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

***Video link:*** [***https://www.youtube.com/watch?v=nRT\_NgZshYw&list=PLqL5-6uWOmWfnW6mTl7BBSe3hSomPqXO5&index=2***](https://www.youtube.com/watch?v=nRT_NgZshYw&list=PLqL5-6uWOmWfnW6mTl7BBSe3hSomPqXO5&index=2)

[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: ‘Welcome and project overview – Nikki Grae, senior manager, quality systems group, Health Quality & Safety Commission’.

The opening slide of Nikki’s presentation appears. The slide has 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: ‘Optimising the use of antibiotics in the management of urinary tract infections in aged residential care. Webinar. 23 February 2023’. A video of Nikki Grae appears in the upper right corner of the screen.

**[Audio] Nikki: Kia ora koutou katoa. Welcome, everyone. I want to thank all of you for attending today's webinar. I will open this session with a karakia.**

[Visual] The slide changes to show the karakia in English and te reo Māori while Nikki reads the te reo Māori version aloud.

**[Visual and audio] E te huinga,**

**Whāia te mātauranga, kia mārama,**

**Unuhia te anipā, te nguha,**

**kia mahea,**

**Kia whai take ngā mahi katoa,**

**Tū māia, tū kaha,**

**Aroha atu, aroha mai,**

**Tātou i a tātou katoa,**

**Hui e tāiki e.**

[Visual] For this gathering

seek knowledge, for understanding

draw out the anxiety

and uncertainty, clear it away

have purpose in all that you do

stand tall, be strong

let us show respect for each other.

It is complete.

[Visual] The slide changes to show the title ‘Presenters’ with four photos of people beneath it. The first is of Julie Daltrey, PhD candidate nurse practitioner, clinical lead, ARC at Te Tāhū Hauora. Julie has long brown hair and red-rimmed glasses. To the right of Julie is a picture of Claire Underwood, principal advisor, HealthCERT. Claire has shoulder-length blonde hair and is wearing an orange shirt. In the lower left corner is Trish Bloxsom, clinical manager Observatory Village Lifecare Ltd. Trish has shoulder-length grey hair and is wearing a blue top. Beside Trish is a photo of Prem Kumar, quality improvement advisor at Te Tāhū Hauora. The video of Nikki remains in the upper right corner of the screen.

**[Audio] Nikki: Ko Nikki Grae tōku ingoa. I'm a senior manager at the Health Quality & Safety Commission, and we're very excited to present a quality improvement project that the Commission partnered with many people in the aged residential care sector in 2020 and 2021.**

**Our goal was to optimise the use of antibiotics for the treatment of urinary tract infections in aged residential care.**

**Today, we will provide an overview of some of the interventions that were tested by multiple ARC facility teams, which ultimately led to the development of a how-to guide, with tools and templates that can be really used across the entire ARC sector.**

**I will start with a brief background of the project, but first want to introduce our speakers. I'd like to welcome Julie Daltrey, who will present the decision support tool and some key things to think about when a resident has a suspected UTI.**

**Julie has been a New Zealand registered nurse for 23 years and a nurse practitioner for six years. She gained her Master of Nursing at the University of Auckland and is currently in the provisional year of her doctoral study. Her research focuses on the development of a system to support nurses to identify acute deterioration in people living in aged residential care. She has held roles in rural hospital nursing, district nursing, nursing education and chronic care management and was the first Waikato DHB employee gerontology nurse specialist dedicated to supporting nurses’ work in ARC. She is currently a professional teaching fellow at the University of Auckland and holds the clinical lead position for the ARC quality improvement activity at the Health Quality & Safety Commission.**

**Next, Claire Underwood will highlight how this work aligns with the Ngā Paerewa Health and Disability Services Standards. Claire joined HealthCERT in November of 2021. Originally from the UK, she immigrated to Aotearoa New Zealand over 15 years ago and is a registered nurse with a background in medical and surgical nursing.**

**As part of completing a postgraduate diploma many years ago, Claire reviewed a policy on hand hygiene and fell into the world of infection prevention and control. For over 11 years since then, she has held clinical nurse specialist positions in this area, with Southern Cross Wellington and Hutt Valley DHB. Her interest in the Aotearoa New Zealand standards attracted her to the role that she currently holds at HealthCERT.**

**Following Claire's presentation, Trish Bloxsom will share the experience of her and her team's implementation of the interventions for improving the use of antibiotics in UTI. Trish is the clinical manager at Observatory Village Lifecare in Oamaru, which was one of the pilot sites that tested the interventions in 2021.**

**Prem Kumar will round up the presentations by providing a brief overview of how to implement the interventions. Prem is a quality improvement advisor at the Commission. He provides advice on a number of quality national quality improvement programmes led by the Commission, including a focus on identifying opportunities and networks to build quality improvement in patient safety capability across the health sector.**

**Prem supported this project and worked with the ARC teams that participated in the testing of the interventions that are now reflected in the how-to guide.**

**We will have time for a short Q&A session at the end of this webinar, so we will save questions until after all speakers have presented their information.**

**For those of you who have questions throughout today's session, please enter them in the Q&A function at the bottom of your screen.**

**Next slide, please.**

[Visual] The slide changes to one titled ‘The size of the problem’. Below this are five bullet points:

* Antimicrobial resistance (AMR) is an increasingly serious problem in Aotearoa New Zealand.
* AMR may limit the effectiveness of future medical care.
* <75 percent of prescriptions for UTI that prescribers give in ARC are for residents who do not meet the criteria for UTI.
* >50 percent of antibiotic courses administered in ARC may be unnecessary or excessively broad spectrum.
* Data from process surveillance as part of this project indicated that around 30–40 percent of the antibiotics prescribed for UTI could have been avoided.

**[Audio] Nikki: So antimicrobial resistance is a global problem, but also increasing in Aotearoa New Zealand and has the potential to limit the effectiveness of future medical care.**

**Prior to us starting the project, we contracted an independent literature review on the three topic areas originally identified for medicines management, one of which was optimising the use of antibiotics for UTIs in ARC. Up to three quarters of prescriptions for UTIs that prescribers given in ARC are for residents who do not meet the criteria for UTI. And over half of antibiotic courses administered in ARC may be unnecessary or excessively broad spectrum.**

**A study of 591 nursing homes in Ontario, Canada, found highly divergent urine culturing rates, and this variability was associated with higher antibiotic use and higher rates of *Clostridium difficile* infection.**

**In the Netherlands, in 75 percent of cases involving urine culture, there was a discrepancy between the actions that seemed logical based on the culture results and the actions that prescribers actually took. Based on the interest of the ARC stakeholders we liaised with, along with the New Zealand and international evidence, we decided to proceed with the project to focus on improving the appropriate use of antibiotics for UTIs.**

**Next slide, please.**

[Visual] The slide changes to one titled ‘Purpose of project’. The text below the title reads: To help participating ARC facilities reduce the rate of urinary antibiotic prescriptions for residents whose symptoms do not meet the criteria for UTI

What we were trying to achieve:

* improve antibiotics use
* strengthen capability for infection prevention and control (IPC) and revised HDSS
* strengthen capability in quality improvement
* improve health literacy
* improve reporting and monitoring.

**[Audio] Nikki: The purpose of this project was to reduce the rate of antibiotics prescribed for residents who did not meet the criteria for UTI in the participating ARC facilities. The number of reported UTIs correlate with the number of antibiotics prescribed. Specific objectives of this project involved improving the use of antibiotic prescribing for UTI, strengthening capability for IPC, or infection prevention and control, and revised health and disability services standards in aged residential care, strengthening capability in quality improvement, improving health literacy and improving reporting and monitoring.**

**Next, please.**

[Visual] The slide changes to one titled ‘Participating facilities’. Beside the title is a large map of Aotearoa New Zealand with icons and titles for each of the facilities that participated:

* Claud Switzer Memorial Trust, 91 bed – rest home hospital and dementia, Kaitaia, Northland
* Radius Baycare, 46 bed – rest home and hospital, Hururu, Northland
* Kaikohe Care Centre, 56 bed – rest home hospital and dementia, Kaikohe, Northland
* Elizabeth Knox Home and Hospital, rest home and hospital, Auckland
* Summerset by the Park, 84 bed – rest home and hospital, Manukau, Auckland
* Summerset in the Vines, 44 bed – rest home and hospital, Havelock North
* Summerset Mountain View, 90 bed – rest home and hospital, New Plymouth
* Lakewood Court Rest Home, 32 bed – dementia, Christchurch, South Island
* Presbyterian Support South Canterbury, 30 bed – rest home, Timaru, South Island
* Southanjer, 23 bed – dementia, Oamaru, South Island
* Observatory Village, 81 bed – rest home and hospital, Oamaru, South Island

**[Audio] Nikki: We engaged with a large group of providers and the DHB health of older people networks to identify a cross-section of ARC facilities for this project.**

**Geographic location, size and care type, corporate versus standalone and cultural diversity, including population of Māori, were criteria used to identify these sites.**

**A total of 11 facilities across the country participated as pilot sites.**

**Next, please.**

[Visual]: The slide changes to one titled ‘Outcome’. Below this title is five images of various documents that make up the how-to guide.

**[Audio] Nikki: The outcome of this project was the publication of a how-to guide with relevant tools and templates that can be used by ARC facilities.**

**Prem will provide a little more detail on these resources later in this webinar. I will now hand over to Julie to talk about clinical decision-making using the decision support tool.**

[Visual] 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]