

Utah Infection Prevention Solutions

Infection Prevention Learning Collaborative

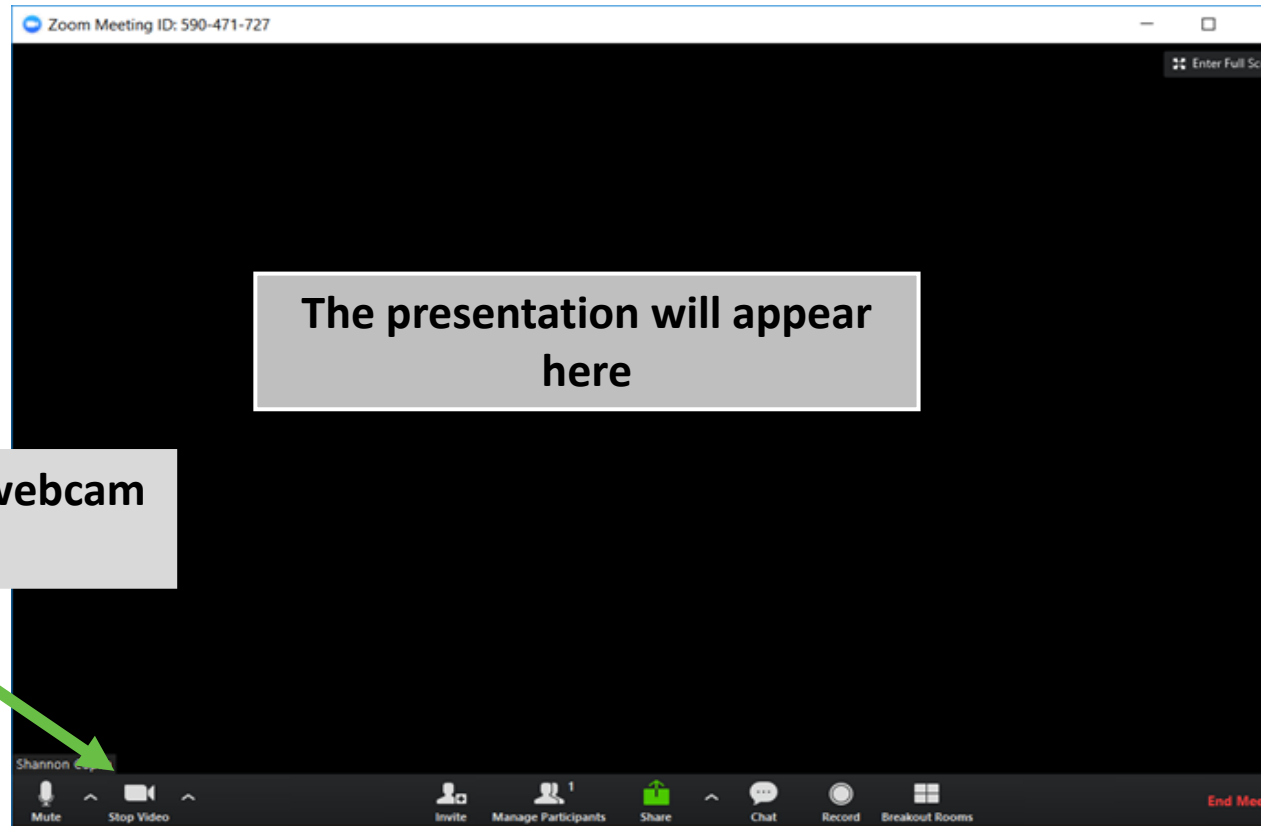
Cycle 1, Session 10:

Antibiotic Stewardship – A Team Sport: How to effectively collaborate with other specialties for best outcomes

Presented on Wednesday, October 18, 2023



Zoom Attendee Controls



Please turn on your webcam if accessible

The presentation will appear here

Mute here when not speaking

For comments or questions, use chat or raise your hand

For phone participants:
*6 to mute/un-mute

1. Click "Join Audio"
2. Identify Participant ID
3. On the phone keypad, dial:
#[Participant ID]#
Example: #49#

Please download the latest Zoom update

UT ECHO Resource Sharing via Padlet

- What is Padlet?
 - A virtual post-it wall for sharing resources and building community
- UT Infection Prevention Padlet
 - ECHO Infection Prevention resources will be shared bi-monthly
 - Access roundtable case submission form
 - No log-in required!



Scan here to access UT Infection Prevention Learning Collaborative - ECHO Padlet



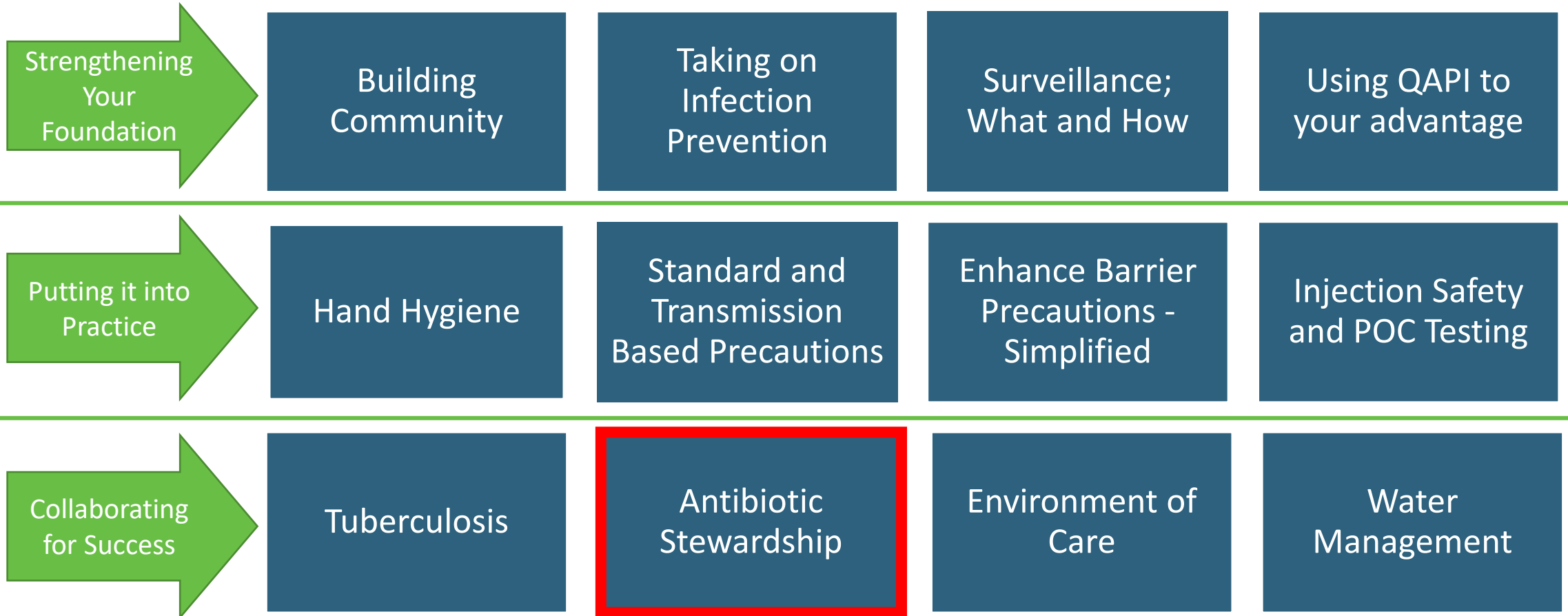
Announcements

The Power of Clean: Environmental Cleaning Workshop

- **Oct. 27, 2023, Hilton Garden Inn, Salt Lake City Airport***
[Register](#)

*Travel reimbursement is available for rural areas (*Limited availability; first-come, first-serve basis. Limited to two staff per rural LTCF-100+ miles from nearest workshop location*)

Utah Infection Prevention Learning Collaborative (ECHO) 2023 Curriculum



Welcome Tariq Mosleh, PharmD, PhD

Comagine
Health



Utah Department of
Health & Human Services
Population Health

Antimicrobial stewardship

Tariq Mosleh, PharmD, PhD

Healthcare-associated infections/antimicrobial resistance stewardship pharmacist

Funding SHARP grant

10/19/2023

Disclosure

I have no disclosures to report

Objectives

- Introduction and background on the antimicrobial stewardship program (ASP)
- Discuss the Centers for Disease Control and Prevention (CDC) 7 core elements of antimicrobial stewardship
- Review the results from the antimicrobial stewardship implementation survey in nursing homes

What are antibiotics?

- Antibiotics are medicines that fight bacterial infections in **people** and **animals**. They work to kill the bacteria or to make it hard for the bacteria to grow and multiply.
- In 1928, at St. Mary's Hospital in London, [Alexander Fleming](#) discovered penicillin. *Penicillium notatum* had contaminated a culture plate of *Staphylococcus* bacteria he had accidentally left uncovered. The fungus had created bacteria-free zones.

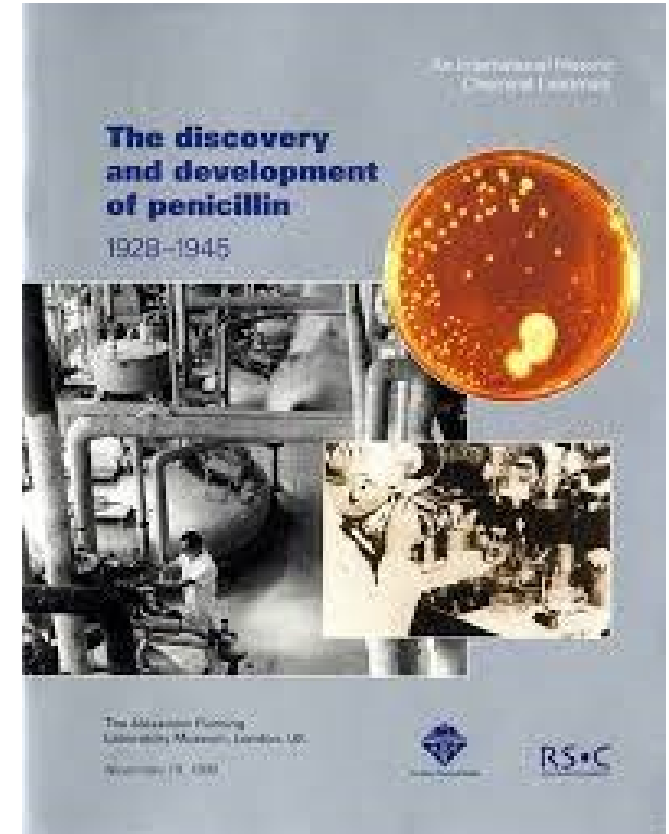
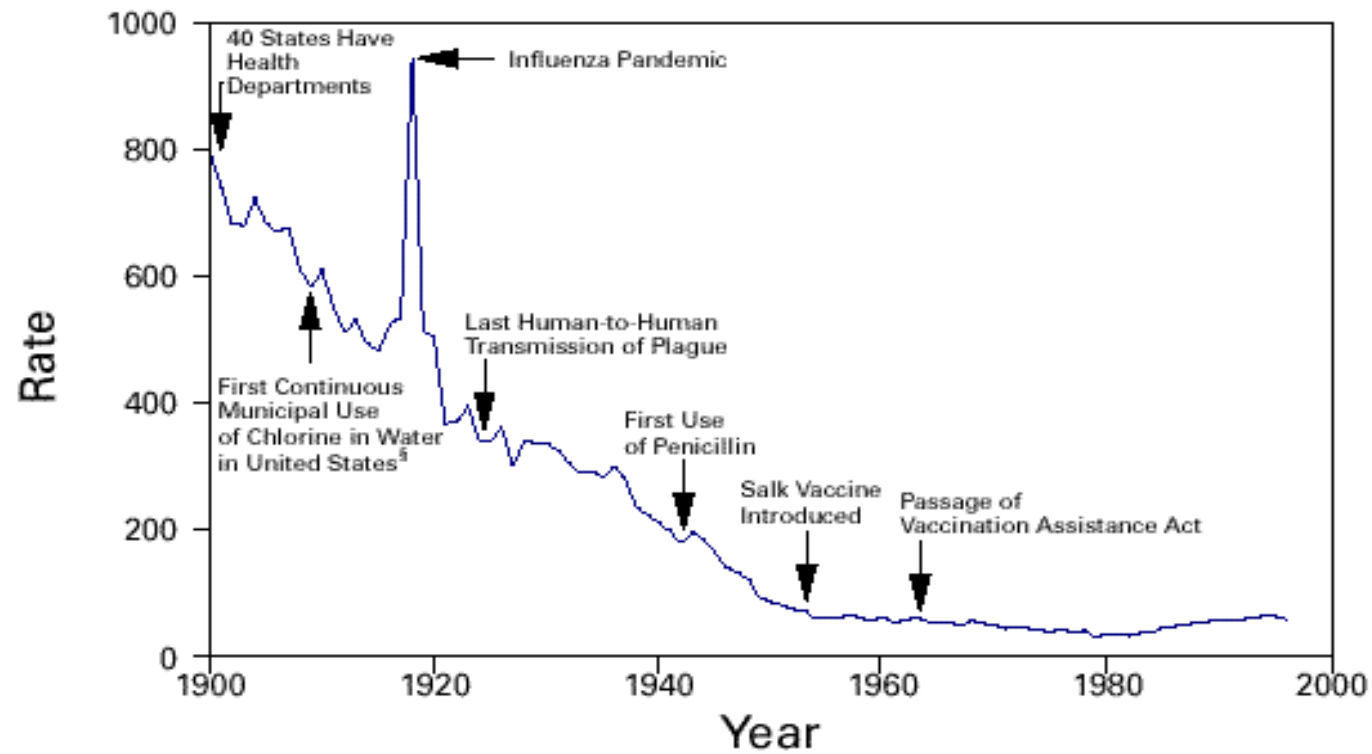


FIGURE 1. Crude death rate* for infectious diseases — United States, 1900–1996†



*Per 100,000 population per year.

†Adapted from Armstrong GL, Conn LA, Pinner RW. Trends in infectious disease mortality in the United States during the 20th century. *JAMA* 1999;281:61–6.

‡American Water Works Association. Water chlorination principles and practices: AWWA manual M20. Denver, Colorado: American Water Works Association, 1973.

Physician Perspective
The Power of Effective Antibiotics: 1943 & today

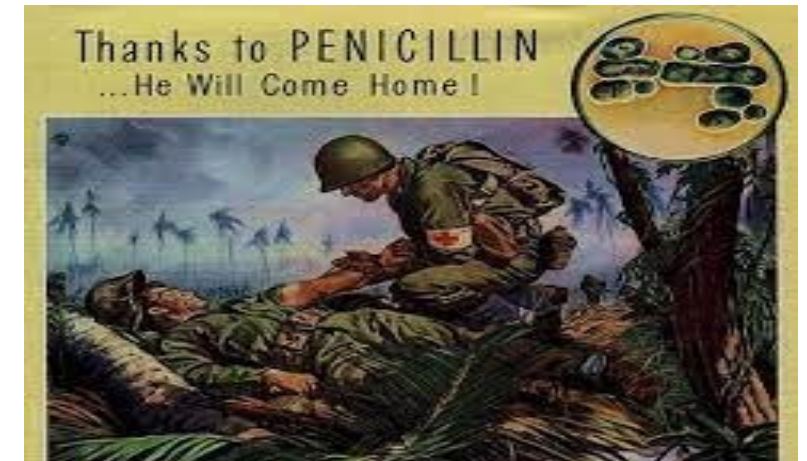
4 y.o. girl in excellent health suddenly developed facial skin infection, high fever. The infection spread leading to swelling that prevented swallowing or breathing.



On arrival to the hospital

After 14 days penicillin

Herrell '43 Proc Staff Meetings Mayo Clinic 18:65-76



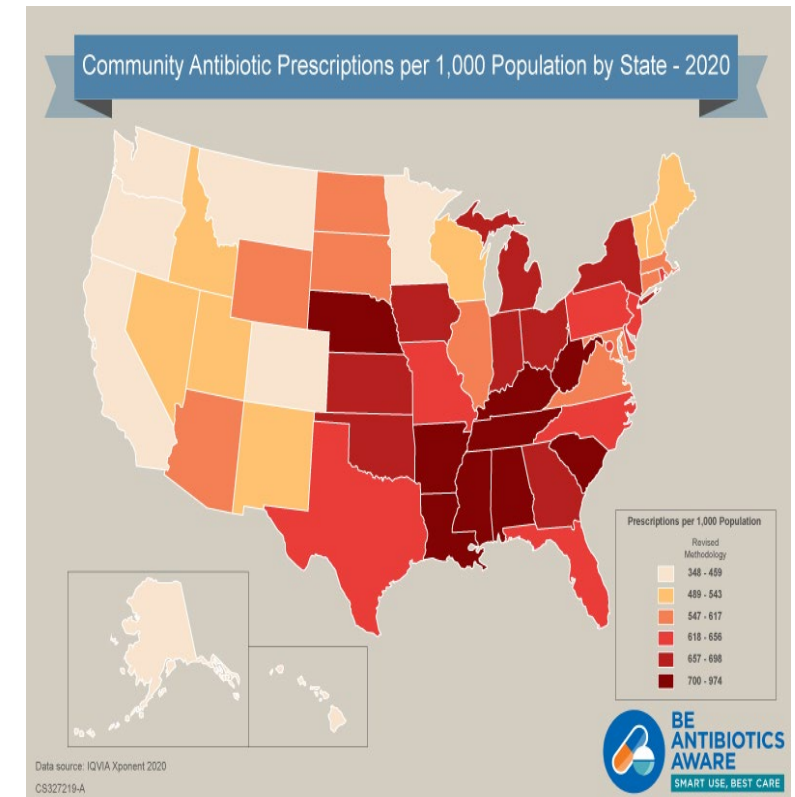
Each year in the United States

- More than 2.8 million antibiotic resistant infections occur in the United States
 - More than 35,000 people die as a result
- Did you know:
 - 30–50% of antibiotics prescribed in hospitals are **inappropriate or unnecessary**
 - 40–75% of antibiotics prescribed in nursing homes are **inappropriate or unnecessary**
 - 30% of antibiotics prescribed in doctor's offices and emergency departments are **unnecessary**
- **\$20 billion** is spent treating antibiotic-resistant infections (direct cost)



Why is inappropriate antibiotics use a problem?

- In 2014, 266.1 million courses of antibiotics were dispensed to outpatients in the United States to community pharmacies
 - This equates to more than 5 prescriptions written each year for every 6 people in the United States
- At least **28% of antibiotics prescribed in the outpatient setting are unnecessary**
- Antibiotic prescribing in the outpatient setting varies by state
- Local outpatient prescribing practices contribute to local resistance patterns
- Outpatient antibiotic prescribing is greatest in the winter months
- An estimated **80–90%** of the volume of human antibiotic use occurs in the outpatient setting
- **Utah is doing a decent job, but we could do better**



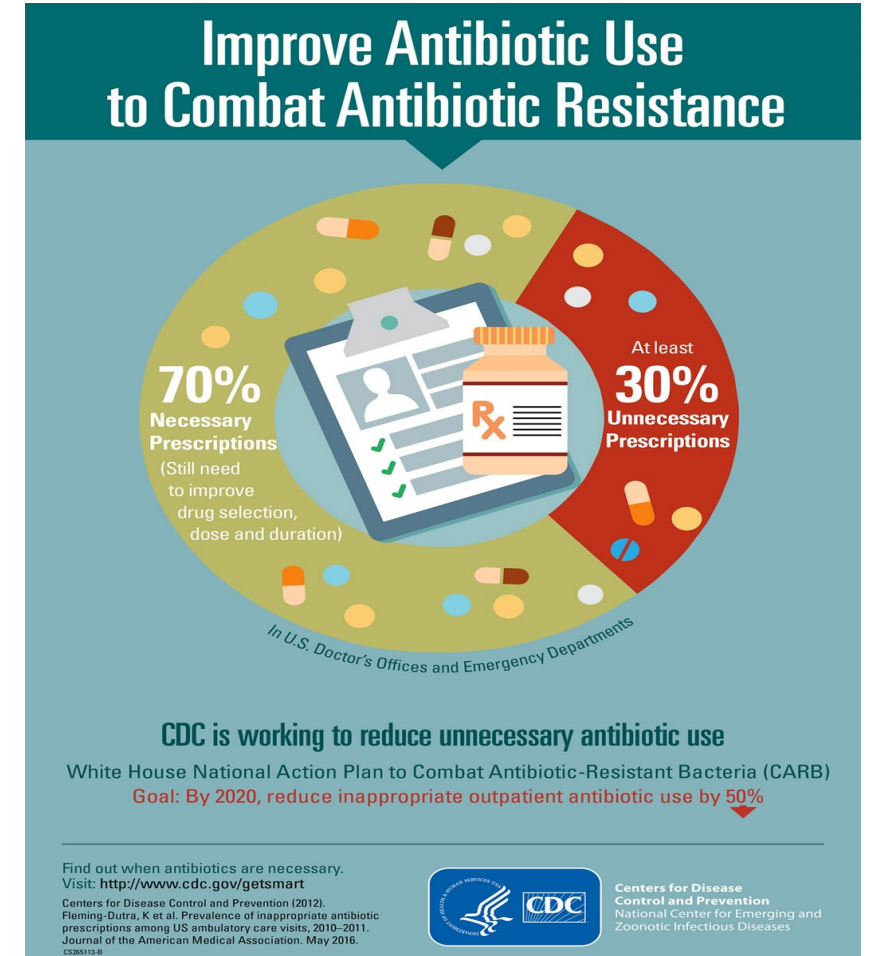
Proportion of unnecessary antibiotic use

Antibiotics are overprescribed for many reasons:

- Ear infections
- Sinus infection
- Viral respiratory infections
- Asthma
- Allergies

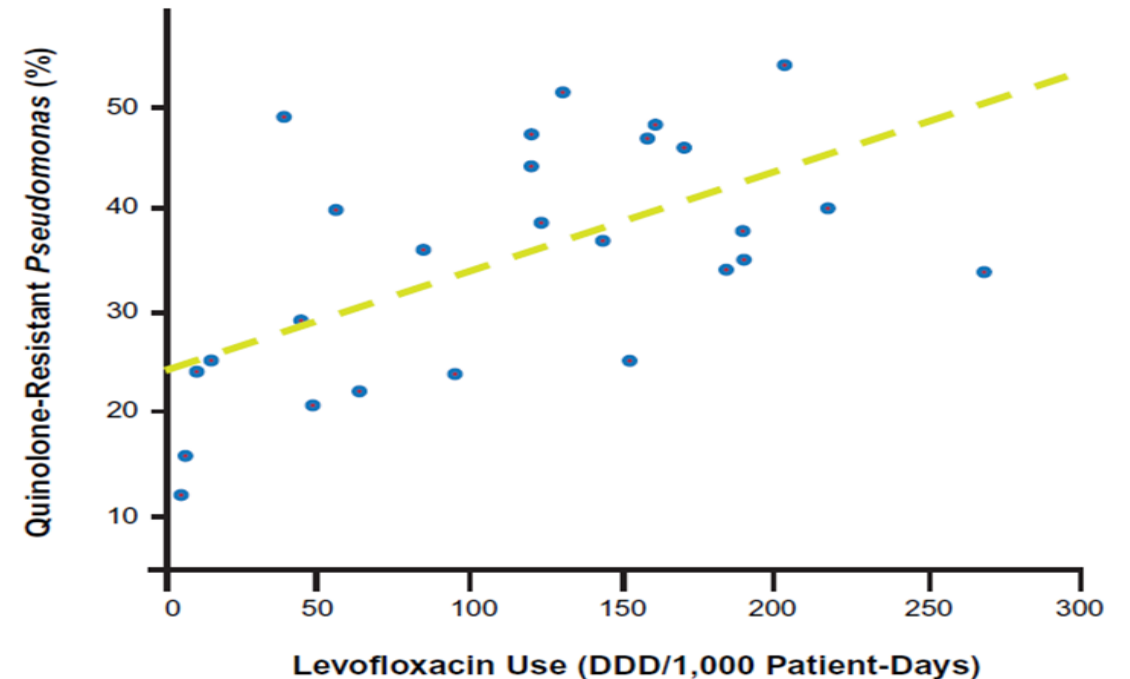
All antibiotic use, whether appropriate or not, carries **a risk** of contributing to the development of antibiotic resistance.

To minimize this threat and preserve the effectiveness of these important drugs, antibiotics should be prescribed only when recommended.



Antimicrobial use correlates with antimicrobial resistance

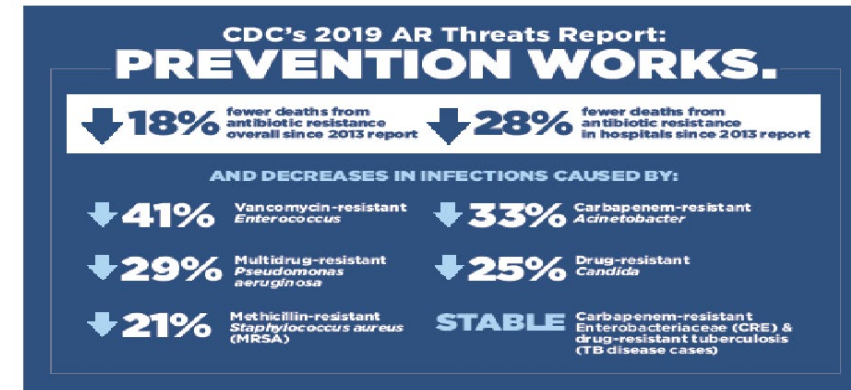
As the use of fluoroquinolones increases, the percentage of *Pseudomonas* isolates resistant to fluoroquinolones increases proportionately



Actions to fight antimicrobial resistance

- Antimicrobial resistance happens when germs (bacteria and fungi) develop the ability to defeat the drugs designed to kill them
 - The germs are not killed and continue to grow
- Antimicrobial resistance has been found in every state in the United States
- Addressing this threat requires continued aggressive action to:
 - **Prevent** infections
 - **Stop the spread** of resistance when it does develop
 - **Develop** new antibiotics
 - **Implement** an antimicrobial stewardship program (ASP)
 - Improve antibiotic and antifungal use to slow the development of resistance

Prevent infections and control the spread (Infection control)



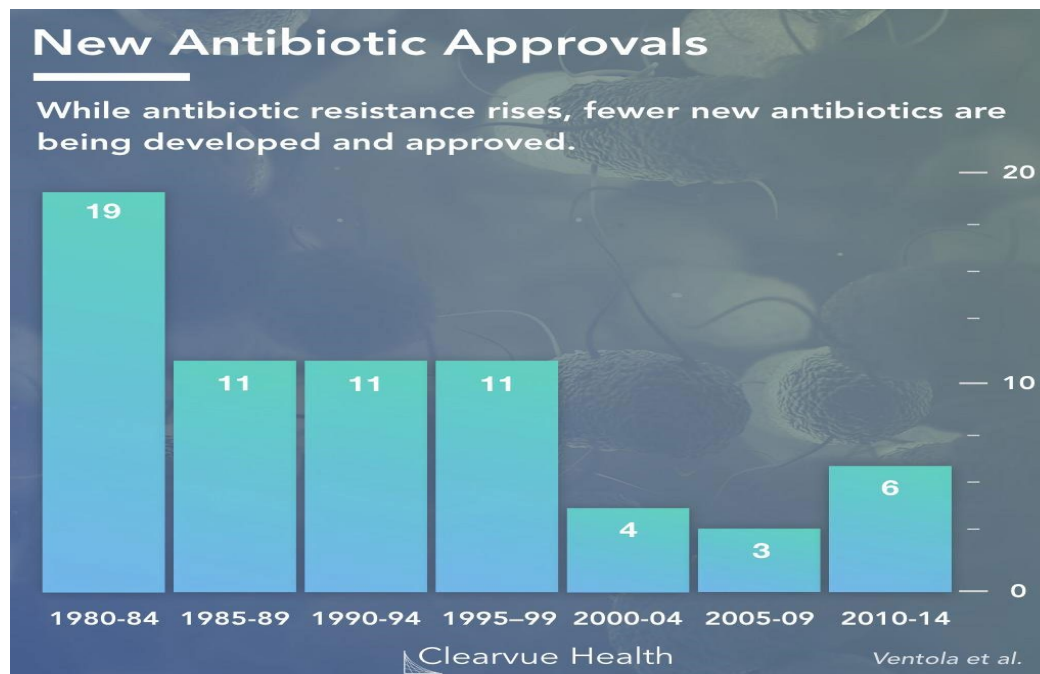
- #### CDC strategies that work in healthcare:
- Preventing device- and procedure-related infections, such as from urinary catheters or central lines
 - Stopping the spread of resistant germs within and between healthcare facilities
 - Containing emerging threats through early detection and aggressive response
 - Tracking and improving appropriate antibiotic use
 - Infection prevention and control in non-hospital settings, such as long-term care facilities

- #### CDC strategies that work in communities:
- Widespread use of vaccines to prevent infections and spread
 - Routine tuberculosis and gonorrhea screening for at-risk groups and prompt treatment
 - Using safer sex practices (e.g., condoms)
 - Safe food handling and preparation
 - Improving antibiotic use everywhere

(AR) antibiotic resistance

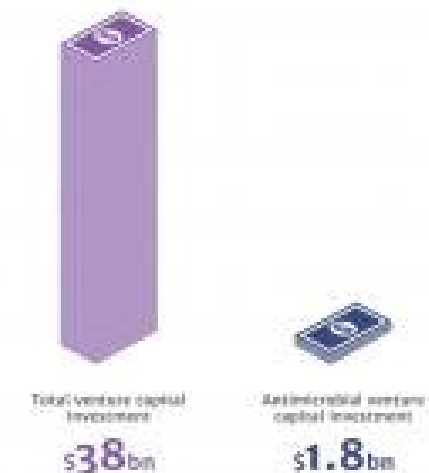
Develop a new drug

- It takes time
 - Fewer new antibiotics being developed and approved by the United States Food and Drug Administration (FDA)



ANTIMICROBIAL R&D IS NOT ATTRACTIVE TO VENTURE CAPITALISTS

Less than 5% of venture capital investment in pharmaceutical R&D between 2003 and 2013 was for antimicrobial development.

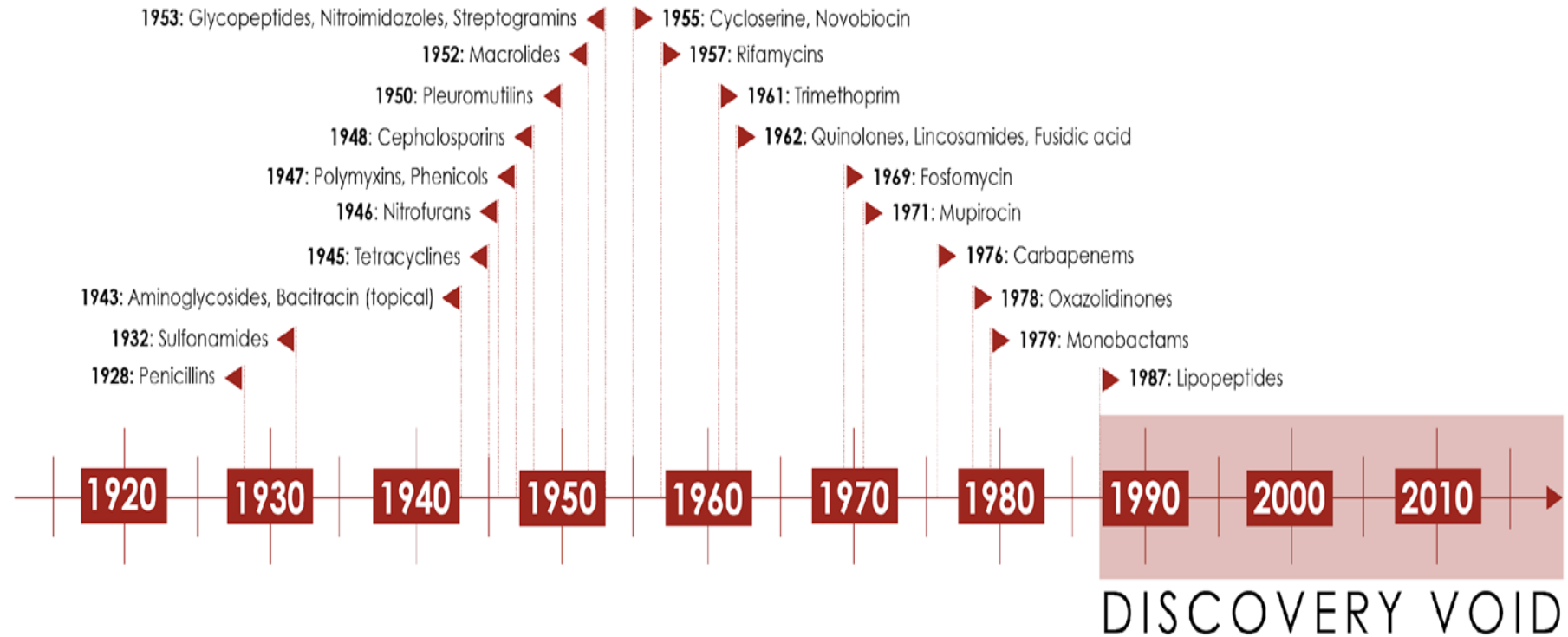


Source: American Hospital Association, "Antimicrobial Resistance: The Need for a New Health Policy Strategy," (2014), available at <http://www.aha.org/antimicrobial-resistance>.

Review of Antimicrobial Resistance

Is there an antibiotic “discovery void?”

Timeline of the discovery of different antibiotic classes in clinical use



© ReAct Group 2015

- The “discovery void” refers to the period from 1987 through today
- The last antibiotic class successfully introduced as treatment was discovered in 1987

**Learn to use antimicrobials wisely
(Antimicrobial stewardship program)**

What is the antimicrobial stewardship program (ASP)?

- Antimicrobial stewardship: **evidence-based strategies and coordinated interventions** designed to improve and measure the appropriate use of antimicrobials by:
 - Promoting the selection of the optimal antimicrobial drug regimen
 - Dose
 - Duration of therapy
 - Route of administration
- Implementation of ASP core elements is an important topic in healthcare today
 - It helps ensure antibiotics are used appropriately
 - Minimizes the risk of antibiotic resistance
- Implementation involves monitoring and evaluating the use of antibiotics to ensure they are being used appropriately

The overall goal is . . .

- to have the RIGHT ANTIBIOTIC for the RIGHT PERSON over the RIGHT TIME FRAME

Goals of ASP

- Achieve **optimal clinical outcomes** related to antimicrobial use
- **Limit** the selection for antimicrobial **resistant strains**
- **Minimize** toxicity and other adverse events
- Reduce the costs of healthcare for **infections**

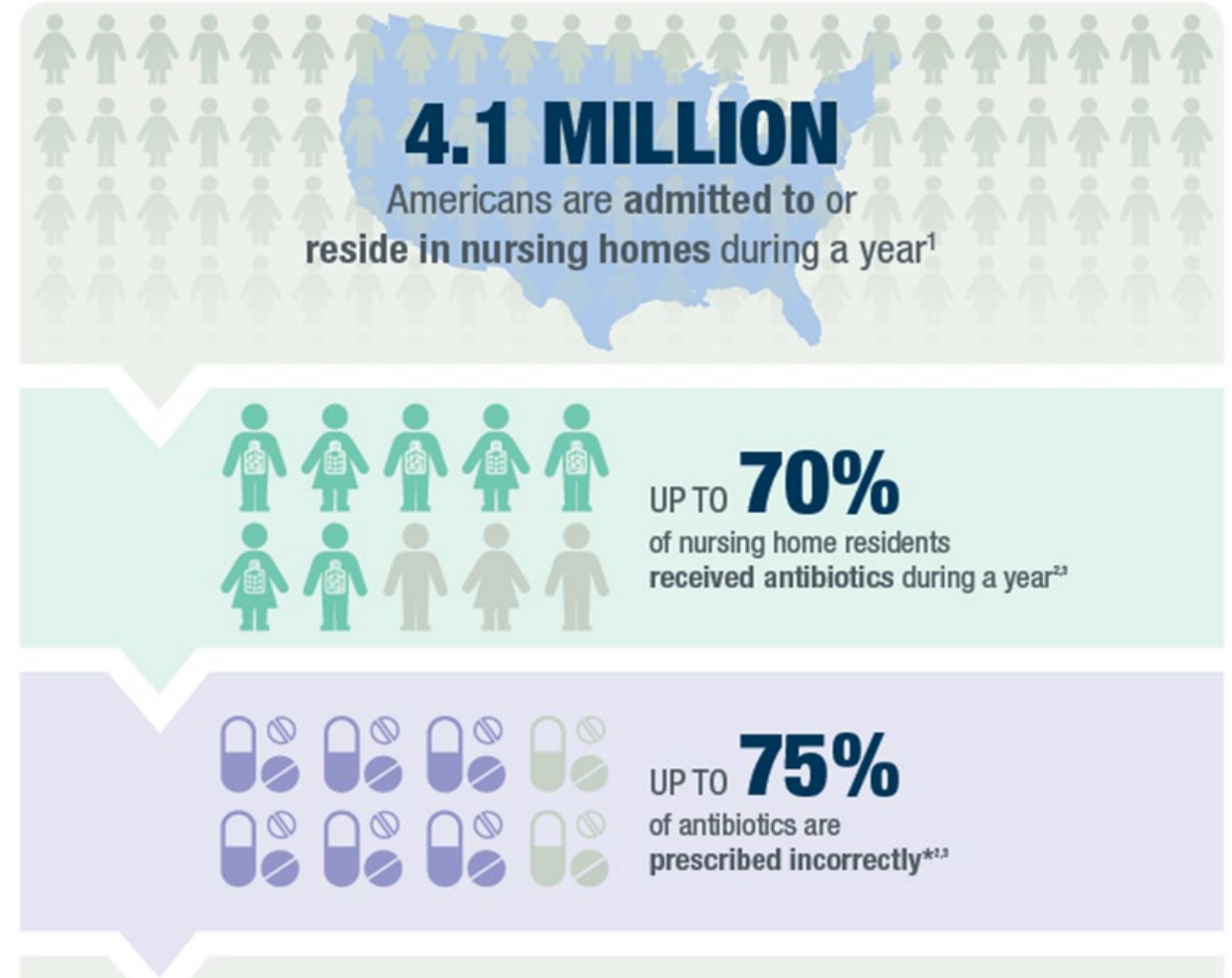
Common inappropriate of antibiotics

- Prolonged empiric treatment without evidence of infection
- Treatment of viral infections with antibiotics
- Treatment of a positive clinical culture in the absence of disease
- Failure to narrow antimicrobial therapy when a causative organism is identified
- Prolonged prophylactic therapy
 - Until removal of surgical drains is not evidence based
- Excessive use of certain antimicrobials
 - Creating selective pressure




Why is implementing an ASP important for LTCFs and nursing homes?

- Achieve optimal clinical outcomes related to antimicrobial use
- Limit the selection for antimicrobial resistant strains
- Minimize toxicity and other adverse events
- **Reduce** the costs of healthcare infections



1. American Health Care Association. (2013). *2013 Quality Report*. <https://www.nyshfa-nyscal.org/files/2018/11/AHCA-Quality-Report-2013.pdf>
2. Lim, C. J., D. C., & Stuart, R. L. (2014) Reducing inappropriate antibiotic prescribing in the residential care setting: current perspectives. *Clinical interventions in aging*, 9, 165-177. <http://doi.org/10.2147/CIA.S46058>
3. Nicolle, L. E., Bentley, D. W., Garibaldi, R., Neuhaus, E. G., & Smith, P. W. (2000). Antimicrobial use in long-term-care facilities. SHEA Long-Term-Care Committee. *Infection control and hospital epidemiology*, 21(8), 537-545. <https://doi.org/10.1086/501798>

Why is implementing an ASP important for LTCFs and nursing homes?




Cost-estimates of antibiotics in nursing homes range from

\$38 million to **\$137 million** per year.¹



Residents in nursing homes with higher antibiotic use have a

24% increased risk of antibiotic-related harm.²



In nursing homes with higher antibiotic use, **even residents who do not receive antibiotics are at increased risk** of indirect antibiotic-related harms due to the spread of resistant bacteria or *C. difficile* germs from other patients.²

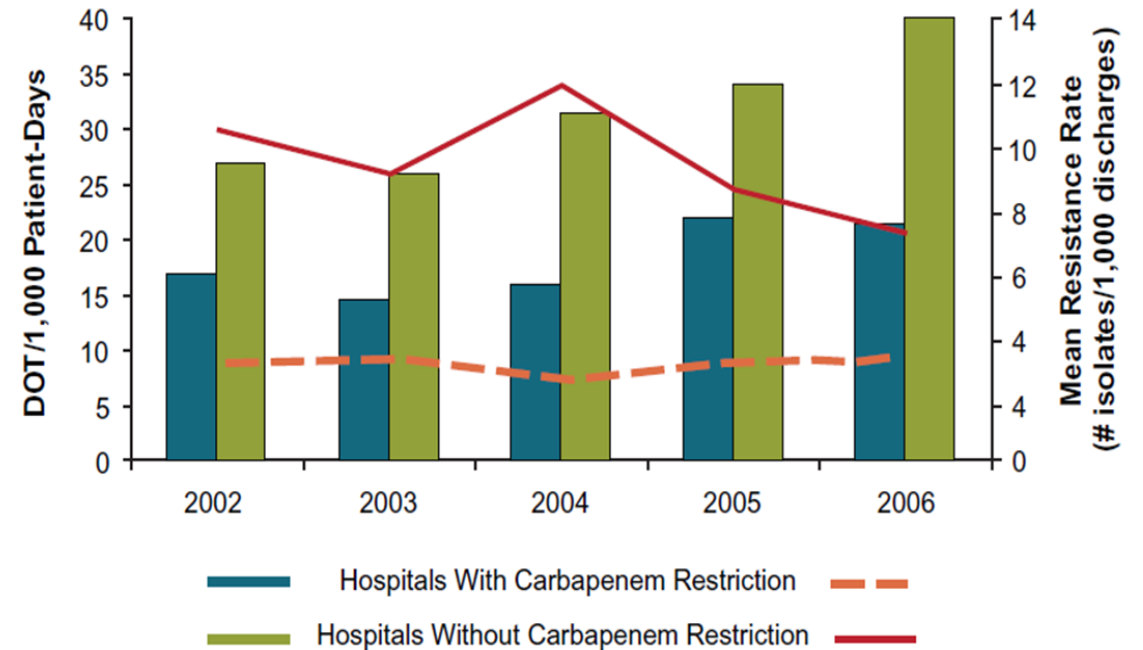
1. Strausbaugh, L. J., & Joseph, C. L. (2000). The burden of infection in long-term care. *Infection control and hospital epidemiology*, 21(10), 674–679. <https://doi.org/10.1086/501712>
2. Daneman, N., Bronskill, S. E., Gruneir, A., Newman, A. M., Fischer, H. D., Rochon, P. A., Anderson, G. M., & Bell, C. M. (2015). Variability in Antibiotic Use Across Nursing Homes and the Risk of Antibiotic-Related Adverse Outcomes for Individual Residents. *JAMA internal medicine*, 175(8), 1331–1339. <https://doi.org/10.1001/jamainternmed.2015.2770>

Impact of implementing an ASP in a nursing home

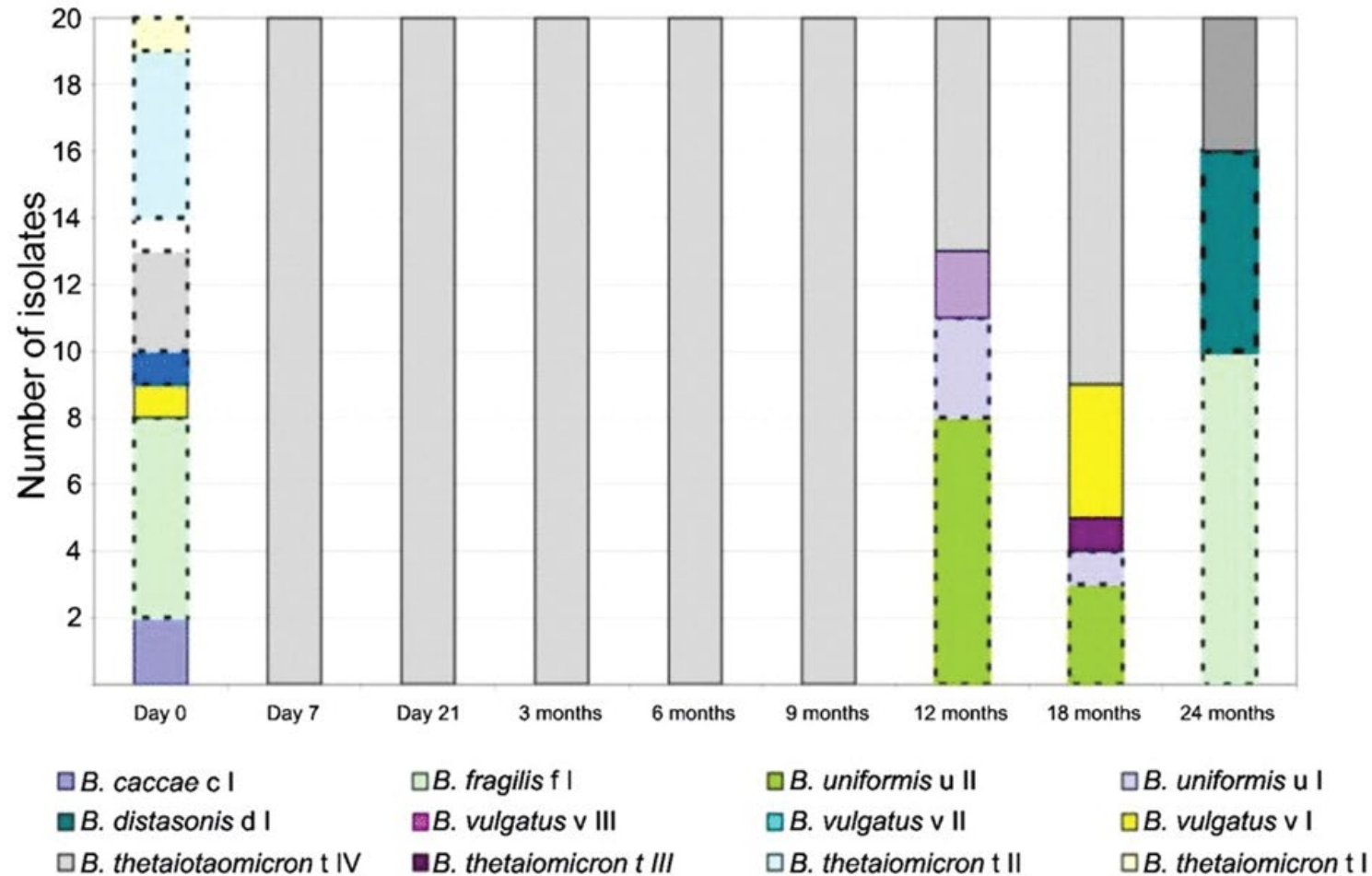
- In North Carolina, 42 nursing homes participated in implementing an ASP. The data demonstrated:
 - Reduced overall antibiotic prescribing between **10% and 28%**
 - Reduced hospitalizations between **8% and 11%**
 - Reduced *Clostridioides difficile* infections between **11% and 21%**
 - Reduced Methicillin-resistant *Staphylococcus aureus* (MRSA) infections by **8%**

Impact of restricting use of broad-spectrum antimicrobials

Hospitals with carbapenem restriction ($n=8$) used significantly fewer carbapenems and had lower incidence **rates of carbapenem resistant *Pseudomonas aeruginosa*** than hospitals without carbapenem restriction



Fecal microbiome changes following a 7-day clindamycin course



Antimicrobial stewardship is mandated by CMS

The Centers for Medicare and Medicaid Services (CMS) required all long-term care facilities (LTCFs) to have an antibiotics stewardship program by November 28, 2017

Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities. Available at: <https://www.federalregister.gov/documents/2016/10/04/2016-23503/medicare-and-medicaid-programs-reform-of-requirements-for-longterm-care-facilities>; 2016.

Medicare State Operations Manual, Appendix PP: Interpretive Guidelines for Long-Term Care Facilities. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-ManualsIOMsItems/CMS1201984.html>.

Guiding antimicrobial principles

- For severe infections, start broad
 - If you get it wrong, you are in trouble
- Get the patient in quickly
- De-escalation of therapy is a necessity
 - The right drug is always the narrowest spectrum agent that produces a successful response and causes the fewest significant adverse effects and the least collateral damage
- Treat for the most appropriate length of time, then stop
- Each of these can be addressed through collaborative efforts



Pre-intervention examples

- Checklist of signs and symptoms for nurses to use before they call a provider about a resident with a change in status
- Distribute prescribing guidelines to staff and clinicians
- Distribute pocket cards to staff indicating minimum criteria for starting antibiotics
- Electronic medical record (EMR) “stops” to notify providers if a resident does not meet criteria for antibiotic therapy or needs monitoring
- Dose recommendations for residents with decreased kidney function
- Require all antibiotic orders to have an indication, dose, and duration



Post-intervention examples

- Electronic alert or pharmacy institutes antibiotic “time out” at 48 or 72 hours
 - Requires the prescriber to reassess antibiotic prescriptions and to verify the need to continue them
- The provider reviews the culture results and diagnostic tests to see if antibiotics are necessary and effective
- Formal review of appropriateness of antibiotic prescriptions by an infectious disease-trained consultant, 24 to 72 hours after the initial prescription
 - Consultants can be pharmacists or physicians



The CDC's 7 core elements of antibiotic stewardship in nursing homes

Summary of Core Elements for Antibiotic Stewardship in Nursing Homes



Leadership commitment

Demonstrate support and commitment to safe and appropriate antibiotic use in your facility



Accountability

Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility



Drug expertise

Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility



Action

Implement **at least one** policy or practice to improve antibiotic use



Tracking

Monitor **at least one process** measure of antibiotic use and **at least one outcome** from antibiotic use in your facility



Reporting

Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff



Education

Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

Leadership commitment

Facilities can demonstrate leadership support for antibiotic stewardship:

- Written statement of leadership support to improve antibiotic use
- Include antibiotic stewardship duties in medical director and director of nursing job descriptions
- Leadership monitors adherence to antibiotic stewardship policies
- Antibiotic use (AU) and resistance data are reported in quality assurance and performance improvement (QAPI) meetings



Accountability

The facility needs to identify **at least one leader** who is accountable for antibiotic stewardship activities:

- Medical director
- Director or assistant director of nursing
- Consultant pharmacist/facility pharmacist
- Other (infection preventionist nurse)



Drug expertise

Facility has access to individual(s) with **antibiotic stewardship expertise**, such as:

- Consultant pharmacist with training and experience in antibiotic stewardship
- Antibiotic stewardship team at a partnering hospital
- External infectious disease or antibiotic stewardship consultant group

Action

Policies to improve antibiotic prescribing and use:

- All antibiotic orders include dose, frequency, duration, and indication
- Facility uses specific algorithms to assess residents for suspected infections and request diagnostic tests for specific infections (**Loeb criteria**)
- Facility uses specific treatment recommendations for infections
- Facility reviews antibiotics before being added to the medication formulary (if one exists)

Practices implemented to improve antibiotic use:

- Standard assessment and communication tools (**SBAR**)
- Antibiotic use information is communicated and received on transfers
- Reports summarizing antibiotic susceptibility patterns (antibiogram)
- Antibiotic reviews or time-outs are performed on antibiotic orders
- At least one infection specific intervention to improve antibiotic use has been successfully implemented

A consultant pharmacist available to support antibiotic stewardship activities:

- Reviews antibiotic appropriateness based on agent selected, dosing regimen, duration of therapy and indication
- Establishes standards for clinical and laboratory monitoring for antibiotic-associated adverse drug events
- Reviews microbiology culture data to assess and guide antibiotic selection

Tracking

Monitor one or more **measures** of antibiotic use:

- Adherence to clinical assessment documentation (including signs and symptoms, vital signs, physical exam findings)
- Adherence includes dose, frequency, duration, and indication for antibiotic orders
- Adherence to facility specific treatment recommendations for infections
- Point prevalence of antibiotic use, new antibiotic starts/1000 resident days, and antibiotic days of therapy/1000 resident-days



Monitor one or more **outcomes** of antibiotic use:

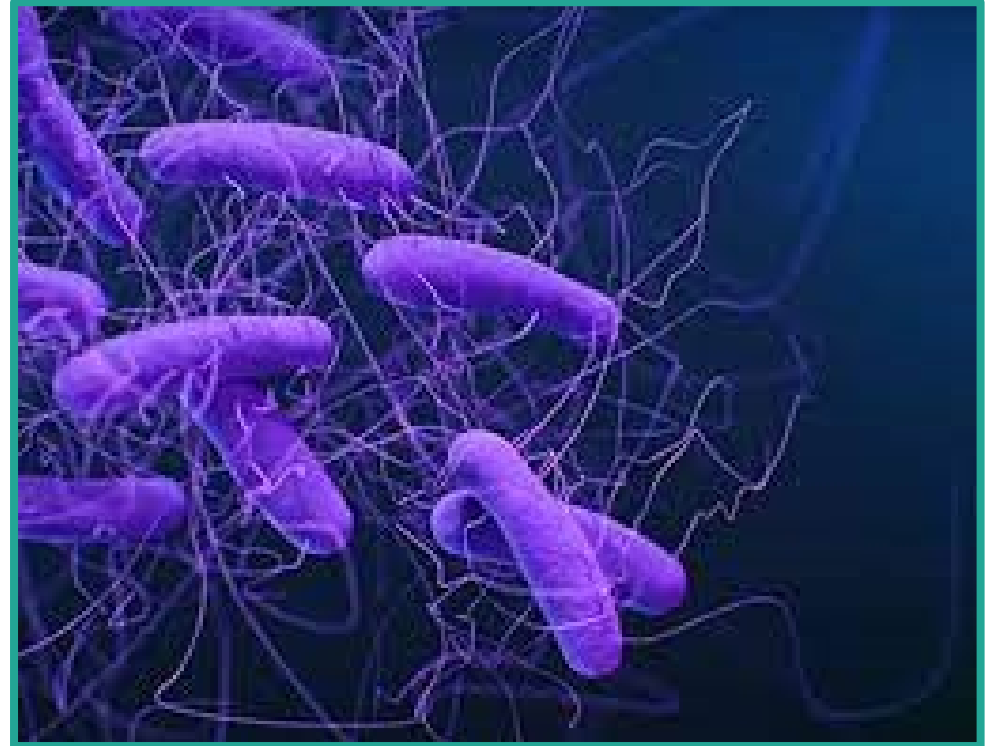
- Rates of *C. difficile* infections
- Rates of antibiotic resistant organisms (e.g., MRSA)
- Rates of antibiotic associated adverse drug events



Reporting

Share reports on antibiotic use and outcomes with clinical providers and nursing staff:

- Antibiotic use in the facility
- Adverse events related to antibiotic use
 - *C. difficile* rates
- Facility antibiotics susceptibility patterns within the past 12 months
 - Antibigram
- Provider-specific feedback



Education

Facility provides educational resources and materials on antibiotic resistance and opportunity to improve antibiotic use:

Staff

- Clinical providers (e.g., MDs, PAs, NPs, pharmacists)
- Nursing staff (e.g., RNs, LPNs, CNAs)

Patients

- Nursing home residents and residents' families members

Method

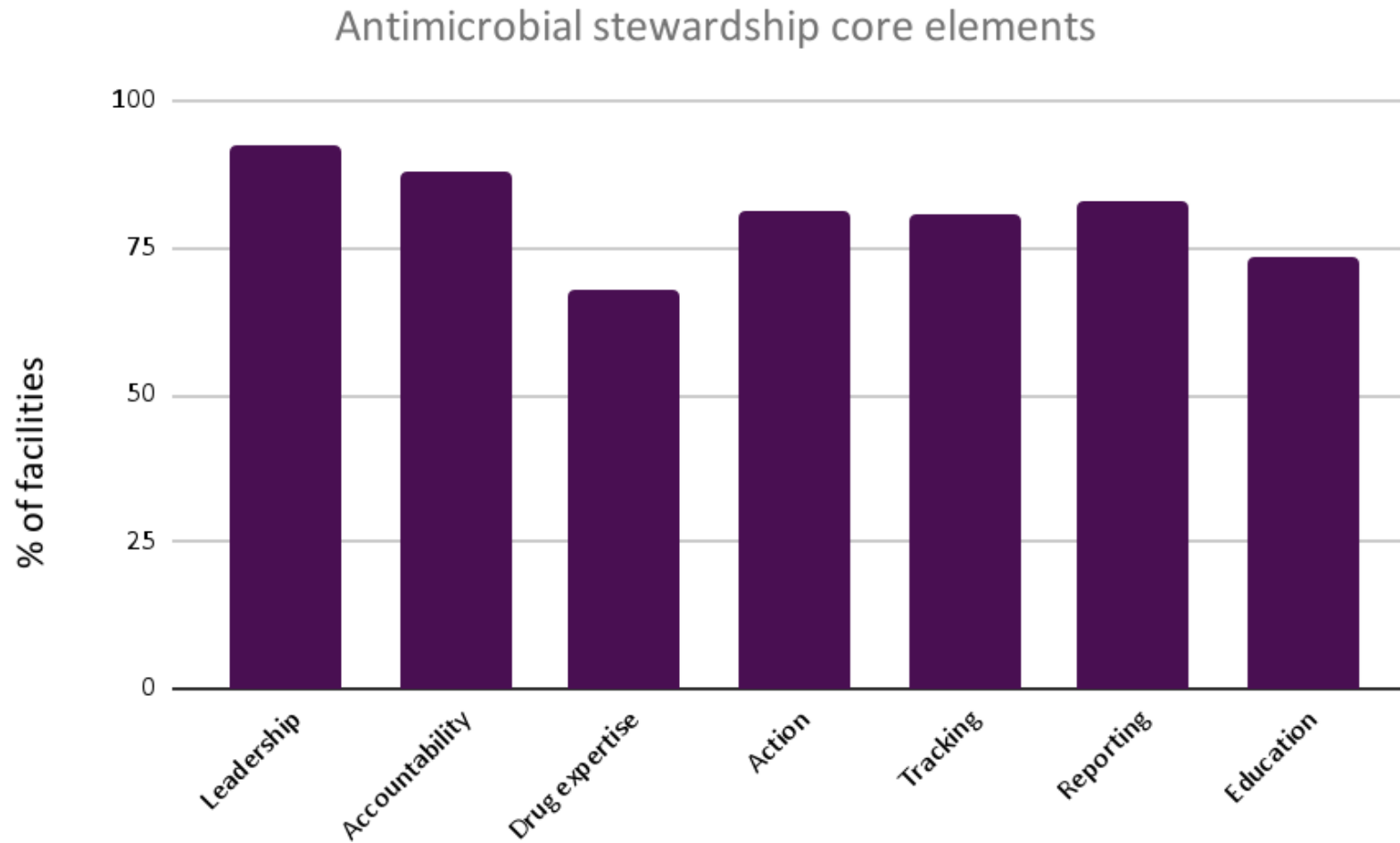
A 35 question REDCap survey based on the CDC's 7 ASP core elements:

Leadership
Accountability
Drug expertise
Action
Tracking
Reporting
Education

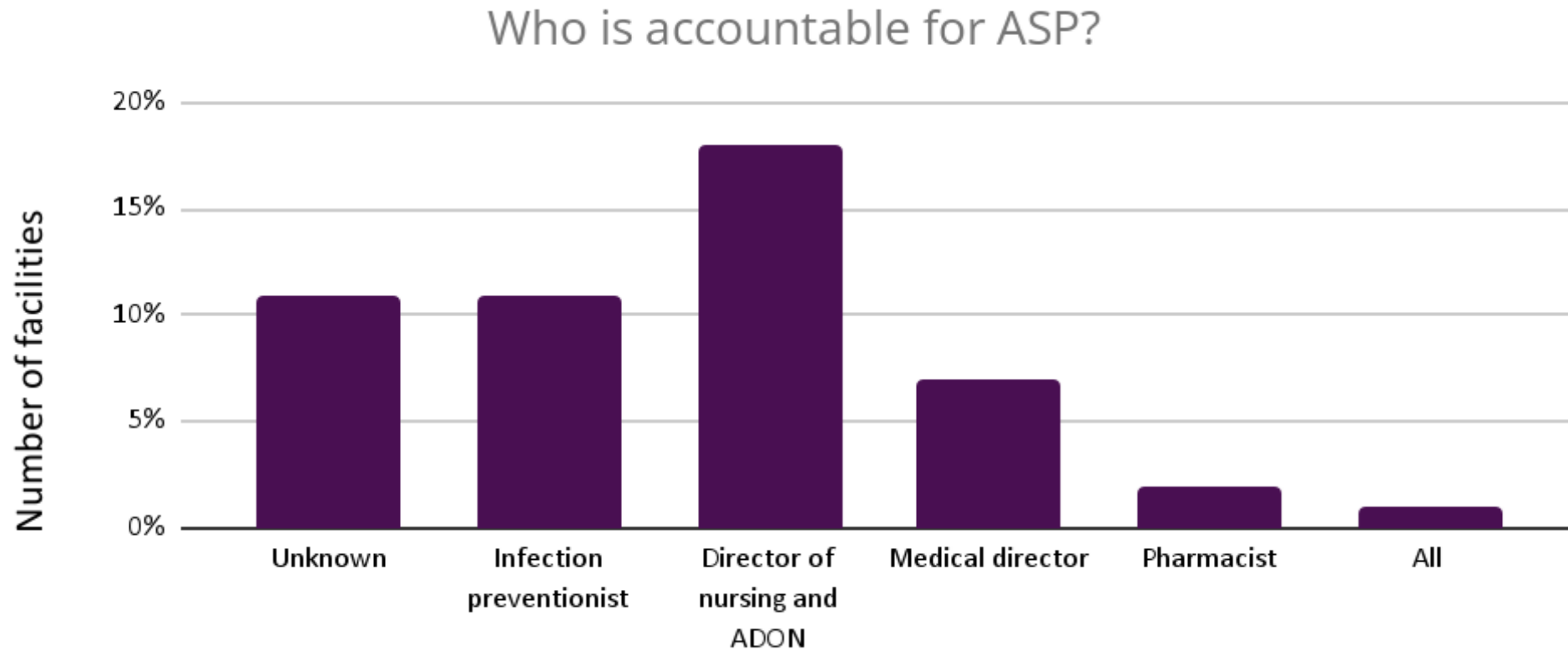
- In October 2022, a survey was emailed to 102 LTCFs in Utah to complete within 134 days
 - 60 responses were collected
- Sent weekly reminder emails until closing date
- Used descriptive statistics to analyze survey data



Antimicrobial stewardship core elements



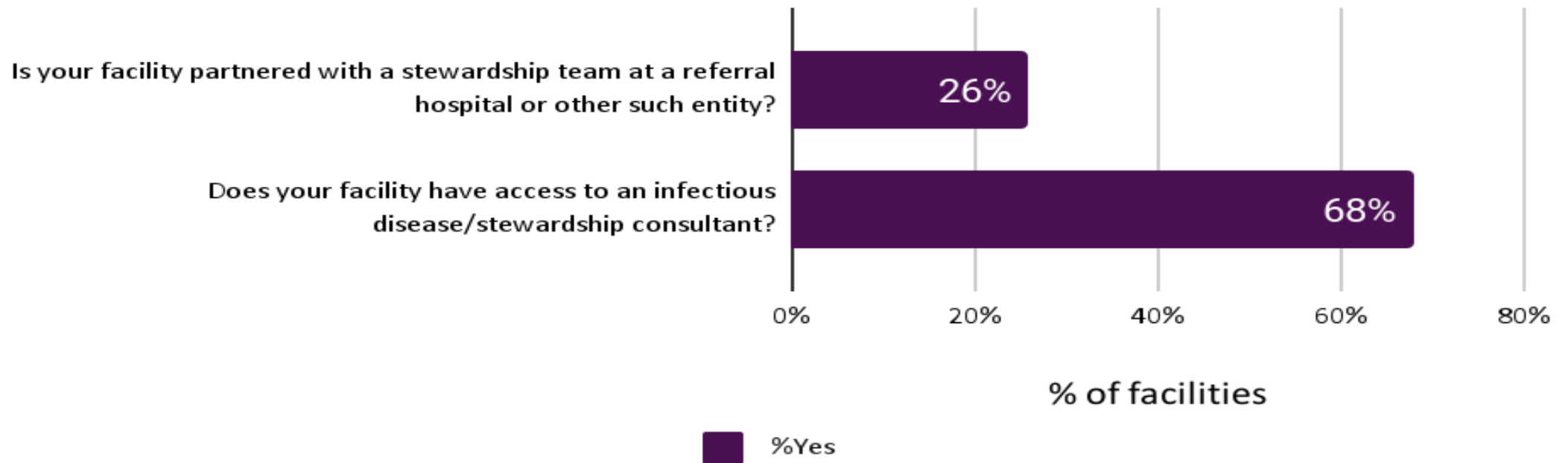
Accountability for ASP



12% of participants did not know who is accountable for ASP

Drug expertise

Drug expertise



It is imperative to have a stewardship consultant to improve antibiotic use and guide development of ASP protocols

Patient antibiotic stewardship educational example

Core Elements for Antibiotic Stewardship in Nursing Homes What You Need to Know About Antibiotics in a Nursing Home

What are antibiotics?

Antibiotics are drugs used to treat infections caused by bacteria. They do not work for illnesses caused by viruses, like flu and most cases of bronchitis.



When are antibiotics necessary?

There are times when antibiotics are urgently needed; for example, to treat sepsis (e.g., when bacteria cause a severe infection of the bloodstream), pneumonia caused by bacteria, and meningitis caused by bacteria. Using antibiotics when they are not necessary increases the risk they will not work when needed most.



Can taking antibiotics be harmful?

Antibiotics, like any medications, can have minor side effects like upset stomach or a rash, as well as serious allergic reactions or dangerous interactions with other medications a person is taking. In particular, antibiotics put people at risk for a deadly type of diarrhea caused by *C. difficile*. Frequent or excessive use of antibiotics leads to developing bacteria that are resistant to those antibiotics. Antibiotic-resistant bacteria are harder to kill, and can cause untreatable infections. A person also can carry resistant bacteria without feeling sick (this is called "colonization"), but if that bacteria causes an infection, it can require more complex treatments and transfer to the hospital.



What is antibiotic stewardship?

Antibiotic stewardship refers to a set of commitments and actions designed to make sure patients receive the right dose, of the right antibiotic, for the right amount of time; and only when truly necessary. Improving antibiotic use will ensure these life-saving medications are effective and available when we need them.



Why is improving antibiotic prescribing practices important for nursing homes?

Nursing home residents have a higher risk of colonization with bacteria for many reasons. The presence of invasive devices such as urinary-catheters and feeding tubes, wounds, and conditions that affect the bladder (e.g., diabetes or stroke) can all lead to colonization. Difficulties in separating colonization of bacteria from true illness in frail or older adults can lead to the overuse of antibiotics, which in turn drives antibiotic resistance.



continued on next page

What can my nursing home do to improve antibiotic stewardship?

Nursing homes can implement the following:

- ▶ **Leadership commitment:** Demonstrate support and commitment to safe and appropriate antibiotic use.
- ▶ **Accountability:** Identify leaders who are responsible for promoting and overseeing antibiotic stewardship activities at the nursing home.
- ▶ **Drug expertise:** Establish access to individuals with experience or training in improving antibiotic use.
- ▶ **Action:** Take at least one new action to improve the way antibiotics are used in the facility.
- ▶ **Tracking:** Measure how antibiotics are used and the complications (e.g., *C. difficile* infections) from antibiotics in the facility.
- ▶ **Reporting:** Share information with healthcare providers and staff about how antibiotics are used in the facility.
- ▶ **Education:** Provide resources to healthcare providers, nursing staff, residents and families to learn about antibiotic resistance and opportunities for improving antibiotic use.



What can I do to improve use of antibiotics and prevent the spread of germs?

- ▶ Get smart about antibiotics by reviewing the information [here](#) and ask the right questions about any antibiotic prescription.
- ▶ Be informed about how your nursing home stops the spread of germs among residents and works to improve antibiotic prescribing practices.
- ▶ Protect yourself by getting vaccines for flu and pneumonia and encourage others around you to do the same.
- ▶ Avoid visiting when you feel ill to protect residents from germs which may be spread in the community.
- ▶ Insist nursing home staff and visitors always clean their hands before touching or caring for your wound or catheter.
- ▶ Know what else you can do to prevent the spread of germs (e.g., cover your cough).



Patient antibiotic training resources for nursing homes

[Agency for Healthcare Research and Quality: Implement, Monitor, and Sustain an Antimicrobial Stewardship Program](https://www.ahrq.gov/nhguide/toolkits/implement-monitor-sustain-program/index.html)

<https://www.ahrq.gov/nhguide/toolkits/implement-monitor-sustain-program/index.html>



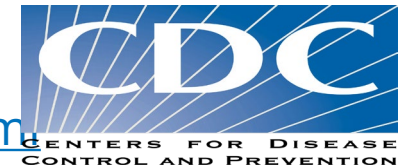
[Quality Improvement Organizations: Antibiotic Stewardship](https://qioprogram.org/antibiotic-stewardship#How_can_we)

https://qioprogram.org/antibiotic-stewardship#How_can_we



[CDC: Core Elements of Antibiotic Stewardship for Nursing Homes](https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.htm)

<https://www.cdc.gov/antibiotic-use/core-elements/nursing-homes.htm>



Antibiotic stewardship webinar series with Project ECHO

Would you like to learn more about antimicrobial stewardship?

The **Healthcare-associated infections/antimicrobial resistance (HAI/AR)** program at the Department of Health and Human Services (DHHS) is working with **Project ECHO** to continue the conversation about antimicrobial stewardship.

Click the link below if you would like to participate, either as an audience member or presenter.

[Post-Acute Care ECHO | Physicians | University of Utah Health](#)



Working together could result in fewer healthcare infections.

Common Approach *(Not enough)*

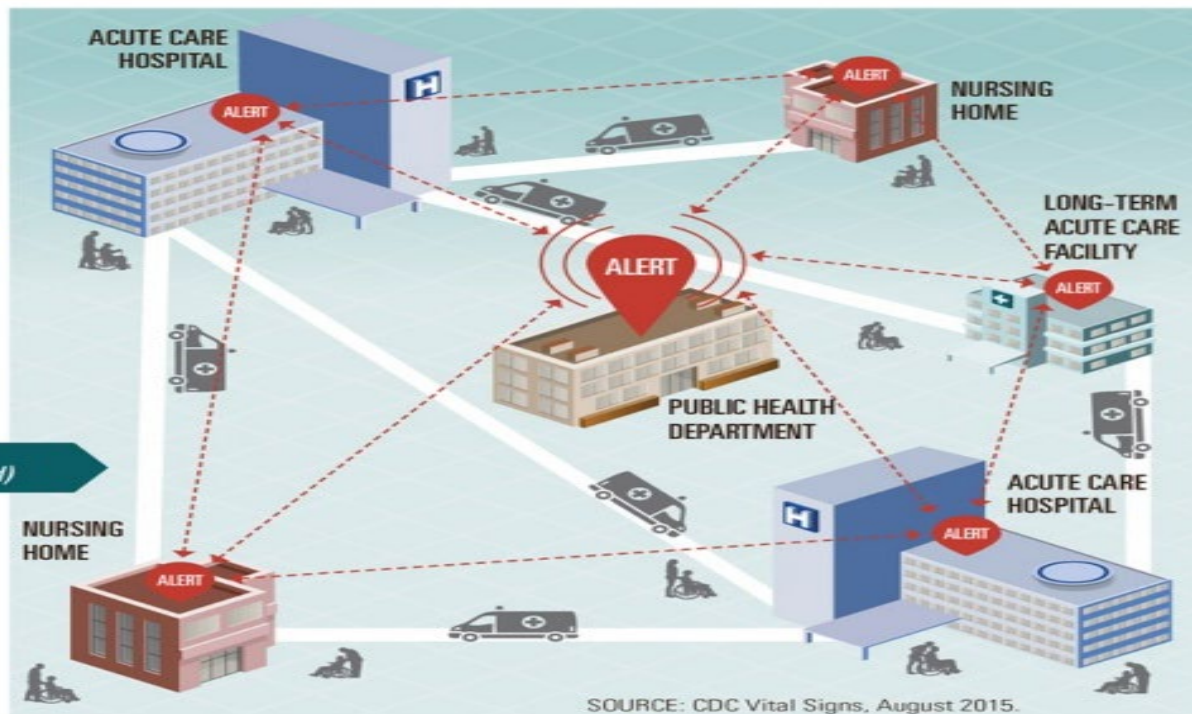
- Patients can be transferred back and forth from facilities for treatment without all the communication and necessary infection control actions in place.

Independent Efforts *(Still not enough)*

- Some facilities work independently to enhance infection control but are not often alerted to antibiotic-resistant or *C. difficile* germs coming from other facilities or outbreaks in the area.
- Lack of shared information from other facilities means that necessary infection control actions are not always taken and germs are spread to other patients.

Coordinated Approach *(Needed)*

- Public health departments track and **alert** health care facilities to antibiotic-resistant or *C. difficile* germs coming from other facilities and outbreaks in the area.
- Facilities and public health authorities share information and implement shared infection control actions to stop spread of germs from facility to facility.



Vitalsigns[™]

www.cdc.gov/vitalsigns/stop-spread



IF NOT TACKLED, RISING AMR COULD HAVE A DEVASTATING IMPACT



By 2050, the death toll could be a staggering
one person every three seconds
if AMR is not tackled now.

Source: Review's own analysis.

tmosleh@utah.gov

Healthcare-associated infections/antimicrobial resistance (HAI/AR) program

HAI@utah.gov

[HAI/AR Program Website](#)



[Utah DREAM & HAI](#)



[Utah.disease.response](#)



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Knowledge Check



Wrap-Up

Comagine
Health



Utah Department of
Health & Human Services
Population Health

Nursing Continuing Education (CE) Credits

To receive CEs

- Complete the session evaluation survey
- Provide your name and license number

What you'll receive

- 1 credit hour, per session you meet the listed criteria
- Credit is awarded by the Nevada Board of Nursing

When you'll receive it

- In your post-session email

Connecting to APIC

What you receive

- APIC national and local Utah chapter membership (\$230 value)
- APIC Infection Prevention Guide to Long-Term Care, 2nd edition (\$119 value)

Active participation What does it mean?

- Attended a minimum of three out of 12 sessions
- Interact during sessions
- Fill out session evaluations
- Share your information to be enrolled

Coaching and Consultations

- Virtual and on-site 1:1 consultation
- Tailored to your needs and setting
- Sign up by emailing InfectionPreventionAdvisor@comagine.org
- Core components include:

Introduction and program assessment

- Assess current IPC capacity, prioritize needs, set calendar for visitation

Environmental assessment and walkthrough

- Evaluate IPC infrastructure, identify resources and supply needs

Performance improvement plans

- Provide recommendations, PIP templates and support

Monitoring, follow-up and performance improvement

- Assess progress, provide support on continued PIP implementation

Quality assurance

- Assess uptake and sustainability of recommendations

Next Steps

1

Join us for our next session

- Session 11
Nov. 1, 2023:
Keeping Everything Clean: How to control the environment to reduce infections

2

Reach out to Comagine Health staff for any questions or assistance

3

Check out the [Learning Collaborative Padlet](#) page

4

[Submit](#) more Roundtable cases

5

Fill out this session's evaluation survey

- Provide your name and license number for CEs

Contact Us

For more information on Comagine Health's Infection Prevention Solutions for LTC facilities in Utah, please contact:

- Email: infectionpreventionadvisor@comagine.org
- Jen Roeder: jroeder@comagine.org
- Violet Brown: (801) 892-6651, vbrown@comagine.org
- Kaylie Pickup: kpickup@comagine.org



Utah Infection Prevention Solutions for skilled nursing facilities, assisted living communities and intermediate care facilities is funded by a grant through the Utah Department of Health and Human Services' Healthcare-Associated Infections Program.