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Aged Care Quality and Safety Commission

Aged Care Quality & Safety Commission and Antimicrobial Stewardship – Reflections on 2024

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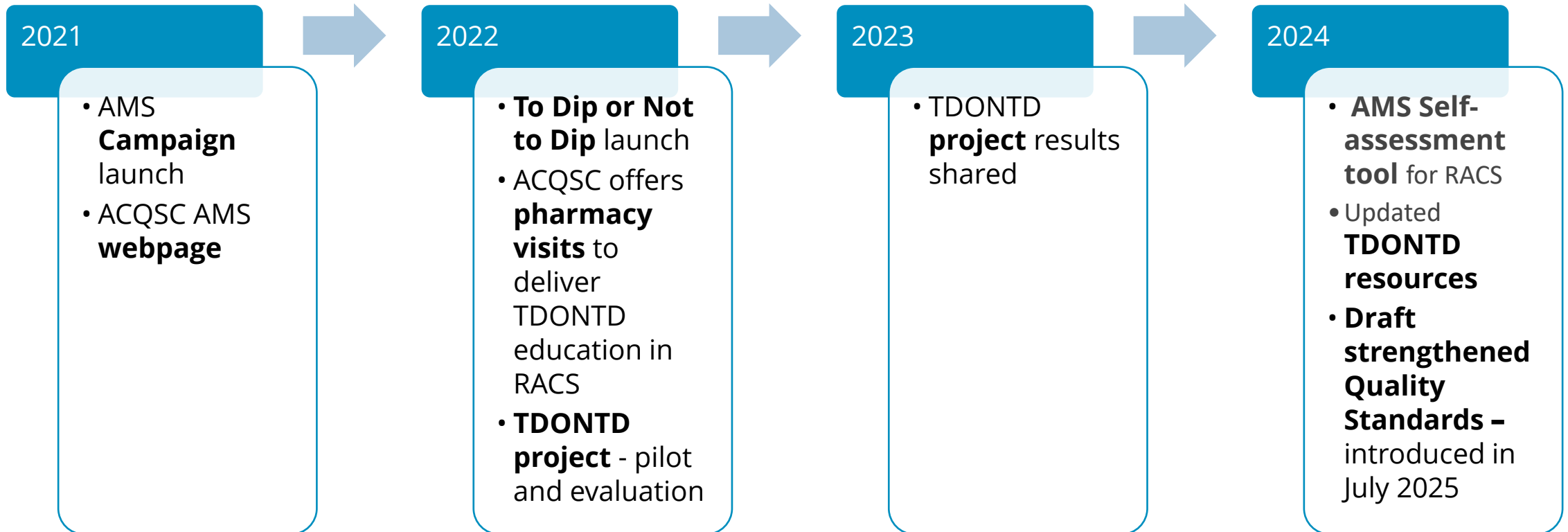
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ACIPC November 2024





Aged Care Quality and Safety Commission & AMS



August 2024

Antimicrobial use in the community: 2023



Australian Government
Department of Health
and Aged Care

Infections and antimicrobial prescribing in Australian residential aged care facilities

Results of the 2022 Aged
Care National Antimicrobial
Prescribing Survey

2022



**PBS/RPS data on antimicrobials
- Community versus RACH**

**Point prevalence prescribing survey
in RACHs – Common infections,
antimicrobials**

**National microbiology
surveillance – AMR rates
hospital/ community/aged care**



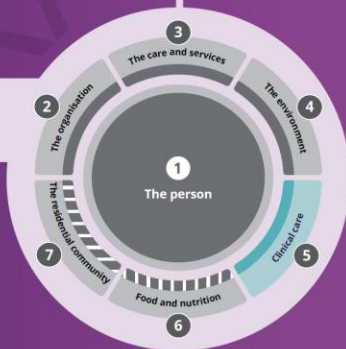
AMR and Antimicrobial Use in Aged Care

- Rates of **resistant organisms** such as *S. aureus* and *E.coli* are higher in aged care than hospital settings (AURA 2023)
- In 2023, there was an **11% increase in oral antibiotics prescribed** for residents in RACHs compared to a 1% increase in community prescribing (Antimicrobial Use in the Community report)
 - For people >65 years living in RACHs compared to the community
 - Rate of antibiotics prescribed was two times higher
 - Rate of antibiotics used for UTI was three times higher
- The use of **broad-spectrum antibiotics** in RACHs
 - In 2023, cefalexin and amoxicillin-clavulanic acid comprised nearly half of all antimicrobial prescriptions in RACHs
- **Cefalexin** (Antimicrobial Use in the Community report, AC-NAPS)
 - Most commonly prescribed antimicrobial in RACHs
 - Not a first-line recommendation for common infections in homes (urinary tract, skin, or respiratory)
 - Persons >65 years prescribed cefalexin - 36% RACHs versus 27% community
- Antimicrobials are **used for conditions where they are not required** (AC-NAPS)
 - Conditions that are not confirmed infections (two-thirds)
 - >6 months (one-third)
 - *prn* prescribing (one-third)

Draft Standard 5 Clinical Care

Guidance material for the strengthened Aged Care Quality Standards for review and discussion

January 2024



5

Provider organisation		
Actions	Associated activities	Service context considerations
<p>5.2.1 The provider implements an antimicrobial stewardship system that complies with contemporary, evidence-based practice and is relevant to the service context.</p>	<p>Establish and maintain a system for AMS</p> <ul style="list-style-type: none"> Document the components of the organisation's AMS system. Components include: <ul style="list-style-type: none"> policies and procedures to promote the appropriate use of antimicrobials for older people roles and responsibilities for AMS within the organisation processes for regular clinical reviews and specialist referrals, including microbiological testing where required processes outlining how the service or organisation will access external expertise related to AMS if it is required AMS education and training systems for workers and health professionals employed by or contracted to the provider processes for monitoring and reporting the effectiveness of the AMS system quality improvement processes for identified antimicrobial issues. In developing the AMS system, consider relevant aspects of evidence-based best practice covered by Chapter 16 of the Antimicrobial Stewardship Book – Antimicrobial stewardship in community and residential care services, the Australian National Antimicrobial Resistance Monitoring Scheme data analysis and reporting framework. <p>Implement</p> <ul style="list-style-type: none"> Ensure workers are responsible for monitoring and reporting antimicrobial use to fulfil their role. <ul style="list-style-type: none"> have the necessary resources to fulfil their role understand appropriate antimicrobial use <p><i>Continued on...</i></p>	<p>For all residential care providers</p> <p>Implement an effective system and processes for AMS. All associated activities outlined in this section can support these providers to do this.</p> <p>For home care providers offering clinical care involving the prescription, supply, or administration of antimicrobial medicines: implement an effective system and processes for AMS. All associated activities for 5.2.1 can support these providers to do this.</p>

Provider organisation (continued)		
Actions	Associated activities	Service context considerations
<p>Refer to Actions on the previous page</p>	<ul style="list-style-type: none"> understand how to monitor older people who have been prescribed antimicrobials for effectiveness, side-effects, and adverse events know how to recognise and escalate inappropriate use of antimicrobials, including to prescribers have easy access to clinical guidelines and resources (such as Therapeutic Guidelines: Antibiotics, and the Australian Medicines Handbook). Consider how to support older people to participate in informed decisions about using antimicrobials. This may include offering information to older people, their family and carers about the risks, benefits, and alternatives to antimicrobials for their condition. <p>Monitor, review and improve AMS processes</p> <ul style="list-style-type: none"> As relevant to the service's level of involvement in antimicrobial supply, administration and monitoring, consider how to: <ul style="list-style-type: none"> monitor the frequency and clinical reasons for use of antimicrobials among older people using the service analyse trends in the use of antimicrobials (this may include linking with pharmacies to gather data) conduct regular surveillance to monitor prevalence of infections and use of antimicrobials – for residential care services, this may include participating in the Aged Care National Antimicrobial Prescribing Survey (AC-NAPS) analyse and report the data collected during... 	<p>Given the lower level of involvement with antimicrobials in these services, the focus of AMS systems and processes may be on associated activities which support:</p> <ul style="list-style-type: none"> education of home care workers and health professionals about appropriate use of antimicrobials and raising concerns about inappropriate use provision of information to the older person about antimicrobial risks and benefits to support them in making informed decisions with their prescriber.

Outcome 5.2.1 AMS system AMS processes

- Establish
 - Maintain
 - Establish
 - Implement
 - Monitor, review and improve
- System is relevant to context where they provide care and services

ACQSC AMS Self-Assessment Tool

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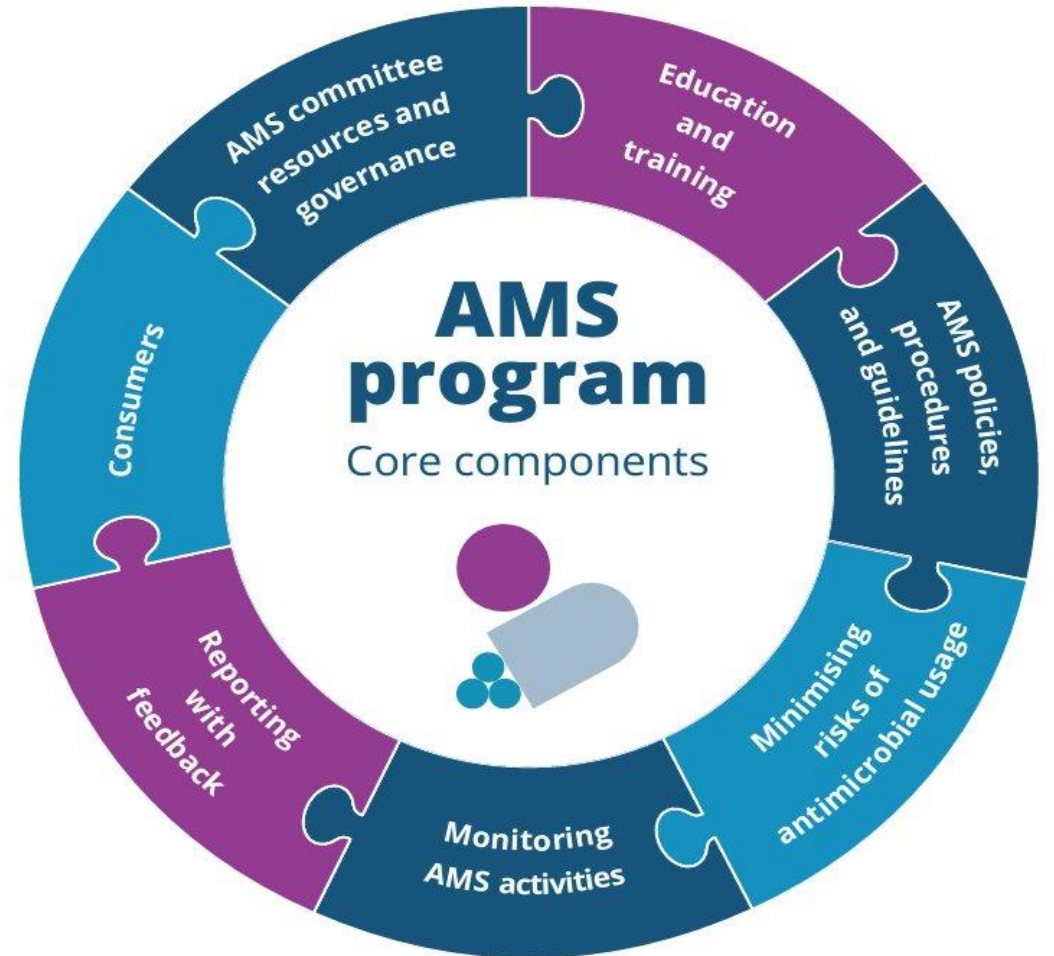
Antimicrobial Stewardship Self-Assessment tool

Residential Aged Care Services (AMS SAT)

Version 1.0 January 2024

 To be used in conjunction with the AMS SAT User Guide

 Better use of antibiotics



AMS in RACS – Meeting the Strengthened Quality Standards

Outcome 5.2.1 (Draft Quality Standards)	AMS SAT <i>provides help with performing a gap analysis</i>	Domains of the AMS Self-Assessment Tool <i>provide practical suggestions on activities to implement in RACS</i>
Establish and maintain a system for AMS	Promotes timely review of the AMS system to ensure complies with contemporary, evidence-based practice and is relevant to service context	<ol style="list-style-type: none"> 1. AMS committee resources and governance 2. Education and training 3. AMS policies, procedures and guidelines 7. Consumers
Implement processes for effective AMS		<ol style="list-style-type: none"> 4. Minimising risks of antimicrobial usage
Monitor, review and improve AMS processes		<ol style="list-style-type: none"> 5. Monitoring AMS activities through auditing and surveillance 6. Reporting and feedback





ACSQHC Aged Care IPC Guide

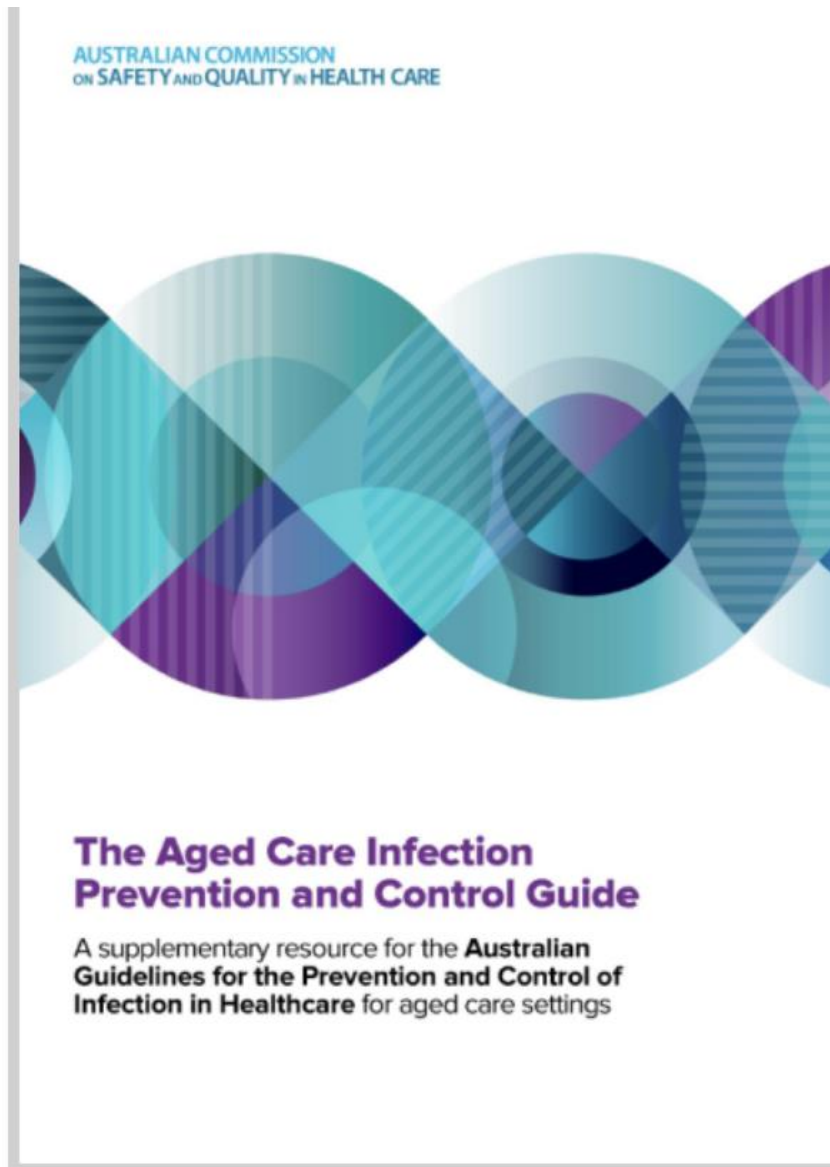


Table 28: AMS program components

Program component	Description	RCB	HC
Program governance	Governance bodies are accountable for development of AMS policies and procedures, and for integrating AMS with the aged service's quality and safety functions.	✓	✓
The AMS team	A successful AMS program requires a multidisciplinary team approach, in which relevant team members contribute to AMS within their scope of practice and responsibilities.	✓	✓
Policies and prescribing guidelines	AMS policies and procedures are based on evidence-based guidelines for the management of infections.	✓	N/A
Monitoring	Monitoring for resistant organisms and antimicrobial sensitivities can help make antimicrobial choices more appropriate and practical. When antimicrobials are prescribed, ongoing monitoring from all clinicians is essential. The Aged Care NAPS is a standardised audit tool that can be used by all residential aged care services to monitor antimicrobial use. The survey can be completed by senior nurses, infection control professionals and pharmacists. Facilities may also use other tools for monitoring purposes.	✓	N/A
Audit and feedback	Prescribers such as general practitioners (GPs) and nurse practitioners can audit their prescribing practices to monitor whether their prescribing patterns are consistent with their peers and with evidence-based guidelines and protocols. Aged care organisations may also rely on audit and feedback to monitor and improve the use of antimicrobials in their service. This may be via committees such as their medication advisory committee, or via their IPC team.	✓	N/A
Education and training	Although a successful AMS program requires team members to perform designated roles in AMS, all staff in aged care services have a role to play in AMS. More strategies to support AMS education are described in Chapter 6 of Antimicrobial Stewardship in Australian Health Care (the AMS Book).	✓	✓
Preventing and managing infections	IPC aims to reduce the risk of older people acquiring preventable infections. Infectious agents can easily be transmitted during care and come primarily from interaction with other people – older people, carers, aged care workers and visitors.	✓	✓

AMS = antimicrobial stewardship; HC = home and community aged care; IPC = infection prevention and control; NAPS = National Antimicrobial Prescribing Survey; RCB = residential and centre-based aged care



To Dip or Not to Dip in 2024

What is TDONTD

- **Quality improvement intervention** to improve management of UTI and appropriateness of prescribing
- By addressing inappropriate dipstick testing
- **Components**
 1. Case-based education
 2. Clinical pathway
 3. Training tools
 4. Antibiotic audit



- Pilot and evaluation
- Other stakeholder feedback
- ACQSC Pharmacy Unit visits



Resource Update 2024

- **User guide to clinical pathway** - residents with cognitive impairment (*Added*)
- **Implementation guide** for TDONTD champions (*New*)
- **Huddle tool** – training on the run (*New*)
- **Letter to GPs** from ACQSC Chief Clinical Advisor (*New*)
- **Redesign of audit tool** to support analysis and reporting (*In progress*)
- **TDONTD CPD education** (*in progress*)

TDONTD project

The project

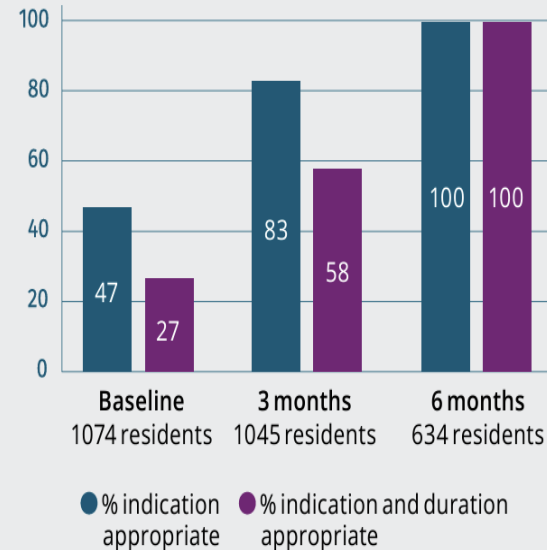
- TDONTD implemented by AMS champions in RACHs
- 12 RACHs
- 1,074 residents

Outcomes

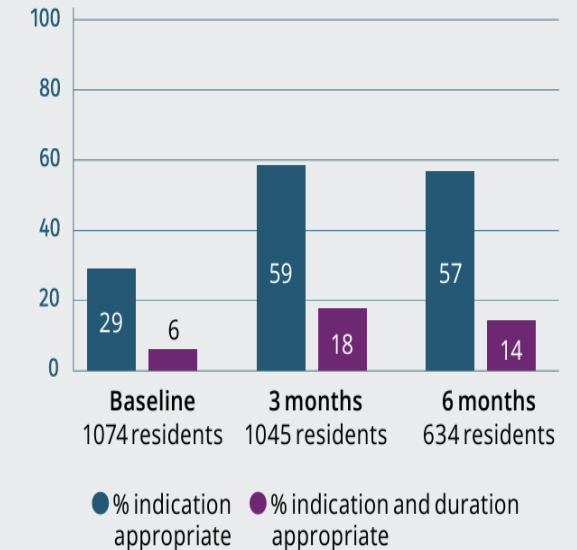
- Self-reported changes in **dipstick testing** practice
 - Using a formal protocol for dipstick testing
 - Cessation of routine dipstick testing on admission, after completing treatment for UTI, personal-carer initiated testing

Antibiotic audits

Antibiotic prescribing appropriateness for UTI treatment



Antibiotic prescribing appropriateness for UTI prophylaxis



TDONTD project findings- Challenges Experienced by AMS Champions implementing TDONTD

Changing practice is hard

Reliance on dipstick testing to guide antibiotic prescribing is deeply ingrained.

Conflicting practice and advice from peers, GPs, hospitals and other organisations contributes to the difficulty of changing practice.

Families often request dipstick testing.

Dipstick testing was seen to offer benefits

We favour action over inaction.

Fear of missing an infection if dipstick testing is not performed.

Dipstick testing helps us rule-in UTI for residents with falls or non-specific clinical presentations.

Dipstick test is a useful way of getting information if residents are unable to reliably express their symptoms (e.g. acutely confused, have cognitive impairment).



TDONTD project findings - Overcoming challenges to quality improvement

Understand the issue – use national data, local data

Consider potential enablers and barriers

Leadership support

A team to support the project

The right nurse champion

Support from influencers is important for acceptance

Competing priorities reduce time for staff to adopt new practices

Anyone who asks for or initiates dipstick testing is a stakeholder

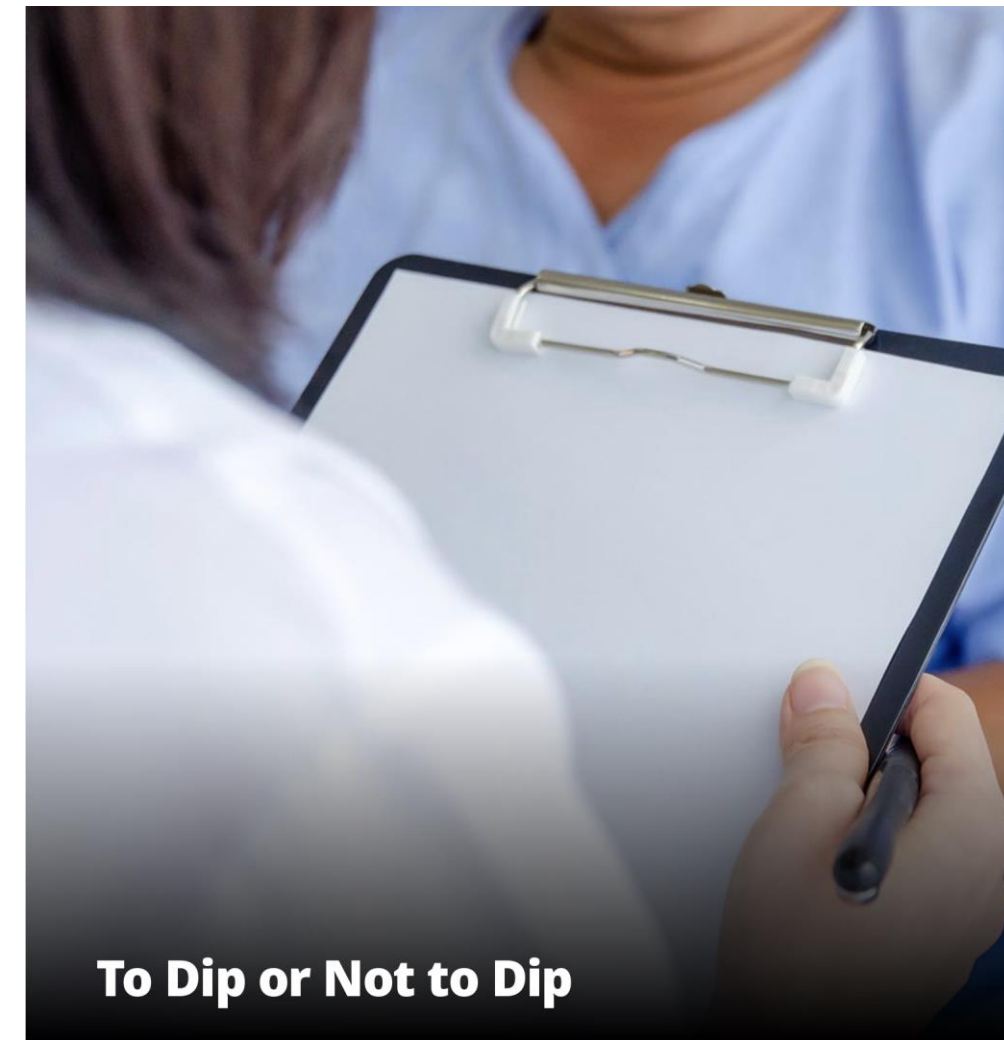
These findings helped inform the
TDONTD implementation guide

Lim L et al. BMJ Open 2024;14(3):e081980.



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To Dip or Not to Dip

Implementation Guide for Nurse and Pharmacist Champions

Version 1.0 April 2024.



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AMS in RACS – Meeting the Strengthened Quality Standards

Outcome 5.2.1 (Draft Quality Standards)	To Dip or Not to Dip Quality Improvement intervention
Establish and maintain a system for AMS	<p>Promotes review of policies, procedures and processes that encourage dipstick testing. For example, testing on admission, after completing antibiotics, during delirium screenings, and following falls.</p> <p>Education and training resources for staff who initiate or perform dipstick testing.</p> <p>Quality improvement for antimicrobial issues.</p>
Implement processes for effective AMS	<p>Education for nurses and carers who provide care to understand appropriate (and inappropriate) use of antimicrobials.</p> <p>Clinical pathway and evidence-based care guidelines for assessment and management of urinary tract infections (UTI).</p> <p>Consumer resources on antibiotics that outline risks, benefits and alternatives, asymptomatic bacteriuria (ASB), and dipstick testing.</p>
Monitor, review and improve AMS processes	<p>Audit tool to monitor the frequency and clinical reasons for use of antibiotics for UTIs, measure the appropriateness of prescribing for UTIs, and measure change.</p> <p>Staff survey tool to measure understanding of dipstick testing and ASB, and measure change.</p>





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Thank you. Questions?

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ACQSC AMS resources

