**Accessible transcript: Optimising the use of antibiotics in the management of urinary tract infections in aged residential care webinar (23 February 2023) – Experience implementing the project**

***Video link:*** [***https://www.youtube.com/watch?v=A0BRQM9Zk74&list=PLqL5-6uWOmWfnW6mTl7BBSe3hSomPqXO5&index=5***](https://www.youtube.com/watch?v=A0BRQM9Zk74&list=PLqL5-6uWOmWfnW6mTl7BBSe3hSomPqXO5&index=5)

[Visual] The Te Tāhū Hauora Health Quality & Safety Commission (Te Tāhū Hauora) old logo appears on a white background. A white title then appears on a blue background: ‘Optimising the use of antibiotics in the management of urinary tract infections in aged residential care’. A second title appears on the blue screen: ‘Experience implementing the project, Trish Bloxsom, clinical manager, Observatory Village Lifecare, Oamaru’.

The slide changes to one with a white background. On the left side is an image of a deck, outdoor furniture and a manicured driveway. In the background is a large white dome observatory. On the right side is the following text: ‘Observatory Village Lifecare. Implementation of Antibiotic Stewardship. Trish Bloxsom, Reg. Nurse Clinical Manager’. In the upper-right corner of the slide is a video of Trish, who has short white hair.

**[Audio] Trish: Kia ora. I've worked at the Observatory here for nearly, just over, three and a half years. This being my first experience in aged care in my life, and I've come from mainly remote and rural nursing. The facility, as you can see, beautiful. It was built five years ago, and it's owned by Life, the Life Care Trust. We have — oh, next slide, please.**

[Visual]: The slide changes to one with a blue and green gradient box with the title ‘Background’. Below this, on a white background are six bullet points:

* 81 bed facility located in the Waitaki District Oamaru
* Owned by the Observatory Village Lifecare Trust & run by Board of Directors who employ the Village Manager
* Providing RC, HLC, respite and palliative care
* Managed with regular & on call out of hours GPs
* AB use for UTIs prior the “Decision Support Tool” (ARC Frailty Guidelines) relied on urine dipsticks, prophylactic ABs, just in case & often without cultures
* Clinical Governance Group (CGG) were already exploring ways in preventing UTIs

**[Audio] Trish: Thank you. We have hospital-level care and rest home, and our residents are blended throughout the facility over four wings. We have a typical bed ratio of 30 hospital level versus 51 rest home level, which of course fluctuates at times. We have regular GPs who are usually on call as well, so we know our team, and that's really useful. The AB use for UTIs prior the decision support tool, we use in our ARC frailty guidelines. We used to rely on dipsticks only. We used to provide prophylactic ABs, and we used to provide ABs just in case. We had a clinical governance group already set up. We were exploring ways in preventing UTIs, and this consists of RNs, health care assistants, and it's spread over all shifts. All shifts represented. And this was the key for sharing our information.**

**We'd started exploring prevention of UTIs, but no format or understanding, and we didn't know how to put that into practice until we had the opportunity to participate with the Health Quality & Safety Commission project. Next slide?**

[Visual] The slide changes to one with a red and blue gradient box with the title ‘Baseline information/case for change’. Below this on a white background are six bullet points:

* Treating residents without diagnosis or symptoms (reliance on dipstick)
* Sharing information
* Data collection consisted of total infections now separated into categories
* Capturing data relied on staff completing an event or STCP in v-care platform
* UTIs are the most common infection diagnosed within the facility
* Staff survey identified a lack of knowledge around UTIs particularly symptoms

**[Audio] Trish: Thank you. So, the baseline, we were solely relying on dipsticks, as I said, for diagnosis, and GPs generally obliged. The sharing of the information was important, and it was possible, and we already had our group of staff participating in the project. We had champions identified. They were, they were role modelling. They were educating the staff, they were educating our whānau, residents, and they were delivering information at meetings. We did staff surveys, and that identified a lack of knowledge around the symptoms of UTIs. We found that our present system capturing data wasn't fool proof. So, we began separating all the infections. But that relied, still relied on staff entering through events and short-term care plans.**

**In 2020, we were averaging 3.9 UTIs per month, and on completion of our project in 2021, it was reduced to 0.8 over the month. In 2022, our figures inflated, and we had to ask why. Firstly, we'd begun checking all the AB use for UTIs against Medi-Map and events. So, all the antibiotics that were prescribed, we were capturing as well.**

**Secondly, COVID prevented admissions, and that decreased our occupied bed-days, which bumped up and inflated our data. We've gained confidence with a more robust process in capturing the data. We continue to see improvements. Next, thank you.**

[Visual] The slide changes to one with a purple box with the title ‘Project information’. Below this on a white background are three bullet points:

* HQSC invited us to assist offering a 10 week programme with training
* CGG was already focused on UTI prevention and champions practising change & coaching staff
* CGG team meetings were financially supported by management and positively promoted.

**[Audio] Trish: Project — How did we get to this point? Well, we knew change wasn't easy, and we already had staff on board who were appointed to ensure prophylactic ABs were the last option and dipsticks were to detect bacteria without symptoms was to be avoided. We had really strong management support. Next, thank you.**

[Visual]: The slide changes to one with a yellow and blue gradient box with the title ‘Aim’. Below this on a white background are two bullet points:

* To reduce incidents of treated UTIs from 10% of 81 residents to 5% resident population by April 2021 (6 months)
* And reduce the number of antibiotic prescriptions for asymptomatic bacteria by 40% in residents

**[Audio] Trish: Our aim was to reduce incidence of treated UTIs from 10 percent to 81 residents to 5 percent resident population by April 2021, and we achieved that. We also reduced the number of antibiotic prescriptions for asymptomatic bacteria by 40 percent in residents. Achieved. Next slide, thank you.**

[Visual]: The slide changes to one with a green and blue gradient box with the title ‘Understanding the process’. Below this on a white background are three bullet points:

* Fish bone tool used to understand the problem
* Barriers identified through this exercise
* Team also completed mapping the process to understand how we work

**[Audio] Trish: Thank you. We used the fish bone tool exercise to explore barriers. And I'd like to share those barriers with you because it's quite important, we feel, to our success. We identified six barriers under the category — six categories, including the barriers. The first one was equipment. We were a growing facility, and we didn't even have enough cups for our turnover and jugs. So, we had to purchase more.**

**Medications that were prescribed weren't always readily available, so we had to create an impress. Continence pads sometimes weren't always delivered in time, so we had to have a supply, create a supply stock.**

**Our policies and procedures was another category. We had no pathways or policy for UTI prevention. We had no policy for treatments and review. So, we created. We had inconsistency of rosters, which didn't provide consistency and for staff to notice subtle changes. We had — We weren't using our fluid charts.**

**Next category was education. The continence pads, people needed to know how to use them properly, so that required education. We had SPCs and IDCs that needed education around that and the lack of knowledge regarding UTI symptoms.**

**Our urine specimen collection wasn't always processed if the correct information wasn't put on the document. And there was a lack of knowledge around infection prevention control.**

**We had a category of clinical staff. We needed to implement regular toileting. We had nursing interventions relying on urine dipsticks at the time. Our residents was a category that we — we had huge influence coming, and pressures, coming from whānau wanting their loved one to be treated, so that was education to the residents. We had challenging behaviour residents. Are they going to take their medications? You know, and to get any history too, we had to rely on our assessments. We had independent residents with poor hygiene, and they would slip through the loop.**

**Allied health was another category in our fish bone exercise, and the GPs had their own preferences. So that was again educating and working alongside the GPs. We weren't able to access HealthOne, so that was a big launch to get on there. The laboratory wasn't processing our specimens, and during that time it was COVID and lockdowns, and the lab was swamped with other specimens related to COVID, and they refused to take our, our samples unless it was urgent or a GP had signed them off. And this created a really, really good improvement for us because we had to rely on our symptoms. So that was the positive part.**

**The process, mapping process kept us on track, and we also had a pathway when it reached the health care assistants for what they could do and when to go to the RN. Kept everyone on track. Thank you, next slide.**

[Visual] The slide changes to one with a yellow box with the title, ‘Interventions’. Below this on a white background are six bullet points:

* Testing the process map phase – not using the dipstick
* Clinical Governance Group members on the floor to guide staff
* Try ural sachets, push fluids if sign of UTI
* Send sample for C&S based on signs and symptoms
* Education sessions & use of UTI Decision Support Tool
* Increased fluids & ice blocks in warmer months

**[Audio] Trish: The interventions. We were testing the process map phase with the decision support tool as has been talked about. It was important to notice the changes in the resident’s condition, and we were only to use the dipstick to rule out a UTI, not for the diagnosis. We were pushing fluids, and we planned for hotter weather, and we brought in ice blocks. We trialled Ural® sachets. And as Claire talked about the nitty gritties before, we informed the GPs early on in the project with our education launch, and we had formal sessions of education. We provided word of mouth with our champions. And we had a walking handover. We've got 15 different nationalities in our facility. This can prove a barrier with language sometimes. We include the decision support tool in orientation, and that keeps it alive through our facility and ongoing. Next slide, please.**

[Visual] The slide changes to one with a pink box with the title ‘Outcome’. Below this on a white background are nine bullet points:

* UTIs are treated with ABs as a last resort
* Sending samples to the lab is as per the decision support tool and not relying on dipstick
* Staff are demonstrating knowledge around identifying potential UTIs or escalating for further investigation
* Improved data collection
* New employees attend an orientation workshop and ongoing education is provided. Employees are required to complete competencies to evidence their knowledge
* Fast access to lab results with access to Health 1
* Abs prescribed targeting sensitivity results
* 81% reduction in reported UTI
* Certification/Audit 2022 reports “The resident satisfaction results improved and confirmed a high satisfaction (from 83% to 92% around care provided, residents own involvement in their care & staff support”

**[Audio] Trish: The outcomes. Sending samples have become more appropriate samples. We've improved our data collection with cross-referencing because ABs aren't always on the Medi-Map. We still encounter some GPs on paper base, so we're including those also now. Access to HealthOne enabled us to have the correct ABs early. We've had no sepsis related to UTIs for hospitalisation. And we usually get the correct AB the first time. Previously, if it didn't work, we'd have to get back to our GP and re-evaluate. Our certification audit acknowledged our interventions and our non-pharmacological interventions.**

**Education. It was the fluid intake. They recognised our personal cares, educating residents and whānau, providing the information as part of care and communicating with staff. Fluid intakes. We reviewed continence products and the correct use. And that was all acknowledged through our certification APIs.**

**Next, thank you.**

[Visual] The slide changes to one with a blue box with the title ‘Summaries’. Below this on a white background is a sub-heading, ‘The key changes seen on the floor:’ with six bullet points below:

* Developing Leaders/Educators
* Reduction in use of ABs for UTIs
* Access to Health 1 for early intervention
* Achieved level 4 Certification under new Standards using project KPIs aligning with IPC & antimicrobial stewardship
* Data collection improved
* Confident facility is reducing microbial resistance & multi drug resistant organisms spreading

Below this is another sub-heading, ‘Advice to go about implementing the changes’ with one bullet point below it:

* Take time in the preparation & planning!

**[Audio] Trish: Summaries, the key changes. We have a dedicated team with ongoing responsibilities. And we have achieved what we set out to. The certification auditor has evidence that our data collection has improved and is improving. We're confident that we're contributing to the resistance of multi-drug-resistant organisms. And the takeaway is advice is to take time in the preparation and the planning to get it right. Thank you. I'll hand you over to Prem.**

[Visual]: The slide changes to one with a blue and pink gradient on the left side, with the Te Tāhū Hauora old logo in white in the upper left corner. The text on the slide reads: ‘Implementation of intervention. Prem Kumar. 23 February 2023’.

The slides fade and are replaced with a white background. The old Te Tāhū Hauora logo appears, followed by the New Zealand Government logo.

[End of video]