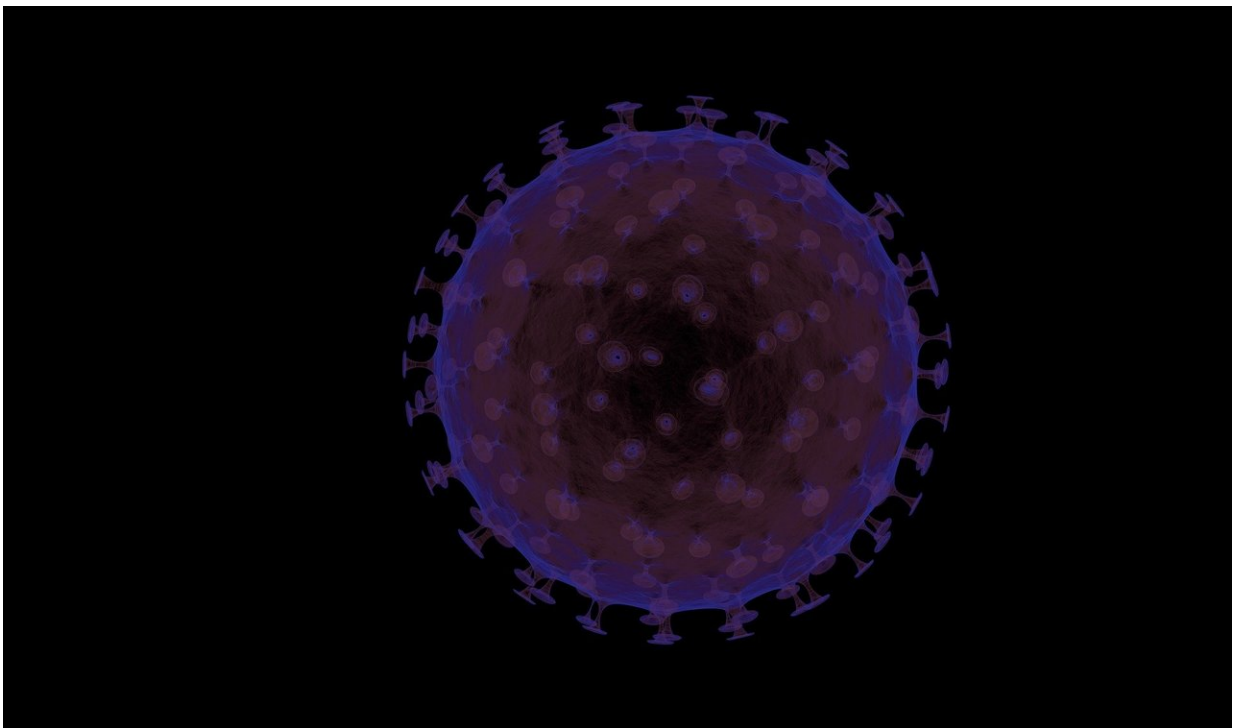


New survey shows link between comprehensive antibiotic stewardship programs and infection preventionist certification

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Nearly half of all nursing homes do not have adequately trained infection prevention staff and their efforts to combat the over prescription of

antibiotics are suffering as a result, according to a new study in the *American Journal of Infection Control (AJIC)*, the journal of the Association for Professionals in Infection Control and Epidemiology.

Elderly nursing home residents are more vulnerable to contracting infections and experiencing complications. To combat this greater risk of [infection](#), [antibiotics](#) are routinely inappropriately prescribed, and in response, the Centers for Medicare & Medicaid Services (CMS) issued new requirements in 2014 that mandated [nursing homes](#) have antibiotic stewardship programs (ASPs) in place to track antibiotic use.

Researchers at Columbia University School of Nursing conducted a nationally [representative survey](#) of nursing homes in 2018 to determine the efficacy of ASPs following the 2014 regulations. The survey gauged the effectiveness of the ASPs by analyzing nursing homes' rates of infection preventionist (IP) training and certification, participation in Quality Innovation Network-Quality Improvement Organization (QIN-QIO) activities, and facility and staff characteristics. Of the more than 800 nursing homes analyzed, only 33.2 percent had comprehensive ASPs. The nursing homes surveyed with certified IPs were nearly five times more likely to have comprehensive ASPs compared to those with no specific training.

"Inappropriate use and overuse of antibiotics puts nursing [home](#) residents at an increased risk of developing infections from multidrug-resistant organisms," said study author, Mansi Agarwal, Ph.D., MPH, Columbia University School of Nursing, New York, NY, USA. "This survey shows the importance of certified IPs in ensuring antibiotic stewardship programs are operating that reduce the risk for patients and increase their safety."

A growing body of evidence demonstrates that IPs who are certified in infection prevention and control achieve better outcomes for their

patients. IPs are experts in identifying sources of infections and limiting their transmission in healthcare facilities.

Despite the positive link between infection prevention certification and ASP comprehensiveness, the research found that 46 percent of all nursing homes surveyed reported that their infection preventionists did not have specific infection control training. Only 7.6 percent of nursing homes surveyed had an IP certified in [infection control](#) and 35.8 percent reported that their IP had state or professional organization training. Nursing homes without comprehensive antibiotic stewardship plans also had a much higher IP turnover rate when compared to nursing homes with moderately comprehensive or comprehensive plans.

"With the third and final implementation phase of the CMS rule approaching, it's important that nursing homes ensure adequate training for IPs," said 2019 APIC President Karen Hoffmann, RN, MS, CIC, FSHEA, FAPIC. "Facility-wide infection prevention programs that include antibiotic stewardship are critical and require well-trained IPs, especially in light of recent widely publicized outbreaks of *Candida auris*."

Comprehensive ASPs were defined as performing six of the following seven actions: (1) collecting data on antibiotic use, (2) using antibiotic prescribing guidelines or therapeutic formularies, (3) restricting use of antibiotics, (4) communicating antibiotic usage information when residents are transferred, (5) reviewing cases to assess appropriateness of antibiotic administration, (6) providing feedback to clinicians on antibiotic use and prescribing, and (7) providing educational resources for improving [antibiotic use](#).

More information: Caroline J. Fu et al, Characteristics of nursing homes with comprehensive antibiotic stewardship programs: Results of a national survey, *American Journal of Infection Control* (2019). [DOI:](#)

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