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Aged Care Quality and Safety Commission

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Quality use of antimicrobials in residential aged care services: An Update from the Aged Care Quality and Safety Commission

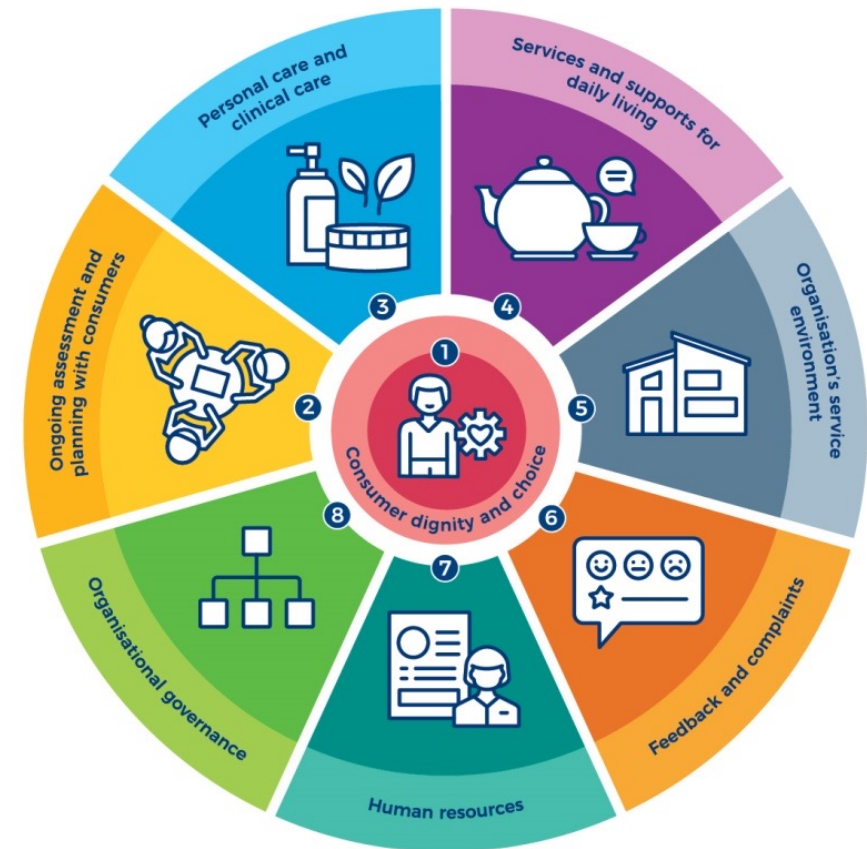
Dr Lyn-li Lim
November 2021

1800 951 822
agedcarequality.gov.au

Aged Care Quality and Safety Commission

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- January 2019 : The Commission commenced operations
- Primary point of contact for consumers and providers in relation to quality and safety
- July 2019: Aged Care Quality Standards
 - Providers of Commonwealth funded aged care services required to comply with these standards made under Aged Care Act 1997
 - 8 Quality Standards



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Provider obligations around AMS

Standard 3 requirement (3)(g)

Minimisation of infection-related risk through implementing:

standard and transmission-based precautions to prevent and control infection

practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

Reflective questions

Evidence of antimicrobial stewardship **policy and processes** to support appropriate administration of antibiotics.

Evidence of **care strategies** used to minimise the need for antibiotics (such as measures to reduce the risk of urinary tract infections or treat minor skin infections).

The organisation's management describe how it supports members of the **workforce to understand and promote appropriate prescribing of antibiotics**.

Records show that the organisation educates relevant members of the **workforce in antimicrobial resistance and strategies to reduce the risk of increasing resistance to antibiotics**.

<https://www.agedcarequality.gov.au/providers/standards/standard-3>



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Provider obligations around AMS

Standard 8 requirement (3)(e)

Effective organisation wide systems are required for preventing, managing and controlling infections and antimicrobial resistance.

A clinical governance framework should include, but is not limited to, antimicrobial stewardship.

Reflective questions

Evidence of strategies and practices that aim to make sure antimicrobials are **prescribed according to best practice guidelines**.

Records show that the organisation has a systematic approach to **clinical audit and data comparisons** that supports improvements in clinical care.

The **workforce** can describe their accountabilities and responsibilities for the effectiveness, safety and quality of clinical services.

The **workforce** can describe how they collect data to inform clinical performance indicators, they say the indicators are meaningful and can describe how they lead to improvements in clinical care.

Consumers say members of the workforce discuss their clinical care with them, including risks and benefits of any clinical treatment and the appropriate use of antibiotics.

<https://www.agedcarequality.gov.au/providers/standards/standard-8>



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AMS – A focus for improvement in aged care services

Antimicrobial use in aged care services

At any point in time 8-9% of residents are on an antimicrobial

70% of residents are prescribed at least one antimicrobial course a year

20% of prescriptions are for prophylaxis

Aged Care National Antimicrobial Prescribing Survey (AC-NAPS)

Prolonged duration of prescriptions

High rates of “PRN” prescriptions

National surveillance reports (AURA 2021)

High rates of antimicrobial resistance in aged care services

- *Staphylococcus aureus* methicillin-resistance : aged care 26% hospitals 22%
- *Escherichia coli* cefazolin-resistance : aged care 35% hospitals 20%



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AMS – What are the problems?

Antibiotic Overprescribing

Clinical / undifferentiated syndromes that may not require antibiotics

- Fall, acute behaviour change

Viral infections

- Sore throat, sinusitis, conjunctivitis

Conditions mistaken as infection

- Asymptomatic bacteriuria (“ASB”)

Incorrect interpretation of testing / treating the test result rather than the person

Antimicrobial Over-treatment

Excessive durations for treatment of infections

Excessive durations for prevention of infections

Excessive use of broad-spectrum antibiotics

Prescribing antimicrobials as “when required” (PRN)

- topical antifungals

Continuation of prescribing for >1 month without documentation of indication, or future stop date



AMS – Important aspects

Recognition

Sepsis

Multidrug-resistant infections

Treatment

Use of non-pharmacological strategies to treat / prevent infections

- UTI: Hydration, urinary catheter change
- Skin: Keeping area clean and dry



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Why is prescribing for UTI one of the biggest antibiotic prescribing problems in aged care?

UTI is the most common reason for antibiotic prescribing in aged care services

UTI is overdiagnosed

- Non-specific symptoms and signs are incorrectly attributed to UTI
- Use of urine dipstick testing and inappropriate interpretation of positive dipstick results

Recurrent UTI is overdiagnosed

Overuse of broad-spectrum antibiotics

Prolonged courses of antibiotics

- Side effects and other potential harms from unnecessary antibiotics

Antimicrobial resistance

- Impact on resident (more likely to carry a multidrug-resistant bacteria)
- Impact on aged care home environment (more likely to harbour multidrug-resistant bacteria that can be spread from person to person)



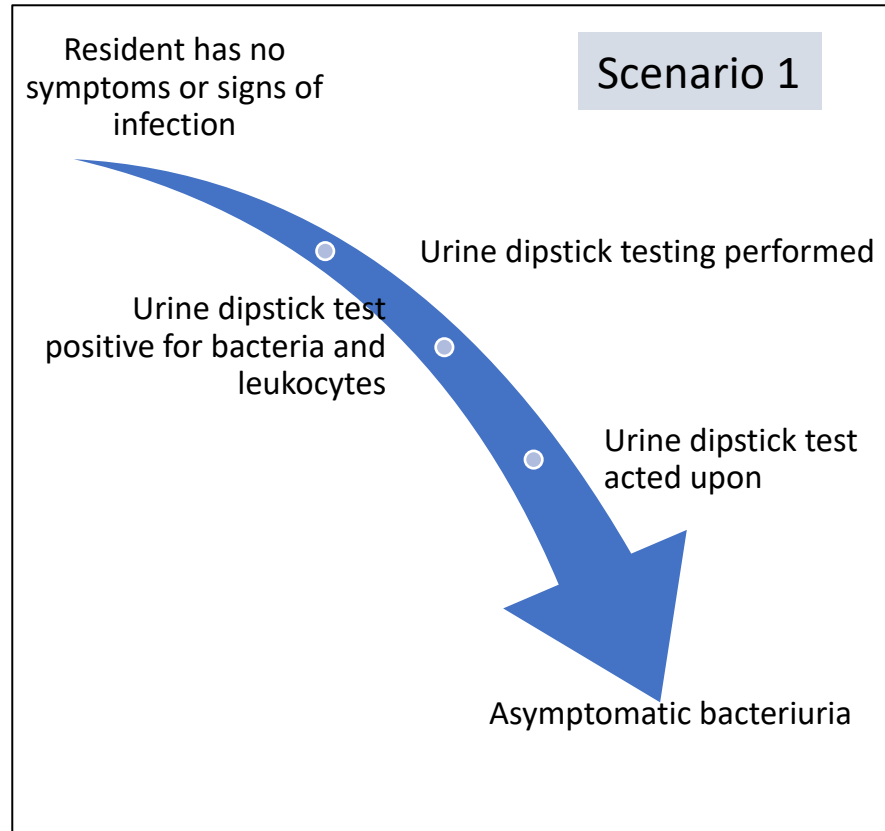
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**Better use
of antibiotics**

What clinical syndromes are mistaken for UTI?



Older people with bacteria present in their urine



Asymptomatic bacteriuria (ASB)

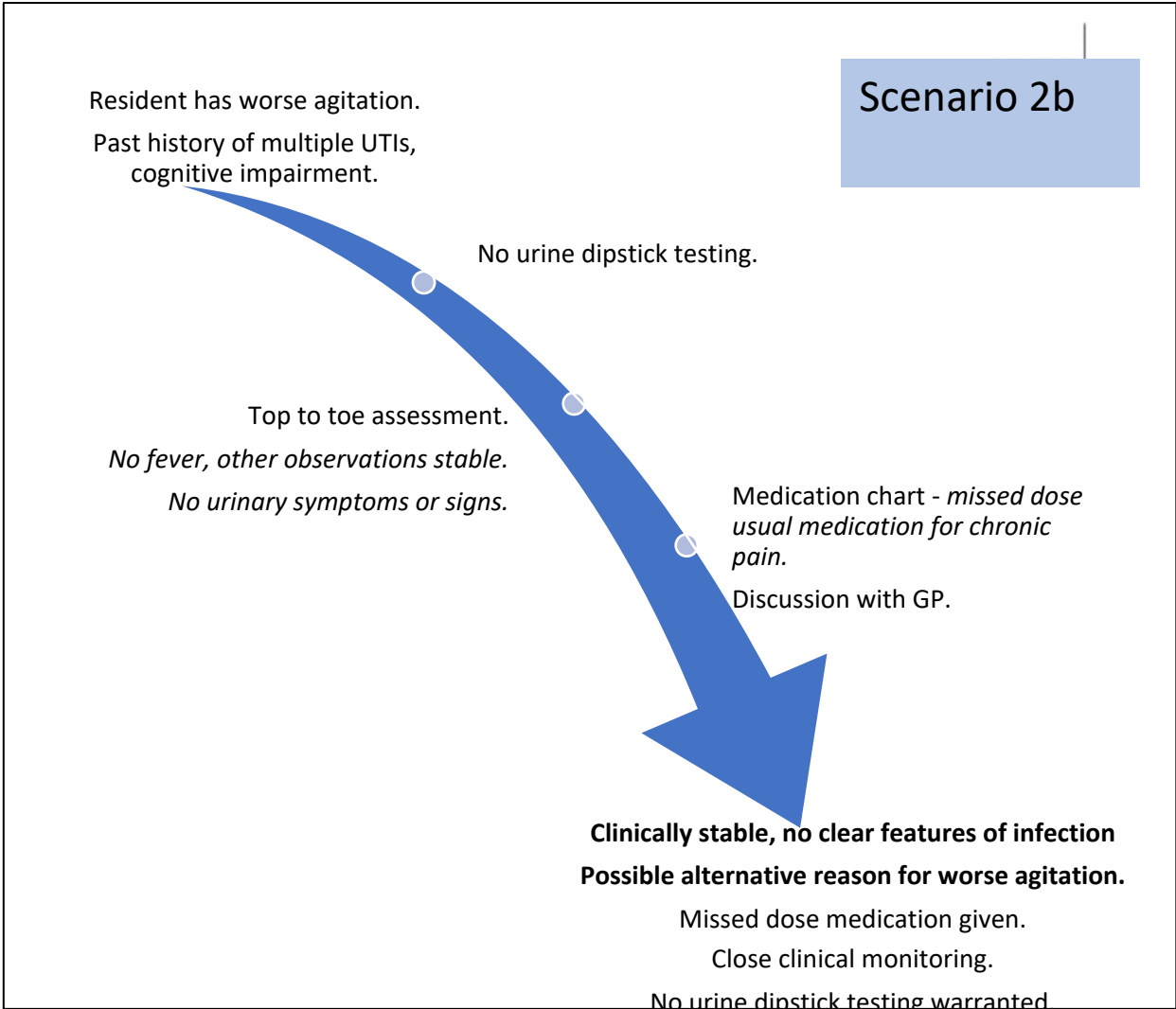
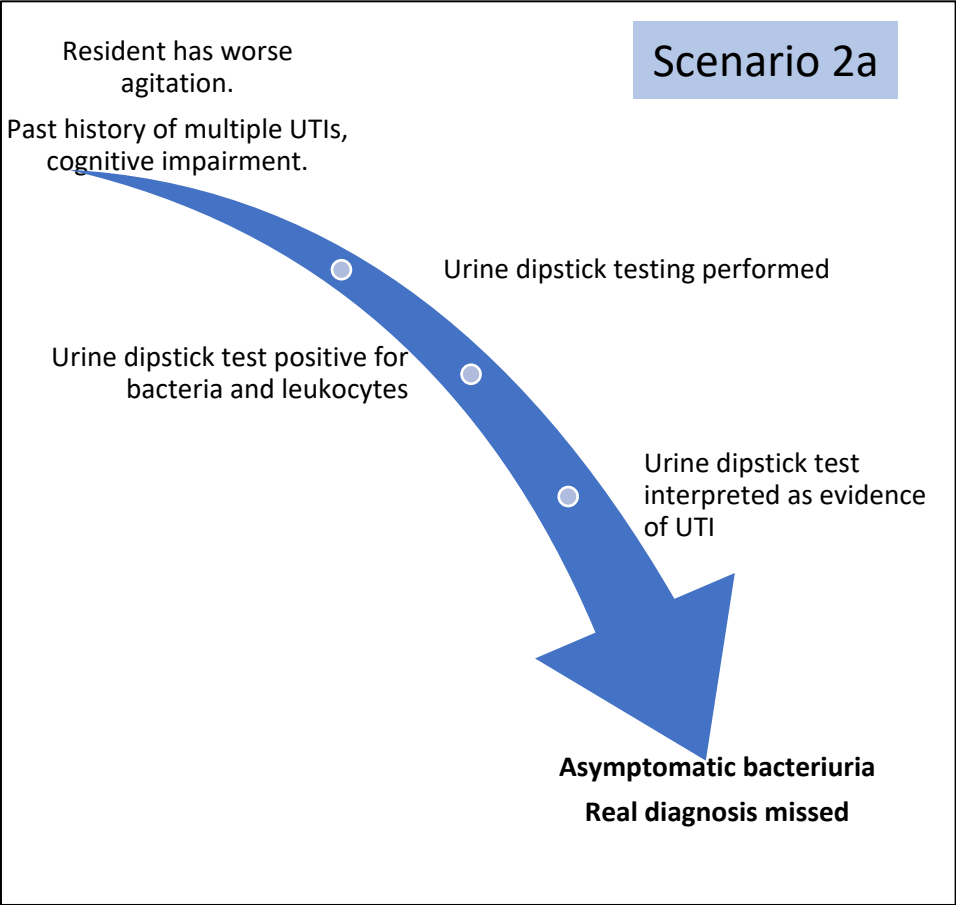
- Harmless bacteria in urine
- Antibiotic treatment not required
- Antibiotic treatment does not reduce likelihood of UTI in future
- Antibiotic side-effects from treatment of ASB is preventable harm



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What clinical syndromes are mistaken for UTI?



ACQSC To Dip or Not to Dip Quality Improvement activity: Urine dipstick testing in aged care services

What we know about dipstick testing

- Urine dipstick testing when not needed is a widespread and longstanding problem
- There is high reliance on using these results to guide care
- Dipstick testing can pick up asymptomatic bacteriuria (ASB) which is mislabelled as UTI, and result in prescribing of antibiotics which doesn't help the resident

Common beliefs about urine dipstick testing

- A positive urine Dipstick (nitrite/leukocyte) result confirms the resident has a UTI
NOT TRUE
- Dipstick testing should be performed if resident has smelly urine
NOT TRUE
- Dipstick testing should be performed in residents after a course of antibiotics to confirm UTI cure
NOT TRUE





[Home](#) > [Antimicrobial stewardship](#)

Antimicrobial stewardship

Antimicrobials can speed up your recovery if you have an infection and can save your life if you have a serious infection. However, overuse of antimicrobials can lead to antimicrobial resistance – infections with bugs that cannot be treated effectively with antimicrobials.

Antimicrobial stewardship is about avoiding unnecessary use of antimicrobials and making sure that whenever an antimicrobial is used, it is used with care to minimise the risk of antimicrobial resistance.

Consumers, doctors, nurse and pharmacists are important in antimicrobial stewardship.

On this page:

- [What are infections?](#)
- [What are antimicrobials?](#)
- [What is antimicrobial resistance?](#)
- [What is antimicrobial stewardship?](#)
- [Who contributes to AMS in aged care services?](#)
- [AMS is a focus for improvement in aged care services](#)
- [Commission's aim](#)
- [Quality Standards](#)
- [Resources](#)

[COVID-19 provider resources](#)

[Becoming an approved aged care provider](#)

[Commission Act and Rules](#)

[Quality Standards](#)

[Prudential Standards](#)

[Serious Incident Response Scheme](#)

[Minimising the use of restrictive practices](#)

[National Aged Care Mandatory Quality Indicator Program](#)

[Notifying material changes for approved providers](#)



[Home](#) > [Antimicrobial stewardship](#) > AMS provider resources

AMS provider resources

This page provides antimicrobial stewardship (AMS) resources for aged care providers.

We also have dedicated AMS resources pages for [consumers](#) and [clinicians](#).

On this page:

- [Quality bulletins](#)
- [To Dip or Not to Dip](#)
- [Webinars](#)
- [External resources](#)

Quality bulletins

- [From the Chief Clinical Advisor – #33 September 2021](#)
- [From the Chief Clinical Advisor – #32 August 2021](#)
- [Information about antimicrobial stewardship in aged care – #31 July 2021](#)
- [Updates from the Chief Clinical Advisor – #30 June 2021](#)
- [Examining consumer feedback on medication use in residential aged care – #29 May 2021](#)
- [Our current work on antimicrobial stewardship – #28 April 2021](#)
- [Antimicrobial stewardship – #27 March 2021](#)

[Home](#) > [Antimicrobial stewardship](#) > AMS clinician resources

AMS clinician resources

This page provides antimicrobial stewardship (AMS) resources for aged care clinicians (nurses, personal care attendants, general practitioners).

We also have dedicated AMS resources pages for [consumers](#) and [providers](#).

On this page:

- [To Dip or Not to Dip](#)
- [Clinical pathway for suspected urinary tract infections](#)
- [Do you need antibiotics?](#)
- [Webinars](#)
- [External resources](#)

To Dip or Not to Dip

To Dip or Not to Dip is an evidence-based pathway which aims to improve the diagnosis and management of urinary tract infections (UTI) in older people living in aged care services. This pathway has been shown to reduced antibiotic use and hospital admissions for UTIs.

Video

This training video introduces a clinical care pathway for UTIs.



[Home](#) > [Antimicrobial stewardship](#) > AMS consumer resources

AMS consumer resources

This page provides antimicrobial stewardship (AMS) resources for aged care consumers.

We also have dedicated AMS resources pages for [providers](#) and [clinicians](#).

On this page:

- [Do you need antibiotics?](#)
- [To Dip or Not to Dip](#)
- [Using antibiotics well – Do I need a drug for every bug?](#)
- [External resources](#)

Do you need antibiotics?

This flyer has information about antibiotics for aged care residents and their families, carers and representatives.

You can use it when talking to your doctors, care staff or pharmacist about antibiotics you are already taking or antibiotics that have been prescribed for you.

Download the [Do you need antibiotics? flyer](#)

To Dip or Not to Dip

To Dip or Not to Dip is a clinical pathway that aims to improve the diagnosis and management of urinary tract infections (UTI) in older people living in aged care services.

ACQSC To Dip or Not to Dip

Suspected UTI
-Without catheter

For use after medical
emergencies excluded
e.g., sepsis, pyelonephritis

Resources to support best practice

- Evidence-based clinical pathway for residents with suspected UTI
- Encourage collection of MSU / CSU for suspected UTI
- Discourage urine dipstick testing

Education and communication

- Nurse / GP communication



Clinical pathway for older people in aged care homes: Suspected Urinary Tract Infections (UTI)

Without Catheter

Nurse/Carer: Complete resident details, assessment and management sections.
File in resident notes. **DO NOT PERFORM AN INITIAL URINE DIPSTICK.**

Resident name				Start name starting form	
Date of birth		Gender		Date	Time
Observations	Pulse		Blood pressure		Respiratory rate
					Temperature

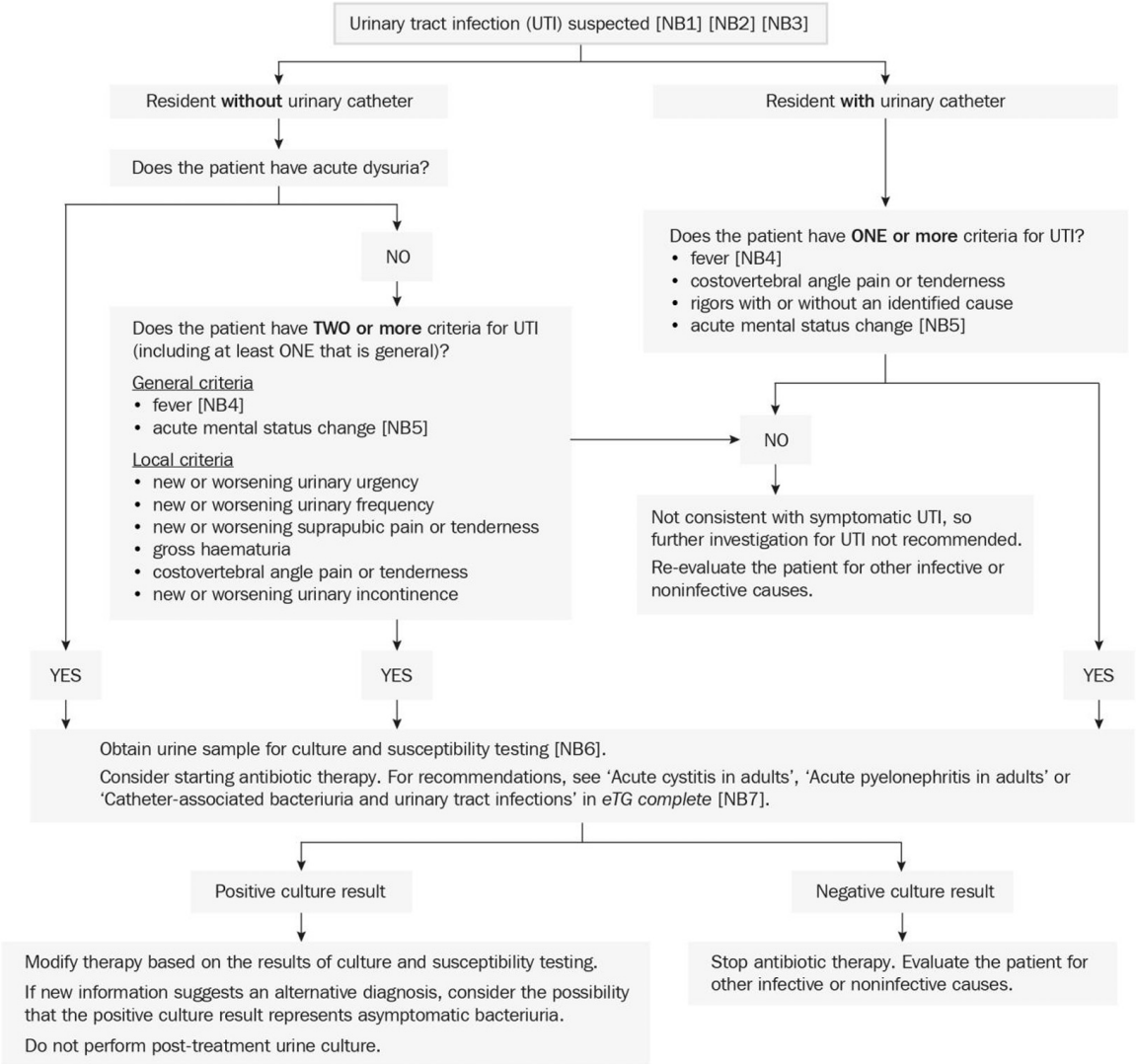
Assessment – PCA and/or RN	PCA/Nurse to complete	Nurse to complete
	NEW or WORSE problem with no other reason found in resident without catheter <input checked="" type="checkbox"/>	Interpretation in resident without catheter
	Category A	Final interpretation <input checked="" type="checkbox"/>
	Dysuria, pain or burning on passing urine	UTI possible.
	Category B	Consider other causes as well as UTI. Do not perform urine Dipstick.
	Fever ($\geq 38^{\circ}$ or $>1.5^{\circ}$ above usual temperature) NB paracetamol formulations e.g. Panadol Osteo™ may mask fever	UTI unlikely. Do not perform urine Dipstick.
	Confusion, agitation	
	Category C	
	Frequency on passing urine	
	Urgency on passing urine	
	Urinary incontinence	
	Flank, loin, kidney pain or tenderness	
	Low abdominal pain	
	Visible blood in urine	
	Category D	
	No signs or symptoms	

Actions – RN to Update	<input checked="" type="checkbox"/> Action – update as conducted (tick <input checked="" type="checkbox"/> if undertaken)	Date of action
	If UTI possible : send urine culture. Preferred collection techniques: MSU, clean-catch (e.g., if incontinent). Transport to lab within 2 hours or refrigerate (4-10°C until transported).	
	Dipstick performed? Do not perform dipstick unless specific GP request.	
	GP review requested.	
	Assess hydration status and encourage fluid intake if dehydrated.	
	Were antibiotics prescribed? If YES, document prescription (e.g. trimethoprim 300mg orally nocte for 3-days).	
	Urine culture sent: results followed up? Lab results usually available within 72 hours. Nursing staff should follow up and discuss with GP (and resident) culture results, review clinical progress and antibiotic plan.	

Aligned with:

Therapeutic Guidelines: Antibiotics, ACSQHC

Figure 1 Assessment and treatment of aged-care facility residents with suspected urinary tract infection



NB1: Do not investigate or treat cloudy or malodorous urine in aged-care facility residents who do not have other signs or symptoms of UTI.

NB2: Consider whether an alternative diagnosis is likely. Consider both infective (eg pneumonia) and noninfective (eg medication-related adverse events) causes.

NB3: Establish whether an advance care plan is in place as it may influence assessment and management (eg whether investigations are performed or antibiotics are given).

NB4: Fever is defined as a temperature higher than 38°C or an increase of more than 1.5°C above baseline temperature.

NB5: Acute mental status changes include new change in level of consciousness, periods of altered perception, disorganised speech and lethargy.

NB6: If the resident has an indwelling urinary catheter, see eTG complete for a guide to collecting urine samples in patients with indwelling urinary catheters.

NB7: The duration of therapy does not need to be modified for this patient group and should always be stated on the prescription.

ACQSC To Dip or Not to Dip

Surveillance

- Track process measures
- Documentation
- Prescribing according to guidelines
- Track outcome measures
- Review and cease long term prescriptions



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To Dip or Not to Dip Audit

RACS ID:		Date audit:		
Resident: Surname		Audit by (name / designation):	(1)	(2)
Resident: First name		Antibiotic allergies / adverse effect:	or not documented	
DOB		If allergy / adverse effect, nature and severity	or not documented	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Did resident have a urinary catheter at onset of UTI symptoms and signs ?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	

Agent	Dose	Route	Frequency	Start date	Stop or review date? Indicate which is documented		What is the stop or review date?	Condition being treated: Site involved	For urinary tract sites, more details	For urinary tract sites, Indication: Treatment or Prophylaxis	For 3 and 6-month audits only. Has resident received this antibiotic continuously since previous audit?
Free text	Free text	o / im / IV	Daily / BD / TDS / QID	Date	<input checked="" type="checkbox"/> Stop	<input checked="" type="checkbox"/> Review	Date	See options	See options	Treatment or Prophylaxis	Y / N / Not known / Not applicable (Baseline audit)
		o / im / IV	Daily / BD / TDS / QID		<input type="checkbox"/>	<input type="checkbox"/>				Treatment or Prophylaxis	Y / N / Not known / Not applicable (Baseline audit)
		o / im / IV	Daily / BD / TDS / QID		<input type="checkbox"/>	<input type="checkbox"/>				Treatment or Prophylaxis	Y / N / Not known / Not applicable (Baseline audit)
		o / im / IV	Daily / BD / TDS / QID		<input type="checkbox"/>	<input type="checkbox"/>				Treatment or Prophylaxis	Y / N / Not known / Not applicable (Baseline audit)
		o / im / IV	Daily / BD / TDS / QID		<input type="checkbox"/>	<input type="checkbox"/>				Treatment or Prophylaxis	Y / N / Not known / Not applicable (Baseline audit)

For antimicrobial prescriptions related to urine tract sites ONLY

Agent	Antibiotic start date	Symptoms or signs on start date related to urinary tract	GP review: Date most recent GP clinical or prescription review related to this condition	GP review: Outcome of most recent review, more details	Was urine culture sent? If yes date sent	Acknowledgement of urine culture result by GP or service staff. If yes, date
Free text	Free text	See options, choose all that apply	Date or Not known	See options, choose all that apply	Y / N / Not known If yes, date	Y / N / Not known If yes, date

Education and communication

- AMS education and communication to service staff

To Dip or Not to Dip

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Education and communication

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Presentation and guide

Download the [To Dip or Not to Dip: case-based education](#) presentation

Download the [Facilitator guide for To Dip or Not to Dip](#) to deliver case-based learning



Case study #1

John Lee is an 80 year-old resident

- Has had antibiotics in the past for suspected UTI
- Increasing confusion over 2 days
- No history of fever, temp 36.5°C
- Urine: clear yellow, smells strong, not catheterised

What else should you ask about?



Case study #2

Mary Brown is a 78 year-old resident

- New urinary incontinence
- Temperature 38°C
- Antibiotics previously for suspected UTI

Is this serious requiring immediate escalation?

Is this a UTI?

What else could it be?

What are your next steps?

Does urine dipstick help?



Case study #3

Glen Edwards is a 72-year-old resident

- Stroke three years ago, cognitive impairment
- 2 admissions to hospital for UTI, multiple courses of antibiotics
- C. difficile* diarrhoea with recent antibiotics

Simon, his son, visits and notices Glenn is sleepier than usual and that **his urine smells**.

Simon thinks this might be another UTI and wants him started on antibiotics right away.

How do you respond to Simon's request?

Should the GP be contacted to prescribe antibiotics?

Consider What Residents and Families are Actually Saying

Example Dialogue

Family says: "My mum always looks like this when he has a UTI."

- We are going to watch him closely
- Let's help him drink more fluids. Would you be able to encourage him to drink some extra juice?

Family says: "Let's just give him antibiotics just in case."

- Antibiotics won't help if he doesn't have a UTI
- Antibiotics could hurt him (e.g., diarrhoea)
- We don't want to miss the real cause

Educate residents and families regarding antibiotic use!
Ensure that residents' needs for pain relief and other supportive care are met.

Why are antibiotics important to you?

Antibiotics are precious and powerful drugs – and they should only be used for specific purposes.

They can be helpful against many bacterial infections such as infections of the urinary tract, skin and respiratory system. They can be life-saving for serious infections such as sepsis. When antibiotics are needed, their benefits outweigh the risks of side effects and antibiotic resistance.

But antibiotics are **not always needed**. When they aren't needed, they won't help you, and the side effects could still cause harm and contribute to antibiotic resistance.

What don't antibiotics treat?

- many upper respiratory tract infections that are caused by viruses
- some bacterial infections that get better quickly even without antibiotics. Examples of this are bronchitis, sinus and ear infections
- harmless bacteria in conditions where there are no symptoms or signs of infection. Examples of this would be asymptomatic bacteriuria (harmless bacteria in the urine detected on testing with dipstick or urine culture), or uninfected skin wounds
- when used for prevention of infection (prophylaxis). Examples of this are skin antifungal creams used for months, or oral antibiotics started just in case infection may develop used for months, sometimes years.



Do you need antibiotics?

Information about antibiotics for aged care residents and their families, carers and representatives.

1800 951 822
agedcarequality.gov.au



ACQSC Complaints 2019-2020

Of all medication-related complaints

- 10% related to infectious disease
- Third most common complaint after pain/palliative care and sedatives

Infectious diseases clinical indications or other

53.7%	Urinary tract
11.1%	Skin
9.3%	Eye
5.6%	Respiratory
1.9%	Allergy mismatch
18.7%	Administration: clinical indication unspecified

Of urinary tract indications;

35% **Recurrent UTI**

One-quarter relating to service not adequately monitoring for recurrent UTI, followed by service not diagnosing UTI in timely fashion

24% Inadequate or lack of clinical review

Lim L, Breen J. National Medicines Symposium 2021



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What are possible antibiotic side effects and risks?

Antibiotic side effects are common, and older people are at increased risk. Common side effects are:

- Loss of appetite/ reduced eating and drinking
- Nausea
- Diarrhoea
- Yeast infections such as thrush
- Rash

Antibiotics can also have other, sometimes more serious, side effects and risks:

- Life-threatening allergic reactions
- Interactions between antibiotics and other medications
- Infections with antibiotic resistant bacteria, because exposure to an antibiotic may allow bacteria (including harmless bacteria) on your body to adapt so they are no longer killed by that antibiotic
- *C. difficile* (or *C. diff*) infection which is a gastrointestinal illness caused when good bacteria in your gut are destroyed by antibiotics. *C. diff* infection causes abdominal pain, nausea and diarrhoea. It can lead to severe bowel damage and can be spread to other people. The risk of *C. diff* infection lasts for months even after antibiotics have been stopped.

One in five prescriptions are for prevention of infection, and many of these may not be required.

Seven in ten residents receive one or more antibiotic courses a year. Some of these courses may not be necessary. If a doctor plans to prescribe an antibiotic for you, ask them to explain why first.

How can I stay healthy?

You can stay healthy and keep others healthy by:

- Performing hand hygiene often by washing your hands with soap and water after going to the toilet and using alcohol-based handrub before touching others or eating
- Insisting healthcare professionals and visitors clean their hands before touching you or caring for your wound
- Covering your cough to prevent the spread of germs
- Asking family or friends not to visit when they don't feel well
- Staying in your room when sick
- Protecting yourself by getting vaccines for flu, COVID-19 and pneumonia and encouraging others around you to do the same.

For more information about this, speak to your aged care home staff and doctor.

Smart use of antibiotics today makes sure antibiotics work tomorrow.

How does taking antibiotics lead to antibiotic resistance?

Whenever antibiotics are used, harmless bacteria that live on our bodies can become resistant to these antibiotics. When bacteria develop resistance to different types of antibiotics, they are called multi-resistant bacteria

What if I have questions about antibiotics?

Talk to your aged care home staff and doctor if you have any questions about your antibiotics. Ask:

- What is this antibiotic? What condition is it being prescribed for?
- Can my condition get better without antibiotics?
- Have you done any tests to help with diagnosing the infection? When will the results be available?
- Are there any other treatments and care recommended?
- What are the risks or side effects of this antibiotic?
- How long do I need to take this antibiotic?
- Are there any instructions on the way I should take the antibiotic to make sure it works well? (Some antibiotics work best with food, or on an empty stomach, or separated from other medications)
- Will it interact with my other medications? (for example, some antibiotics can interact with blood thinners such as warfarin)
- How will you know that the antibiotic is working for my infection?

You can ask your aged care home staff or doctor for written information about the antibiotic being recommended or about your infection.



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Education and communication

- AMS education and communication to residents and families

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Education and communication

- AMS education and communication to service staff

Education and communication

- AMS education and communication to residents and families

Urine dipsticks not used here!



Australian guidelines advise that **urine dipsticks are not a first step in diagnosing UTIs** in older people. Instead our home is using a Clinical Pathway



Bacteria in the urine can be normal in older people.



If you think a resident may have a UTI, **use the Clinical Pathway** to check for signs and symptoms and the action to take.



Giving antibiotics when they are not really needed will lead to **1 in 3 residents developing side-effects such as diarrhoea.**

Please speak to the aged care home manager if you have any questions.

Adapted from NHS Nottinghamshire County Council 'To Dip or Not to Dip' project and Dr Annie Joseph's work.



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**Better use
of antibiotics**

ACQSC To Dip or Not to Dip

Education and communication

- AMS education and communication to service staff

Education and communication


- AMS education and communication to residents and families

Preventing Urinary Tract Infections

Recognise dehydration

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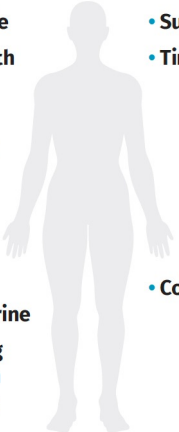
Urine colour chart



Good
Good
Fair
Dehydrated
Dehydrated
Very dehydrated
Severely dehydrated

Signs of dehydration

Top-to-toe



- Headache
- Dry mouth or lips
- Feeling of thirst
- Sunken eyes
- Tiredness
- Dark/smelly urine
- Urinating less than 4 x a day
- Cold hands



Prevent dehydration

Encourage residents to drink 1 – 2 litres of fluids every day (unless advised not to by GP)



Encourage regular bladder emptying and mobilise as much as able

Act quickly to resolve constipation and continence problems

Please speak to the aged care home manager if you have any questions.

Adapted from NHS Nottinghamshire County Council 'To Dip or Not to Dip' project and Dr Annie Joseph's work.

Version 1 (September 2021)



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Better use
of antibiotics

RESOURCES

ACQSC developed AMS resources

<https://www.agedcarequality.gov.au/providers/better-use-medication/antimicrobial-stewardship>

AURA 2021: Fourth Australian report on antimicrobial use and resistance in human health – Consumer summary

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/aura-2021-consumer-summary>

ACQSHC. Antimicrobial Stewardship in Australian Health Care book 'Antimicrobial Stewardship in community and residential aged care' (chapter 16)

https://www.safetyandquality.gov.au/sites/default/files/2021-06/d16-39424_ams_in_community_and_residential_aged_care_-_chapter_16_ams_book_-_formatted_for_publication_-_june_2021.pdf

ACQSHC. Fact sheet – Asymptomatic bacteriuria https://www.safetyandquality.gov.au/sites/default/files/2020-01/fact_sheet_-_asymptomatic_bacteriuria_-_2020.pdf

OPAN / ACQSC webinar “Using antibiotics well. Do I need a drug for every bug?” _20.8.21

<https://opan.org.au/antimicrobials1/>



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**Thank you.
Questions?**

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