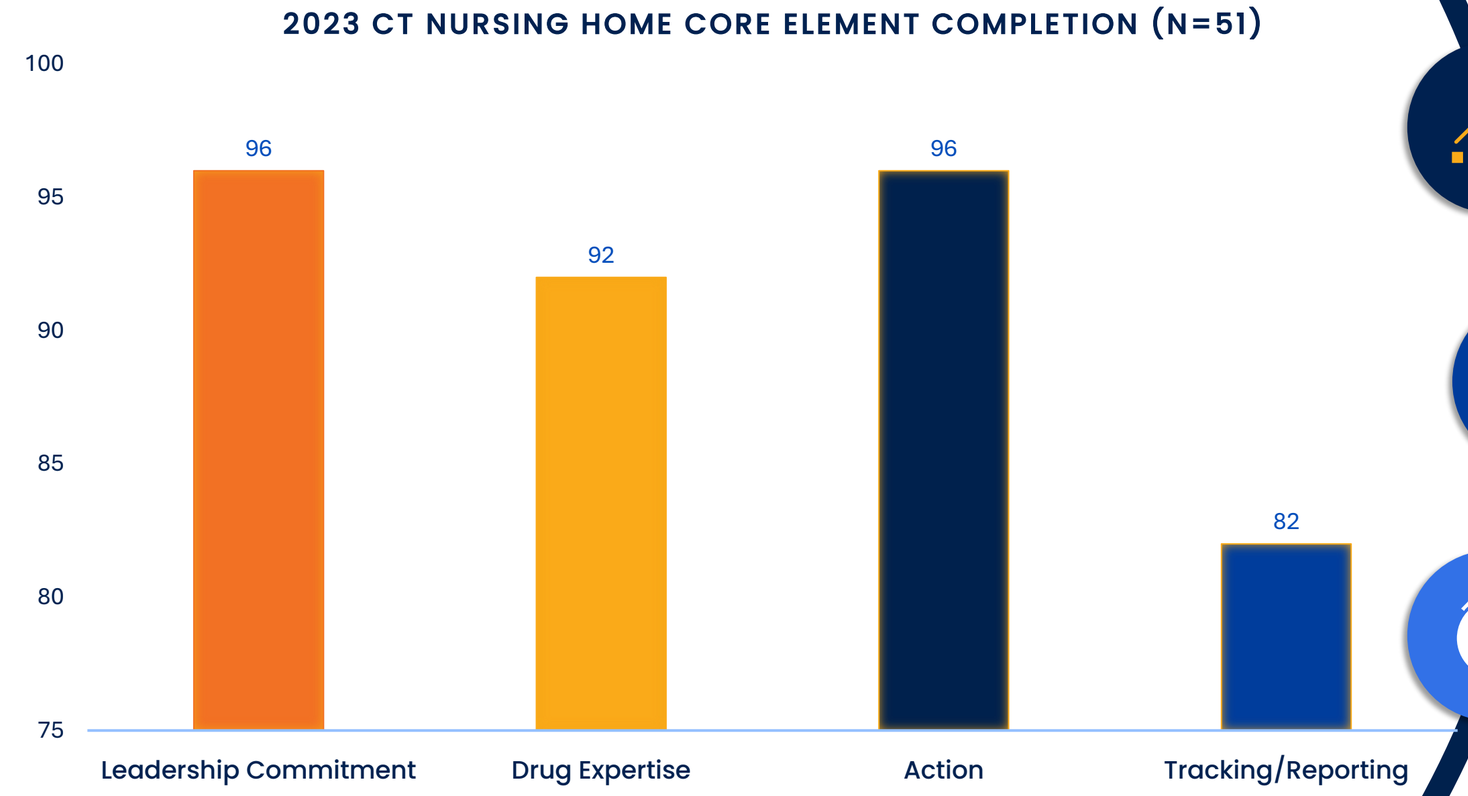
02 Lack of in-house partners in stewardship (Infectious Disease, pharmacists, etc.)

03 Lack of resources

04 Lack of AS training

05 Limited opportunity for collaboration with CT DPH on Antibiotic Stewardship

Results of the Nursing Home Survey



ADDITIONAL INSIGHTS

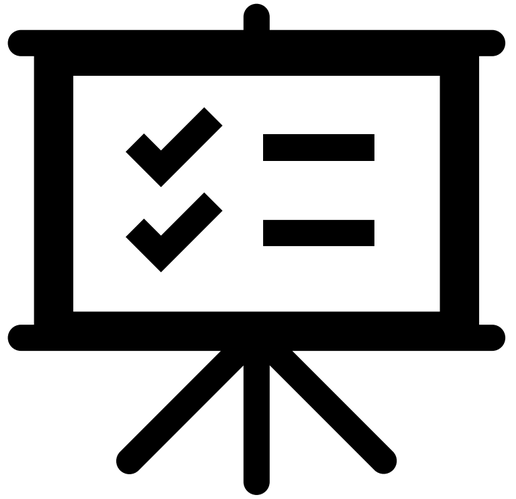
01 64% track adverse drug events due to antibiotics

02 26% have established treatment guidelines/recommendations for infections

03 51% have implemented an antibiotic review process or “antibiotic time out”

Honor Roll Project Goals

- Assess LTCF ASPs
- Provide feedback for improvement
- Recognize accomplishments
- Stimulate interaction between the DPH ASP and LTCFs
- Encourage engagement and commitment from high level administrators.
- Provide AS training and education
- Disseminate CDC’s Core Elements of AS for Nursing Homes.
- Increase participation in the NHSN survey



Enrollment opens 01/01/2027 | Application submission process

Application submission

Via Microsoft Forms over a 3-month open period annually

Application Review

Jeanette Prignano (ASP lead) and Joanne Colletti (HAI Supervising Nurse Consultant)

Facility Consultation

- Virtual or in-person ICAR Module 10 evaluation conducted by Joanne
- Any supplemental documentation would be collected at that time

Honor Roll Awards

- Digital seal of Bronze, Silver or Gold will be awarded to the facility
- The facility may then post the seal on their website
- The seal will expire after 2 years

The Application

Instructions: Each facility will need to answer every question to submit your application.

Section 1: Facility Information

Section 2: F881 Tag Question

Section 3: Application questionnaire

Section 4: Review and sign page

Following application submission, a member of CT DPH Antibiotic Stewardship Program (ASP) will:

- Review the facility's application
- Determine what supplemental documentation is needed
- Contact the facility to set up an in-person or virtual consultation to review.
- Determine the facility's tier level based on the facility's application answers and consultation.
- Supply the facility a digital seal to place on the facility's website. CT DPH ASP will also add the result to their HAI/AR (Healthcare Associated Infection/ Antimicrobial Resistance) webpage.



Proposed application questions are based on…

- NHSN Annual Survey
- ICAR Module 10
- CDC Core Elements

Award Determination

Leadership Commitment

	B	S	G
Does the facility have a written statement of leadership support to improve and ensure safe and appropriate antibiotic use?	●	●	●
Are the antibiotic stewardship duties included in the medical director, DNS and IP job descriptions?	●	●	●
Does leadership monitor whether antibiotic stewardship policies are followed through documented audits?	●	●	●
Is antibiotic use data reviewed at Quality Assurance and Performance Improvement meetings using lab antibiograms, pharmacy reports, electronic data and/or manual data tracking along with audit outcomes and opportunities for plans for correction when identified?	●	●	●

Accountability

	B	S	G
Has the facility identified a lead(s) for antibiotic stewardship activities who will be accountable for promoting and overseeing antibiotic stewardship activities?	●	●	●
Is the ASP team multidisciplinary and does it include the Medical Director, Consultant Pharmacist, DNS or ADNS and I.P.?	●	●	●

Drug Expertise

Drug Expertise	B	S	G
Does the facility have access to individuals with antibiotic stewardship expertise?	•	•	•
Have all members of the ASP team completed the CDC AS Training Modules 1-3 & 8 found here: CDC's Antibiotic Stewardship Courses - CDC TRAIN - an affiliate of the TRAIN Learning Network powered by the Public Health Foundation ? Module 1: Be Antibiotics Aware: Antibiotic Resistance, Module 2: Be Antibiotics Aware: Antibiotic Adverse Effects, Module 3: It's About Patient Safety: Antibiotic Stewardship and Module 8: Antibiotic Stewardship in Long Term Care	•	•	•

Action

	B	S	G
Does the facility have policies and procedures to improve antibiotic prescribing/use?	●	●	●
Does the facility utilize a standardized assessment tool (e.g., Revised McGeer's Criteria or Loeb criteria for UTIs and Pneumonia) and communication tool (e.g., SBAR) for residents suspected of having an infection?	●	●	●
Has the facility implemented a process for communicating or receiving antibiotic use information when residents are transferred to/from other healthcare facilities (e.g., nursing report, W-10, discharge summary)?	●	●	●
Does the facility receive, review and utilize the facility antibiogram from the microbiology lab?	●	●	●
Does the facility utilize the antibiotic "time out" process to each antibiotic prescribed at 48-72 hrs after implementation and documented in the patient record?	●	●	●
Has the facility implemented an infection specific intervention to improve antibiotic use based on the facility's antibiotic use data?	●	●	●
Does the consultant pharmacist and ASP team review antibiotic courses for appropriateness of indication, dose administration and duration and review of laboratory reports to determine if the antibiotic is indicated or needs to be adjusted; an infection assessment tool or management algorithm is used when prescribing and a system to monitor antibiotic use (i.e. antibiotic use reports, antibiotic resistance reports) is in place?	●	●	●
Does the facility complete and submit the NHSN Annual Facility Survey?		●	●

Tracking

	B	S	G
Does the facility monitor adherence to clinical assessment and documentation to include signs/symptoms, vital signs and physical exam findings?	●	●	●
Does the facility monitor adherence to prescribing documentation?	●	●	●
Does the facility monitor rates of new antibiotic starts/1,000 resident-days?	●	●	●
Does the facility monitor antibiotic days of therapy/1,000 resident-days?	●	●	●
Does the facility track measures of outcome surveillance related to antibiotic use (e.g. adverse drug reactions, *C. difficile, MRSA*, and/or *CRE*)?	●	●	●
Does the facility track antibiotic susceptibility patterns (within last 18 months) from the lab antibiograms?	●	●	●
Does the facility provide personalized feedback to the clinical providers on antibiotic prescribing practices, antibiotic resistance data and their antibiotic use and compliance with facility AU protocols?	●	●	●
Does the facility demonstrate that utilization of the “Antibiotic Time-Out” intervention reduces unnecessary, redundant, or longer-than-needed antimicrobial use?	●	●	●
Does the facility perform point prevalence surveys of antibiotic use?			●
Does the facility monitor rates of *C. difficile* infection?	●	●	●

Reporting

	B	S	G
Does the facility provide specific reports on antibiotic use and outcomes with clinical providers and nursing staff regarding measures of antibiotic use at the facility?	●	●	●
Does the facility report measures of outcomes related to antibiotic use (e.g., *C. difficile* rates) to relevant staff?	●	●	●
Does the facility report on antibiotic susceptibility patterns and provides feedback to clinical providers on antibiotic prescribing practices?	●	●	●

Education

	B	S	G
Does the facility provide educational resources and materials about antibiotic resistance and opportunity for improving antibiotic use to the clinical providers, nursing staff, residents and families? Include the mode (e.g., verbal, written, online) and frequency (as determined by the facility) of education for prescribing practitioners and nursing staff on antibiotic use (stewardship) and the facility's antibiotic use protocols?	●	●	●
Have all front-line staff (Nursing Assistants and Nurses) completed the 7 micro-learning modules within the CDC/SHEA Antibiotic Stewardship Training Module, "You can help! Improving Antibiotic Stewardship and Infection Prevention in Nursing Homes?"	●	●	●
Does the facility display antimicrobial stewardship educational materials (posters or pamphlets) in staff breakroom, facility lobby, family council meetings and nursing staff meetings?		●	●
Has at least one ASP team member (prescriber, pharmacist, nurse or IP) completed one of the following Antibiotic Stewardship certification courses? *Stanford AS Online CME courses Stanford Antimicrobial Safety and Sustainability Online CME Courses | Stanford Center for Continuing Medical Education | Stanford Medicine (Offers FREE CME, ACPE & ANCC) [Any licensed professional] *SIDP Antibiotic Stewardship Certificate SIDP - Stewardship Certificate [Pharmacist, Physician] *SHEA Antibiotic Stewardship Training Course Training Courses – SHEA Spring Conference, (Must attend conference) *MAD-ID Antibiotic Training Course Training Programs | MAD-ID.org. (Basic Antibiotic Stewardship Training Program) *NADONA Antibiotic Stewardship Certificate of Mastery (ASCOM) course and AS-BC exam https://www.nadona.org/ascom-course [nurses]			●

Stanford Antimicrobial Safety and Sustainability Online CME Courses | Stanford Center for Continuing Medical Education | Stanford Medicine
SIDP - Stewardship Certificate
Training Courses – SHEA Spring Conference
Training Programs | MAD-ID.org.



Connecticut Public Health

Award Levels

Bronze Award

- ✓ Facilities must answer “Yes” to all bronze level questions

Silver Award

- ✓ Complete and submit NHSN Annual Facility Survey
- ✓ Display AS educational materials

Gold Award

- ✓ Perform point prevalence surveys of antibiotic use
- ✓ Implement 2 or more protocols to improve Antibiotic Use
- ✓ Have one ASP team member who has had additional AS specific training (specific training noted in the application question)

How will the digital seal appear?



Questions?

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