**Accessible transcript: Optimising the use of antibiotics in the management of urinary tract infections in aged residential care webinar (23 February 2023) – Linking the Antibiotics for UTI project with the Ngā Paerewa standards**

***Video link:*** [***https://www.youtube.com/watch?v=oOig8RNX2TM&list=PLqL5-6uWOmWfnW6mTl7BBSe3hSomPqXO5&index=4***](https://www.youtube.com/watch?v=oOig8RNX2TM&list=PLqL5-6uWOmWfnW6mTl7BBSe3hSomPqXO5&index=4)

[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: ‘Linking the Antibiotics for UTI project with the Ngā Paerewa standards – Claire Underwood, principal advisor for HealthCERT’.

The slide changes to one with a blue gradient and dark blue koru patterns as the background. It has the words ‘Ngā Paerewa, Infection Prevention & Antimicrobial Stewardship. Improving the use of antibiotics for UTI in Aged Residential Care sector. Claire Underwood Principal Advisor, HealthCERT. A video of Claire speaking is in the upper right-hand corner of the screen. Claire has short blonde hair and is wearing dark-rimmed glasses.

**[Audio] Claire: Kia ora koutou. Ko Claire Underwood tōku ingoa. It's lovely to be speaking to you today. So, if I could just have the next slide, please.**

[Visual] The slide changes to one titled, ‘Presentation Content’. There are seven bullet points below the title:

* Key elements of this improvement project that relate to the subsections and criteria of Ngā Paerewa
* Urinary tract infections (UTIs)
* Antimicrobial Stewardship (AMS)
* 5.1 (5.1.3): aligning the project with existing governance structures
* 5.2 (5.2.3, 5.2.5, 5.2.6): related to education and surveillance for UTI; policies related to UTI management; involvement of the IPC lead in the ARC facility
* 5.3 (5.3.1, 5.3.2, 5.3.3): optimising the use of antibiotics for UTIs by using the decision support tool is a form of AMS
* 5.4 (5.4.1, 5.4.2, 5.4.3, 5.4.4): surveillance activities for UTI

**[Audio] Claire: So, what are we talking about today, are the subsections and criteria that are related to the project. It's basically an overview, really. The HQSC have already given you a little guide here, which I basically cut and paste. I don't like to reinvent the wheel. I did, of course, check them all and they are all incredibly relevant. If you've not had an audit since February 28th last year when Ngā paerewa commenced, it's worth having a look at the document and looking at the standard and having a look at the subsections related to infection prevention and antimicrobial stewardship. It won't send you to sleep. It's much easier to read than the old standard. So yeah, it's definitely worth having a look at it. So, what I'll do is I'll just take the subsections in turn. So, if I could have the next slide, please.**

[Visual] The slide changes to one titled, ‘Subsection 5.1’. There are five bullet points below it:

* 5.1.3
* Antimicrobial Stewardship (AMS)
* These criterion require a service to consider what programmes are important to their organisation and demographic
* Expertise required for the role – think about who this is for your facility/organisation
* It is likely that governance activities will already be guiding the requirement for this work (5.1.3)

**[Audio] Claire: So, subsection 5.1, this is really about your infection prevention and antimicrobial stewardship programme. So, the particular, the criteria in this that's really related to it is 5.1.3. So just to define antimicrobial stewardship, which we abbreviate to AMS, just to define that so you know what I'm talking about. AMS is really about having a programme that promotes the appropriate use of antimicrobials, including antibiotics, that improves patient outcomes. And this project has been highlighted as one that's important for the ARC community due to the fact that UTI is one of the most commonly diagnosed infections for ARC. It does embrace the inequities faced by Māori and it's likely that this project will require significant expertise, which is why it comes back to 5.3.1, because at the beginning of any sort of annual programme that you have for your infection control plan, you'll be looking at what you want to do for the year, highlighting whether this is work that's relevant for you, and so this is something that you can put into your plan for the year and you'll want to have that ability to report this up to your governance level, particularly if you're going to be looking for how you raise issues that might come out of the things that you find in your improvement project.**

**So whatever governance looks like for your facility — and remember, its size and scope doesn't have to be huge — and whatever you may have noticed already in relation to this project, you will know your demographic and you know how it's going to work for you. So having that knowledge base or having access to knowledge, to expert knowledge, is really important because — and linking that in with your governance allows you to get this work done and report it to the right people.**

**So just moving on to the next slide.**

[Visual] The slide changes to one titled ‘Subsection 5.2’. There are four bullet points below the title:

* 5.2.3, 5.2.5 & 5.2.6
* Policy and procedures – the ‘how to’ that guides process and procedures – important to review
* Provides a focus for educational opportunities
* May impact on other wider clinical policy implementation related to the project

**[Audio] Claire: So, these are the criteria in Subsection 5.2. So really, this is about the nitty gritty of the work. And for this project, you're going to need some policies and procedures guiding what you do, and obviously the HQSC have provided them for you here. So, some of the strategies discussed have already come into the requirements for this subsection. So, some of the things that Julie was talking to about having those guys, about how you're going to do this work, are already there.**

**So having policies and procedures is really important, but they need to be reviewed over time. So, what you might find is that as your project goes on, things might change, and you might need to update them. And that's the type of thing that an auditor will be looking for. An improvement project normally changes your process in a good way. And so that practice needs to be embedded and understood in your organisation.**

**So, the focus for education opportunities is very evident with this project, and this would be one of the things that an auditor would look for. They would be looking to see if you have policies and procedures, but also looking to how you socialise them and how you supported the process with education.**

**So, recognising the signs and symptoms of UTI and how to collect and store samples correctly, which is one of the features that I looked at when I was looking at this, would be something obviously to address. And your education for this doesn't all, it isn't always confined to staff. It really does extend to whānau and residents too, because they need to understand what's going on and why you're doing a particular project.**

**Wider implications. What I mean by this is, I recently saw a really good audit report that was talking about improvements they'd made to detecting UTIs. And one of the things that the facility did and recognised was that they needed to improve fluid choices for patients. And it was a really simple thing, but the auditor managed to pull that out of that project and really highlight it, and it was noted to be a continuous improvement by the auditors.**

**So, you might find that, when you do an improvement project like this, that you not only improve your detection of UTIs, your treatment, you're improving your antimicrobial stewardship, but actually you get little projects that come out of it. And that's absolute gold for an auditor when they see that. So, moving on to subsection 5.3.**

[Visual] The slide changes to one titled ‘Subsection 5.3’. There are six bullet points below the title:

* 5.3.1, 5.3.2 and 5.3.3
* Policies and procedures are evidence based
* Appropriate to the size and scope of the service
* How is prescribing managed
* Is there room for influencing practice – this takes into account where prescribing is not in your direct control
* How are improvements going to be addressed and recognised

In the upper right corner, behind the video of Claire is an image of a person wearing scrubs holding up a pill between their right thumb and index finger.

**[Audio] Claire: So, this is about antimicrobial stewardship. So, thinking about this logically, having the policies and procedures that back this work up, just thinking about whether they work in action, whether they're evidence based and obviously updating those and reviewing those as you need to.**

**One of the most important features of antimicrobial stewardship is whether prescribing is appropriate. And particularly in ARC, it's not always possible for you to have an impact on this. But actually, with this project, it does. It allows you to be able to report back to the people that are prescribing for you, obviously GPs, and you have the tools to do this work that will lead to improvements. So that's, I think that's a really positive thing that could come out of this project, and that's where you have the room to influence practice when something might not be in your direct control.**

**The other thing that's important about your overall antimicrobial stewardship plan is really how you're going to be addressing and recognising improvements and how that's reported to your overall governance or IPC committee.**

**So just moving on to the next slide.**

[Visual] The slide changes to one titled, ‘Subsection 5.4’. There are five bullet points below the title:

* 5.4.1 – 5.4.5
* These criteria are about how surveillance of health care acquired infection is recorded, monitored and reported – central to this project
* Keep the focus to the size and scope of your service
* How are you analysing data to meet the goals of your project – is it communicated and acted on
* Are there other improvement opportunities that you have noticed on the way to achieving your goals

In the upper right corner, behind the video of Claire is an image of microscopic bacteria.

**[Audio] Claire: So, subsection 5.4 is all about surveillance of infection and how we monitor those and how it's reported and captured. So obviously, that's something that's really central to this project. So, the important thing really is to keep the focus to the size and scope of your service. You've obviously been given some really good tools to do this work, but remember that one size does not fit all. So just consider your normal methods of collecting and analysing data, because they're probably going to have to fit what you've got. Have a think about how you're reporting the data. This comes back to your criteria about education and governance, and also have a think about what else the data is telling you and is there room for those further improvements that could lead to continuous improvements?**

**I think the other final thing to say about this is that the subsections for infection prevention and antimicrobial stewardship don't just stand alone, really. So, when the auditors are looking at any improvement work, they will link it to the subsections related to quality improvement. So, what we see in the HealthCERT team when we read the audit report says, we’ll see all of the evidence collected for the subsections that I've talked about today, but we'll also see how the auditors have linked that back to other subsections. And the subsection I think that is most important for this work will be quality improvement. So, you don't need to worry about that. The auditors will do it, and that can often lead to continuous improvements in other subsections. So, that's really all I have to talk about today. If there's any questions, obviously just pop them into the chat.**

[Visual] 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’.

**[Audio] Claire: And now I believe I am handing over to Trish Bloxsom, who's going to do a presentation about the facility that implemented this. So, some of what I've said might make more sense now, hopefully.**

[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]