Background

Antibiotics are the most common type of medication prescribed in nursing homes. The majority of antibiotic prescriptions may be unnecessary—up to 3 out of every 4 antibiotics in some studies.

Most antibiotics used in nursing homes are for suspected urinary tract infections or UTI. Many of these suspected UTI are really not true infections, but asymptomatic bacteriuria or ASB. ASB can be thought of as simply colonization. Treating ASB does not help residents and may actually increase the risk of a subsequent symptomatic UTI.

While antibiotics are helpful in treating real UTI, when used to treat ASB they can actually harm residents through drug interactions, adverse drug events, changing a person’s microbiome, and promoting Clostridium difficile infection. Antibiotics are the leading cause of adverse drug events in nursing home patients.

Misuse of antibiotics also leads to resistance in a person and in the community—placing everyone at risk. Antibiotic resistance is a serious growing threat across the world.

How Does This Affect Us?

Nursing facilities are required to have an infection control program that ensures ongoing review of antibiotics—what is known as antimicrobial stewardship. Addressing inappropriate treatment of suspected UTI is an example of an antimicrobial stewardship program.

The White House has recognized the seriousness of antibiotic resistance and has directed a number of initiatives to address this threat. Included in these initiatives are nursing home regulatory updates which are currently being drafted. These updates will guide surveyor review of a facility’s infection control practices and antimicrobial stewardship activities.

Having an effective antimicrobial stewardship program is now a major priority in all nursing homes. An antimicrobial stewardship program can also fulfill a facility’s requirement of a quality assessment and performance improvement (QAPI) activity.

What is the IOU Study?

The University of Pittsburgh is collaborating with the University of Wisconsin and AMDA—The Society for Post-Acute and Long-Term Care Medicine to disseminate a UTI management program in 40 nursing homes in the U.S. This project is federally funded by the Agency for Healthcare Research and Quality (AHRQ).

As part of the program, we will provide facilities with a set of guidelines for the diagnosis and treatment of uncomplicated UTI in nursing home residents. The guideline was developed by a panel of expert physicians currently practicing in the nursing home setting.

The program provides facilities with a variety of implementation tools, and will train and mentor facilities as they implement the guidelines. Education will cover the importance of UTI management, how to diagnose and treat uncomplicated UTI in the nursing home setting, as well as how to use QAPI to implement the guidelines.
Will All Facilities Receive the Guidelines and Tools?

Yes. In order to evaluate the effectiveness of the project and materials, facilities will be assigned to one of two groups, the intervention group and a control group. Intervention facilities will receive the materials first. After 12 months, the control group will also receive the materials. The materials received by the control group may be updated or enhanced based upon feedback from the intervention facilities.

How Do I Learn More About The Project?

The IOU Project Team will hold a teleconference to review the project goals and procedures and answer any questions facilities might have. The date for the teleconference has not yet been set. The IOU Project Team will be in contact with you when the date is set.

Who Can We Contact About the IOU Study?

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