Antibiotic Stewardship: A Long-Term Care Perspective

Panel Presentation by Richard Gelula

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Good afternoon and thank you for including Consumer Voice in this Forum.

For 40 years, our organization, which includes the National Long-Term Care Ombudsman Resource Center, has endeavored to articulate the needs and perspectives of nursing home residents and, more recently, all people who depend upon long-term care services for their health and well-being – a group as diverse as all Americans. As we address the critical need for antibiotic stewardship, the diversity of our nursing home residents (and their family caregivers and guardians) is a key factor in developing effective stewardship strategies for long-term care. We need to think about the many different types of people encountered in nursing homes and the many different conditions and circumstances that bring them there; for brevity, I will skip examples, but I especially think we need to realize that many people may not know a great deal about infections or antibiotics except that common expressions like "let's get an antibiotic to knock out that infection" may reflect a common public perspective.

The abiding belief may be that to withhold antibiotic treatment for an infection is to deny someone the chance to get well or to cause someone who may already be suffering pain or discomfort to suffer more. This may be a knowledge and culture gap that successful antibiotic stewardship will have to bridge.

Nursing homes themselves are also diverse and span a broad spectrum of quality. A recent report from the Kaiser Family Foundation found that *more than one third of the nation's 15,500 nursing homes, accounting for 39 percent of all nursing home residents, received the bottom ratings of 1 or 2 stars out of five stars on CMS's Nursing Home Compare website.* What does a low rating mean for people in these facilities? Unfortunately, far too often it means deplorable conditions, including too few or poorly trained and unresponsive staff, high rates of urinary

tract infections, preventable or inadequately treated pressure ulcers, and many other avoidable conditions or adverse events like falls and injuries.

In this regard, the HHS Office of Inspector General issued a report last year titled, "ADVERSE EVENTS IN SKILLED NURSING FACILITIES…," which found

> An estimated 33 percent of Medicare beneficiaries experienced adverse or temporary harm events during their SNF stays. Of these, physician reviewers determined that 52 percent of infection events were preventable. Overall, they attributed much of the preventable harm to substandard treatment, inadequate resident monitoring, and failure or delay of necessary care. Over half of the residents who experienced harm returned to a hospital for treatment, costing Medicare an estimated $2.8 billion for this hospital treatment – and how can we even put a price on the dis-spiriting circumstances experienced by the very ill individuals caught in this revolving door of placement and referrals between healthcare facilities?

Using government data, these reports portray conditions in a large number of American nursing homes and provide the context for our recommendations for antibiotic stewardship.

Let me briefly respond to the four questions that our moderator, Dr. Stone, requested that members of our panel address.

1. What are the barriers to improving antibiotic stewardship in nursing homes? The number one problem that contributes to poor care in nursing homes is low staffing rates and minimal training requirements, limited interaction with qualified medical personnel and high staff turnover. In too many nursing homes there is just too few nursing staff to provide even the most basic care. Under these circumstances, it will be challenging at best to achieve effective antibiotic stewardship, meaning that inadequate staffing is indeed a significant barrier that must be addressed.

2. What partnerships or resources could help overcome these barriers? Quality long-term care is all about partnerships and collaboration, the quintessential "it takes a village" model. The most important person in the partnerships is the resident, the consumer. We recommend a new, deep and persistent commitment to person-centered care both in America's nursing homes and across care sites, a commitment that makes acute care patient and the nursing home resident the "partner in chief." Antibiotic stewardship in long-term care must begin with the consumer.

3. How can federal partners support antibiotic stewardship in nursing homes? Above all, this starts with effective infection prevention and management. For instance, a CMS statement advises:

> "Most urinary tract infections can be prevented by keeping the area clean, emptying the bladder regularly, and drinking enough fluid. Nursing home staff should make sure the resident has good hygiene. Finding the cause and getting early treatment of a UTI can prevent the infection from spreading and becoming more serious or causing complications like delirium.

Whether this statement is up to date or consistent with new findings, the emphasis on hygiene is clear. Yet, long-term care ombudsman who make daily visits to nursing homes across the country report that staffing is so limited in many facilities that it is not unusual for residents to get only one shower or bath per week, suggesting inadequate hygiene. Hence, our recommendation for federal partners: insist on higher standards of staffing and care, something that can be written into the forthcoming Requirements of Participation, CMS regulations that govern nursing homes accepting Medicare or Medicaid funding.

4. What can other healthcare partners do to support antibiotic stewardship? All stakeholders need to pledge to educate those we can reach, to identify best practices and to encourage their implementation. At Consumer Voice, among

our proposed initiatives, we would like to educate the 8,500 long-term care ombudsmen across the U.S. in the new understanding of infections and antibiotic stewardship so the ombudsmen can be fully informed and helpful to residents and families when there are questions or misunderstanding about decisions to test or not test for infections and to prescribe or not use antibiotics.

These remarks touch on only a few points and primarily address persistent barriers to infection prevention and antibiotic stewardship in nursing homes, particularly the pervasive effect on residents of low staffing rates. However, we stand ready to assist in this critical public health issue affecting long-term care consumers, who over the coming years will be a large number of Americans indeed. Thank you.