



(TVÆRSEKTORIELT) SAMARBEJDE – EN NØGLE TIL EFFEKT OG INDSIGT



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NATIONAL HANDLINGSPLAN FOR ANTIBIOTIKA TIL MENNESKER

Tre målbare mål for en reduktion af antibiotika-forbruget frem mod 2020

JULI 2017

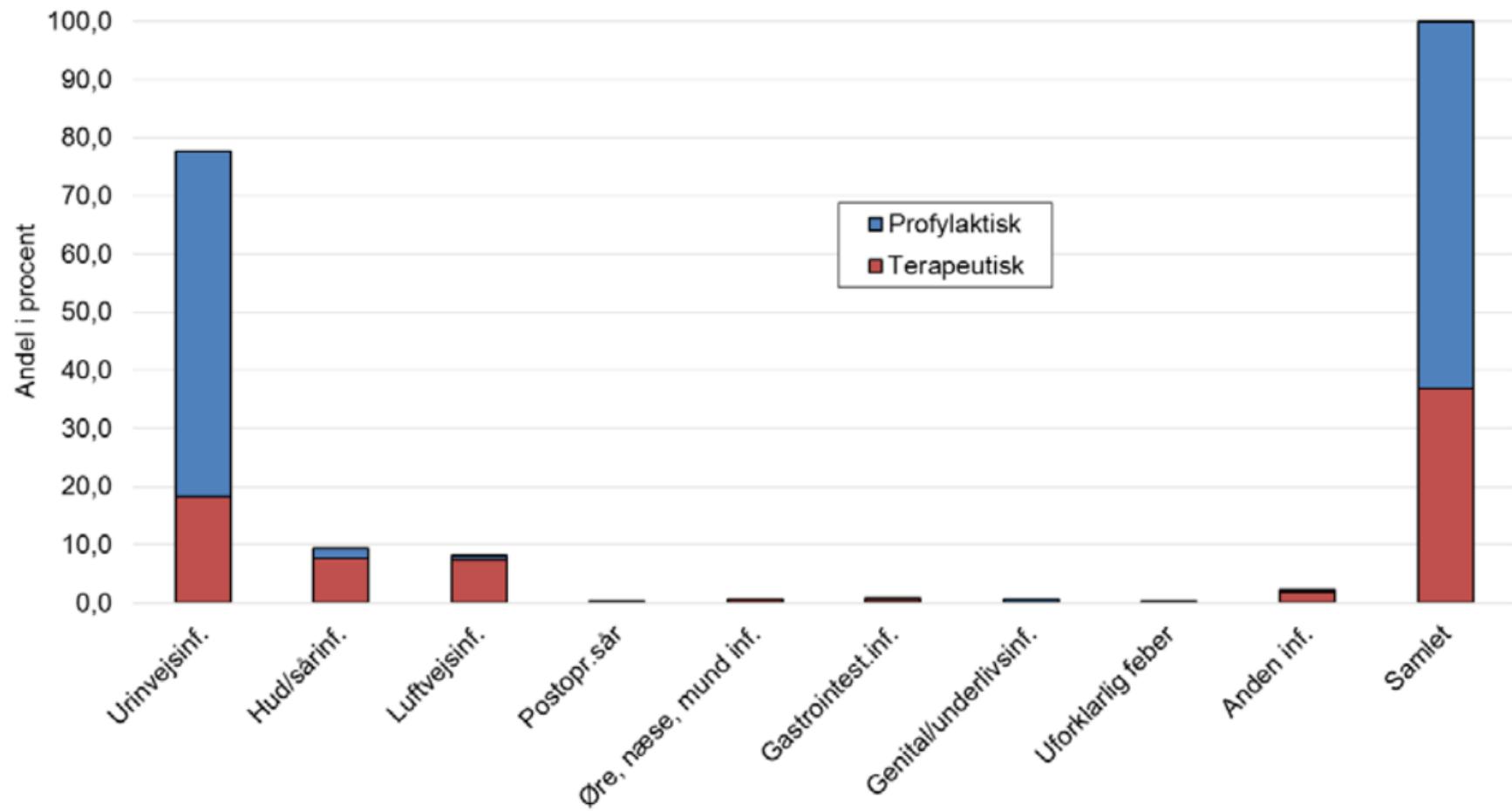


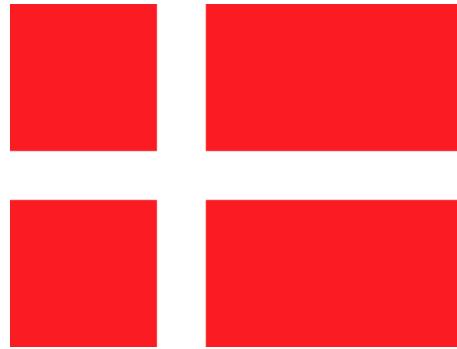
SUNDHEDS-
OG ÆLDREMINISTERIET

Hygiejneinitiativer

Et vedvarende fokus på systematisk hygiejne, herunder håndhygiejne, på blandt andet plejehjem, i vuggestuer og børnehaver og på skoler kan bidrage til at forebygge spredning af infektioner – og dermed medvirke til at reducere antibiotikaforbruget i primærsektoren.

Fokus på antibiotika – hvorfor?





Ketringse

Country ^a	Responding LTCFs	Written guidelines for appropriate antimicrobial use in the LTCF			Annual regular training on appropriate antimicrobial prescribing	
		n	n	%	n	%
Austria	12	9		75.0	2	16.7
Belgium	78	27		34.6	5	6.4
Croatia	8	1		12.5	0	0
Cyprus	11	2		18.2	1	9.1
Czech Republic	9	1		11.1	1	11.1
Denmark	95	2		2.1	0	0
Finland	147	20		13.6	7	4.8
Germany	82	1		1.2	2	2.4
Greece	13	0		0	0	0
Hungary	72	6		8.3	2	2.8
Ireland	106	41		38.7	8	7.5
Italy	193	41		21.2	19	9.8
Lithuania	26	0		0	0	0
Luxembourg	16	1		6.3	0	0
Malta	11	5		45.5	1	9.1
The Netherlands ^b	21	21		100	NA ^c	NA
Norway	51	39		76.5	9	17.6
Poland	24	7		29.2	2	8.3
Portugal	130	49		37.7	28	21.5
Slovakia	59	19		32.2	0	0
Spain	42	31		73.8	14	33.3
Sweden	285	285		100	236	82.8
UK – Northern Ireland	70	20		28.6	2	2.9
UK – Scotland	52	15		28.8	1	1.9
UK – Wales	26	3		11.5	0	0
EU/EEA	1 639	646		39.4	340	20.7
Former Yugoslav Republic of Macedonia	4	1		25.0	1	25.0
Serbia	6	2		33.3	1	16.7

INFEKTIONSFOREBYGGELSE OG -OVERVÅGNING PÅ PLEJEHJEMMENE	JA (%)
Var der en (nøgle)person (hygiejneuddannet el. udpeget person), som var ansvarlig for infektionsforebyggelse og -overvågning på plejehjemmet?	54
Var der uddannelse i infektionsforebyggelse af sygepleje- og andet sundhedsfagligt personale	37
Var der et udvalg (internt el. eksternt) med ansvar for infektionsforebyggelse og -overvågningspolitik på plejehjemmet?	32
Blev der sidste år afholdt kursus i korrekt håndhygiejne for plejepersonalet på plejehjemmet?	28
Var der organisering af, kontrol med, feedback på håndhygiejne på plejehjemmet	34

Antibiotikaresistens: Den skjulte trussel



INLAND

Efter to timers infomøde: Plejecentre halverede brugen af antibiotika

De ældre er nogle af dem, der får mest antibiotika, men ny metode kan let ændre det, viser forsøg.

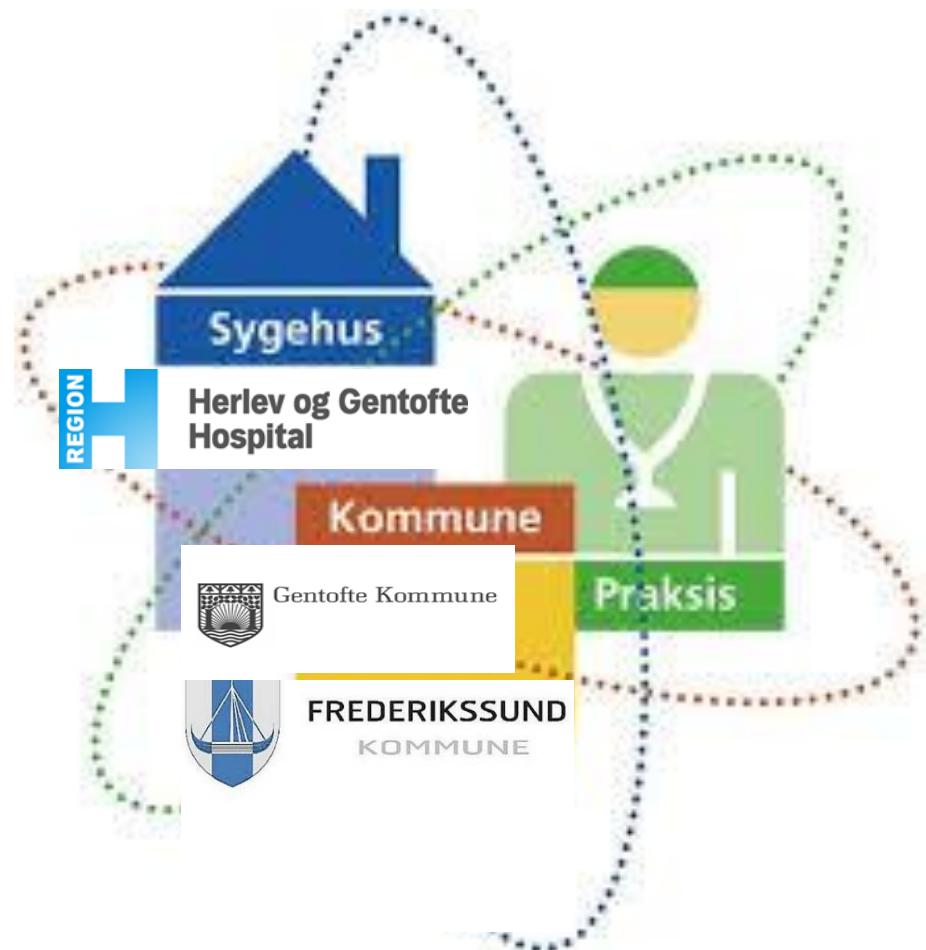


Antibiotikaordinationer UVI/per 100 beboere, gennemsnit (SD)

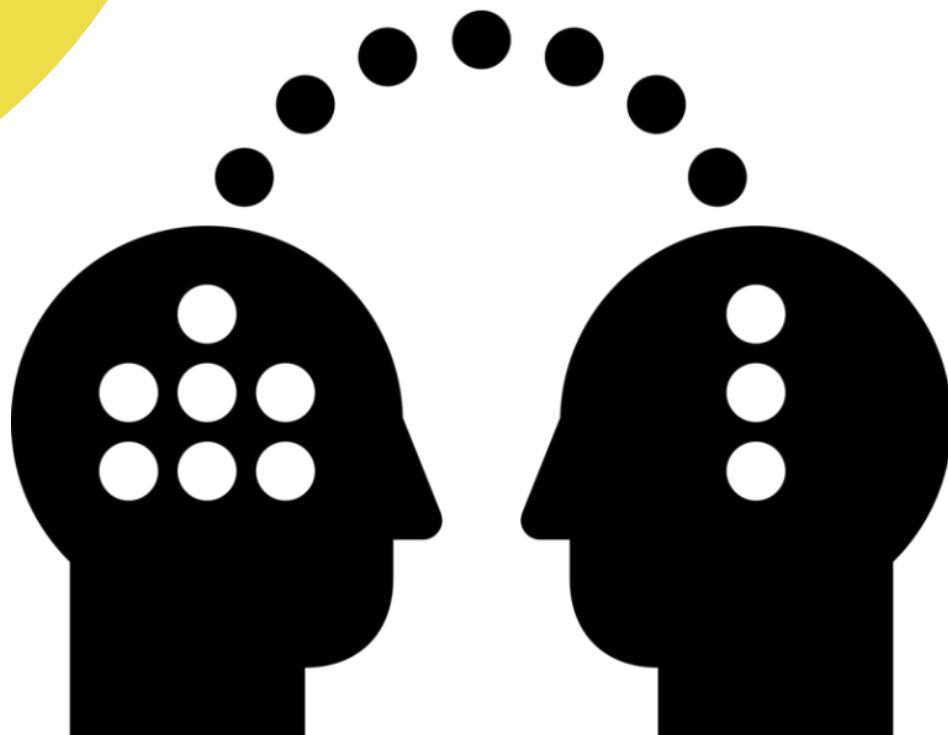
	Baseline	Follow-up	P-værdi
Gentofte	12,11 (4,8)	7,63 (2,5)	0,039
Frederiks sund	9,65 (1,4)	5,24 (1,6)	0,000
Total	10,62 (2,4)	6,18 (0,9)	0,000

Et fald på 43%

Sektorer i tæt samarbejde



Viden som våben?



Strategies and challenges of antimicrobial stewardship in long-term care facilities

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Infectieuses, and 4) Université de Lorraine, Université Paris Descartes, EA 4360 Apemac, Nancy, France

Education

Continuing education regarding prudent antibiotic use should be regularly performed in LTCFs, targeting both the medical and nursing staff, as well as the patients and their families. Such educational material has, for example, been developed by the French Ministry of Health (<http://www.infectiologie.com/site/ehpad.php>), with posters, leaflets, slides and videotapes available for LTCFs.

Kistler et al. BMC Nursing (2017) 16:12
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BMC Nursing

RESEARCH ARTICLE

Open Access



Nursing home nurses' and community-dwelling older adults' reported knowledge, attitudes, and behavior toward antibiotic use

Christine E. Kistler^{1*}, Anna Beeber², Sylvia Becker-Dreps³, Kimberly Ward⁴, Megan Meade⁵, Brittany Ross⁵ and Philip D. Sloane¹

Abstract

Background: Antibiotic overuse causes antibiotic resistance, one of the most important threats to human health. Older adults, particularly those in nursing homes, often receive antibiotics when they are not indicated.

Methods: To understand knowledge, attitudes, and behaviors of nursing home (NH) nurses and community-dwelling older adults towards antibiotic use, especially in clinical situations consistent with antibiotic overuse, we conducted a mixed-method survey in two NHs and one Family Medicine clinic in North Carolina, among English-speaking nurses and community-dwelling, cognitively intact adults aged 65 years or older. Based on the Knowledge-Attitude-Practice model, the survey assessed knowledge, attitudes, and behavior towards antibiotic use, including three vignettes designed to elicit possible antibiotic overuse: asymptomatic bacteruria (ASB), a viral upper respiratory illness (URI), and a wound from a fall.

Results: Of 31 NH nurses and 66 community-dwelling older adults, 70% reported knowledge of the dangers of taking antibiotics. Nurses more often reported evidence-based attitudes towards antibiotics than older adults, except 39% agreed with the statement "by the time I am sick enough to go to the doctor with a cold, I expect an antibiotic", while only 28% of older adults agreed with it. A majority of nurses did not see the need for antibiotics in any of the three vignettes: 77% for the ASB vignette, 87% for the URI vignette, and 97% for the wound vignette. Among older adults, 50% did not perceive a need for antibiotics in the ASB vignette, 58% in the URI vignette, and 74% in the wound vignette.

Conclusions: While a substantial minority had no knowledge of the dangers of antibiotic use, non-evidence-based attitudes towards antibiotics, and behaviors indicating inappropriate management of suspected infections, most NH nurses and community-dwelling older adults know the harms of antibiotic use and demonstrate evidence-based attitudes and behaviors. However, more work is needed to improve the knowledge, attitudes and behaviors that may contribute to antibiotic overuse.

Keywords: Infection management, Older adults, Primary care, Nursing homes

Effect of an Educational Intervention on Optimizing Antibiotic Prescribing in Long-Term Care Facilities

Johanne Monette, MD, MSc,^{*†‡} Mark A. Miller, MD, MSc,[§] Michèle Monette, MSc,^{†‡}
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Jean-Pierre Le Cruguel, BSc,^{†‡} Alain Vandal, PhD,[†] and Marie Cotton-Montpetit, BSc^{†‡}

(See Editorial Comments by Dr. Lona Mody on pp 1301–1302)

OBJECTIVE: To assess the effect of an educational intervention aimed at optimizing antibiotic prescribing in long-term care (LTC) facilities.

DESIGN: Cluster randomized, controlled trial.

SETTING: Eight public LTC facilities in the Montreal area.

PARTICIPANTS: Thirty-six physicians.

INTERVENTION: The educational intervention consisted of mailing an antibiotic guide to physicians along with their antibiotic prescribing profile covering the previous 3 months. Targeted infections were urinary tract, lower respiratory tract, skin and soft tissues, and septicemia of unknown origin. In the prescribing profile, each antibiotic was

on the GEE model, during postintervention II, physicians in the experimental group were 64% less likely to prescribe nonadherent antibiotics than those in the control group (odds ratio = 0.36, 95% confidence interval = 0.18–0.73).

CONCLUSION: An educational intervention combining an antibiotic guide and a prescribing profile was effective in decreasing nonadherent antibiotic prescriptions. Repetition of the intervention at regular intervals may be necessary to maintain its effectiveness. *J Am Geriatr Soc* 55:1231–1235, 2007.

Key words: antibiotic use; long-term care; educational program; guideline adherence

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JAMDA

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Original Study

Implementing a Pilot Trial of an Infection Control Program in Nursing Homes: Results of a Matched Cluster Randomized Trial

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ABSTRACT

Background: Hand hygiene is the single-most important nursing home (NH) infection control measure. We piloted a multifaceted hand-washing/surface cleaning intervention in 5 NHs. Our aims were to assess the feasibility of implementing this intervention by assessing staff participation, satisfaction, hand-washing compliance, and whether the intervention was associated with reductions in infection rates, new antimicrobial orders, and overall hospitalization rates.

Methods: We conducted a randomized, pair-matched pilot intervention in 10 Colorado NHs to reduce infections for all NH residents from October 1, 2015 through May 31, 2016. To evaluate process, we collected information on participation, recorded intervention fidelity through weekly reporting measures on microbial surface counts, hand-washing, and infection reporting, and conducted a survey of participating employees. To evaluate potential impacts on clinical outcomes, we collected information on monthly infection log data, new antibiotic orders, and hospitalizations.

Results: Three of 5 sites had education participation rates >90%, the other 2 were poor (33% and 23%). The majority of participation survey respondents (58%) were promoters of the intervention. Directors of nursing reported hygiene hand-washing data for 19.6/24 (81.8%) weeks and microbial surface count data for 20.4/24 (85.1%) weeks. For the first 4 weeks of the study, the bacterial counts averaged 3514 ± 4975 relative light units, the mean value for the last 4 weeks was 1277 ± 851 (P value = .12). The number of hand-washing occasions per NH resident was steady over time but differed by treatment facility (P = .03). We observed nonsignificant reductions for total infections (5.7%) and lower respiratory tract infections (19.9%) vs control NHs. There were no significant differences in antimicrobial orders or hospitalization rates pre-post intervention.

Conclusions: This multifaceted hand-washing and surface cleaning intervention was designed to reduce infection rates among NH residents. In our 10 facility randomized, matched pair pilot study, we observed program compliance and satisfaction along with reductions in surface bacterial counts but did not observe a statistically significant reduction in infection rates, antimicrobial use, or hospitalizations.

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To timers seminar



PROGRAM



Seminar om Antibiotika & urinvejsinfektioner

Afhødes: Oktober og november 2017
Varighed: 2 timer i alt
Deltagere: Plejepersonale på plejecentre i Frederikssund - og Gentofte Kommune

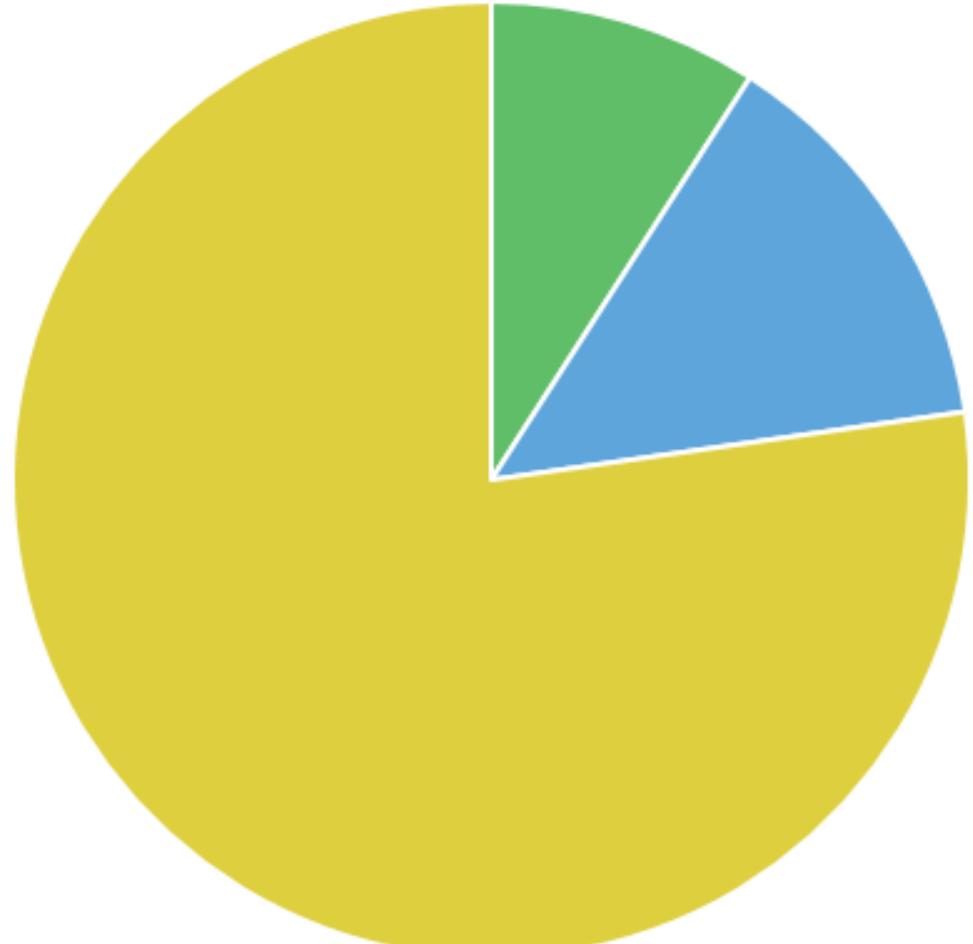
Varighed	Oplæg
10 min.	Velkomst <ul style="list-style-type: none">- Projektmedarbejdere: Jette Nygaard Jensen, Ida Rasmussen eller Tina Marloth- Lokal områdeleder
15 min.	Antibiotikaforbrug & urinvejsinfektioner blandt ældre på plejecentre i Danmark <ul style="list-style-type: none">- Overlege Magnus Arpi, ledende overlege Jens Otto Jarlov eller lege, ph.d. stud. Sif Arnold
30 min.	Opvarmning til forebyggelse af urinvejsinfektioner <ul style="list-style-type: none">- Hygiejnesygeplejerske Tina Marloth eller Dorthe Mogensen
10 min.	Pause med kaffe og sotd
25 min.	Hvordan er du med til at forebygge urinvejsinfektioner? <ul style="list-style-type: none">- Hygiejnesygeplejerske Tina Marloth eller Dorthe Mogensen
10 min.	Forhindringer i en travl hverdag <ul style="list-style-type: none">- Hygiejnesygeplejersker Tina Marloth eller Dorthe Mogensen
20 min.	Opsamling & jeres lokale hverdag/udfordringer <ul style="list-style-type: none">- Projektmedarbejdere Jette Nygaard Jensen, Ida Rasmussen eller Tina Marloth
Farvel og tak for i dag	

Venlig hilsen

Forskningsenheden for Antibiotic Stewardship & Implementering.
Klinisk Mikrobiologisk Afdeling
Herlev og Gentofte Hospital.

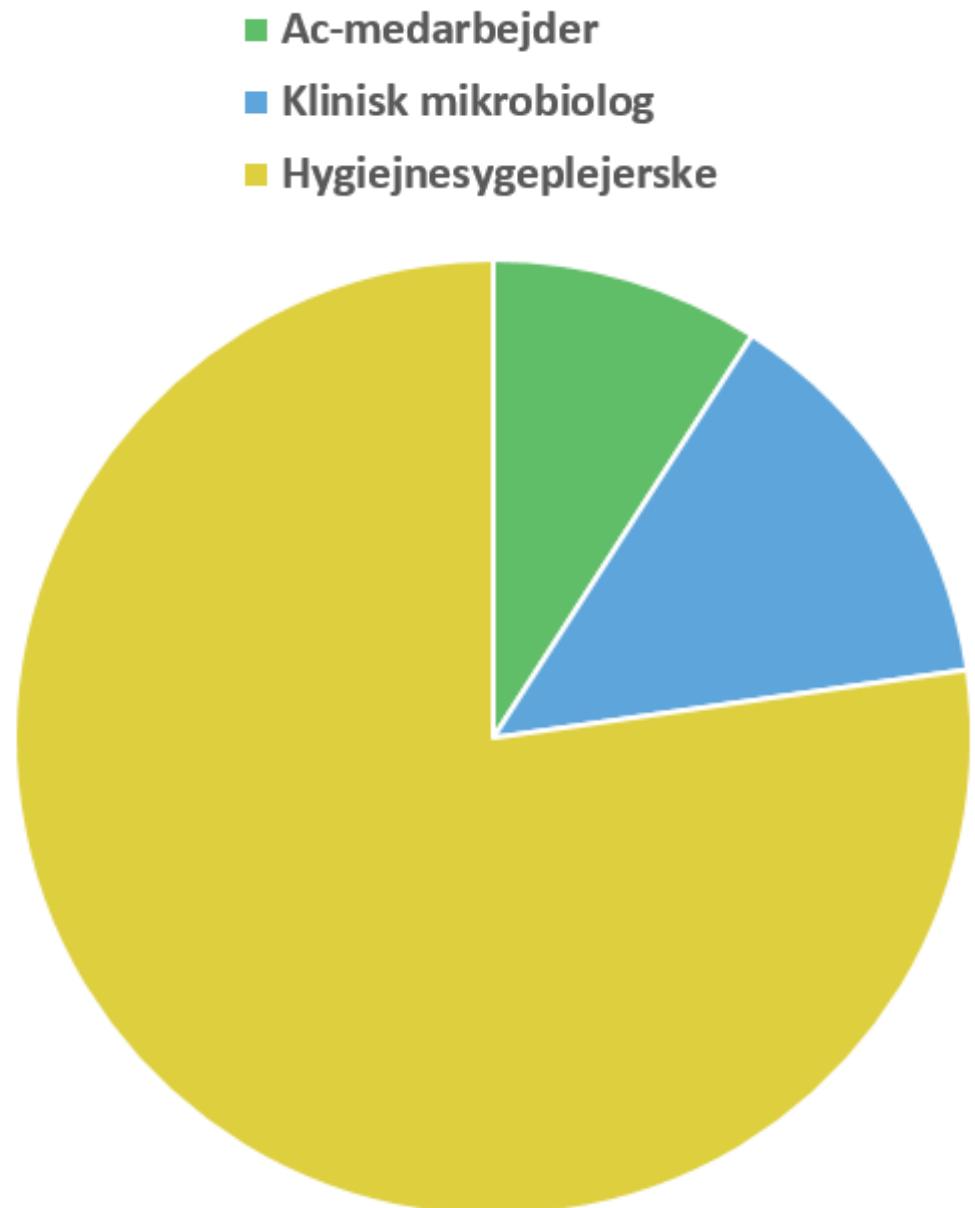
REGION
H Herlev og Gentofte Hospital

- Ac-medarbejder
- Klinisk mikrobiolog
- Hygiejnesygeplejerske



To timers seminar

- Hvorfor sætte fokus på antibiotika og urinvejsinfektioner?

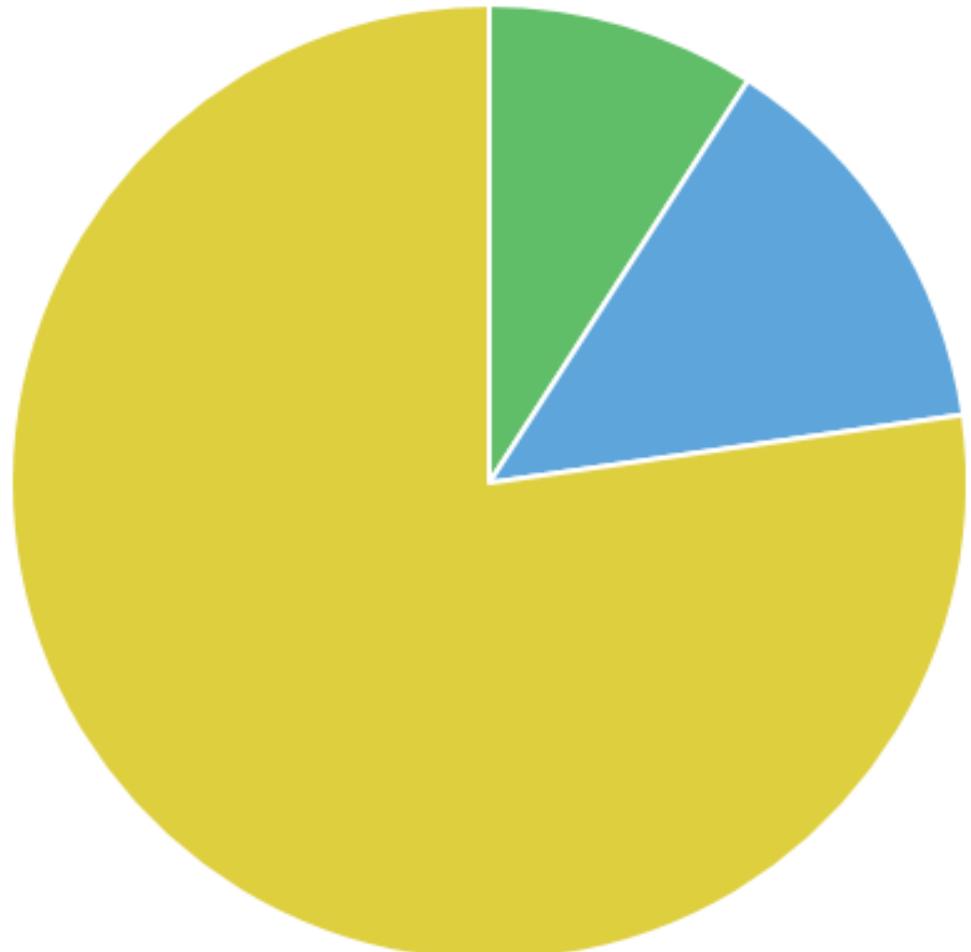


To timers seminar

"Lægens ord"

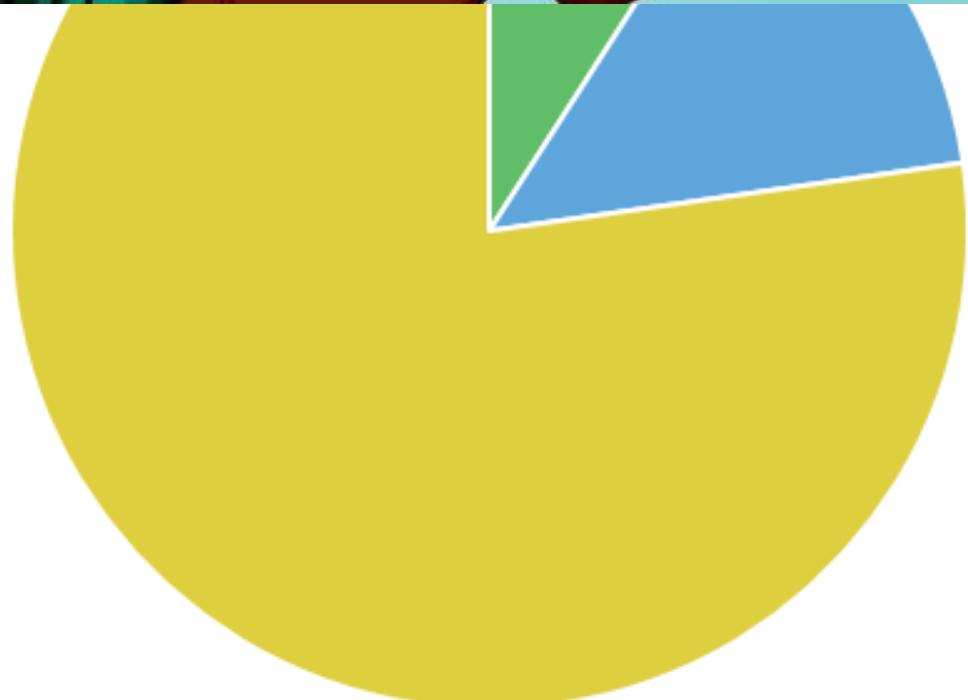
- Hvad er en infektion?
- Hvad gør antibiotika – og hvad gør det ikke?
- Resistens
- To sticks or not to sticks
- Asymptomatisk bakteriuri

■ Ac-medarbejder
■ Klinisk mikrobiolog
■ Hygiejnesygeplejerske



To timers seminar

- De var vigtige og kunne gøre en forskel!
- UVI=UTH
- Risikofaktorer for UVI
 - Grundvilkår
 - Indflydelse
- Smittespredning
 - Hænder
 - Forurenede genstande
 - Rengøring
- Nedre toilette
 - Værnemidler
 - I sengen



Efter to timers seminar: Fundament & fællesforståelsesramme

SEMINAR=>



=>

MINDRE
ANTIBIOTIKA-
FORBRUG TIL
UVI

Indsatser og handlinger på plejecentrene

- Udarbejdelse af auditredskab
 - Audit to gange årligt
- Fokus på pårørende
 - Vejledning om hånddesinfektion
- Engangshåndklæder og vaskeservietter til nedre toilette
- Beboernes håndhygiejne
- Rengøring af kontaktpunkter
- Ledelsesbeslutning om ophæng af engangsplastikforklæder på alle stuer
- Ser tiden an
 - Væske
- Dialog med læge om symptomer



Kan andre hospitaler og plejecentre gøre det samme?

Nøglerne skal bruges til finde:

- De "rigtige" personer med kompetencer (nøglepersoner ☺)
- Interessen
- Opbakning
- Tid
- Penge



Nøglerne skal åbne op for:

- Ændring af vaner og kultur
- Motivationen

Tak for opmærksomheden

