



Sustainability of Antibiotic Stewardship Programs: Perceptions & Experiences of Nursing Home Staff

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Introduction

- A hospital-based team (HBT) with antibiotic stewardship (AS) expertise collaborated with 9 Nursing Homes (NHs) to provide knowledge, education, and training on AS. Antibiotic stewardship programs (ASPs) were implemented in all the NHs; however, sustainability of the ASPs was a concern at the end of the 5-year project.

Objective

- To understand the factors that influence ASP sustainability in NHs and describe the experiences and perceptions of NH staff with regard to sustaining an ASP.

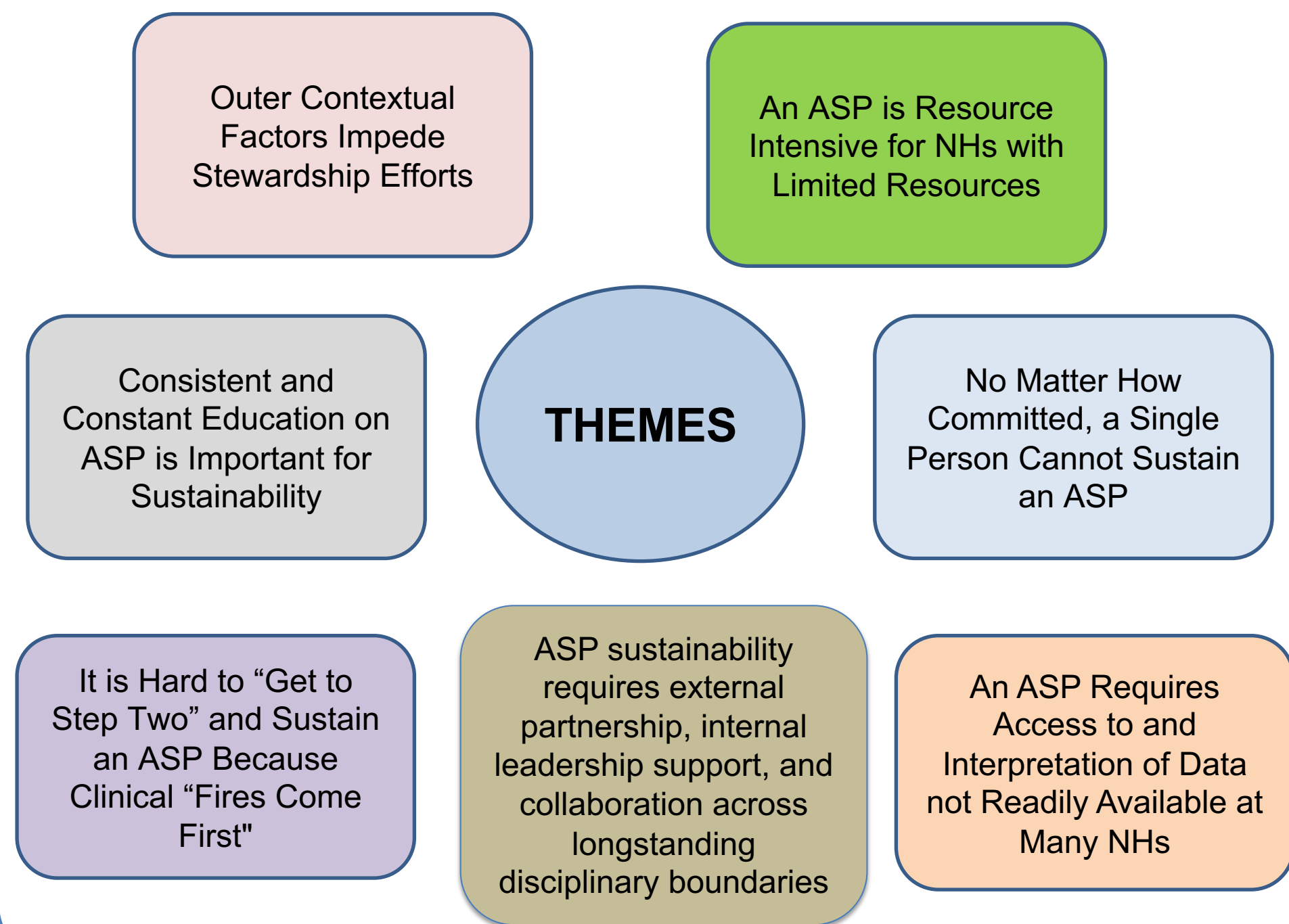
Methods

- Qualitative Descriptive Research Design
- 57 semi-structured interviews with 48 clinical and administrative staff across hierarchical structures of 9 NHs.
- Integrated Sustainability Framework (Shelton, 2018*) guided analysis.

Reference: *Shelton RC, Cooper BR, Stirman SW. The Sustainability of Evidence-Based Interventions and Practices in Public Health and Health Care. *Annu Rev Public Health* 2018;39:55-76

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Results: Themes and Illustrative Quotations



“And it’s all about reducing expenses and you’re not-for-profit. You can’t stay afloat. They keep cutting and cutting and cutting money...and decreasing reimbursement.” [Director of Nursing]

“I mean at the end of the day you come in, you give your 150%, you do everything that you can, but you’re one person.” [ASP champion]

“It’s very time consuming...because I don’t have all the information. I’m getting an order...I get a name...99% of the time there’s a diagnosis but I have nothing else...So I’m just taking it and making sure that...it looks reasonable for the diagnosis that’s there.” [Consultant Pharmacist]

“(Without the hospital-based team) we would very much struggle...there would be no forward thought...because there is no help to do so.” [ASP champion]

“[Speaking of rigid professional boundaries]...whether you’re RN or LPN, I think when someone doesn’t look good to you – someone doesn’t look good to you... sometimes, it’s not the respect but the acknowledgement that we are also, you know, capable of...knowing when something is wrong, you know...” [LPN]

“But the biggest frustration is that as much as I know that I put in hours and hours and month after month, it’s very disheartening to know that if I walked on the floors right now...[not many would know] what an antibiotic stewardship program even is.” [ASP champion]

“ They have to be taken off the schedule [to attend ASP education and training session], but do you want them to care for the residents, or do you want them to do the education? And they need to do both...People- there’s only one, how do you do that.” [Nurse Educator]

“ [A visit to the ED] resets everything you have tried to do [because even though] there is no indication, they go to the ED...are diagnosed with a UTI and return with antibiotic prescriptions.” [Nurse Practitioner]

Recommendations for Critical Areas of Focus to Facilitate Sustainability of ASPs



- EXPLICIT LEADERSHIP SUPPORT**
- ❖ Provide more than letters of support
 - ❖ Have champion report to medical director
 - ❖ Create an ASP team
 - ❖ Define roles; rotate champion role
 - ❖ Have regular meetings with champion
 - ❖ Provide resources

- PARTNERSHIPS: EXTERNAL & INTERNAL**
- ❖ Hire external AS experts or collaborate with other NHs
 - ❖ Review internal professional boundaries
 - ❖ Seek input from all professionals on communication barriers
 - ❖ Share antibiotic use data with all

- CONSISTENT & CONSTANT EDUCATION**
- ❖ Create an AS education team
 - ❖ Define roles & create an education plan
 - ❖ Decentralize education
 - ❖ Seek input from all professionals on barriers to education
 - ❖ Design education to align with roles & responsibilities