

# MyPractice

## Long-Term Care

*A tailored report for quality care*

**PRIVATE AND CONFIDENTIAL**

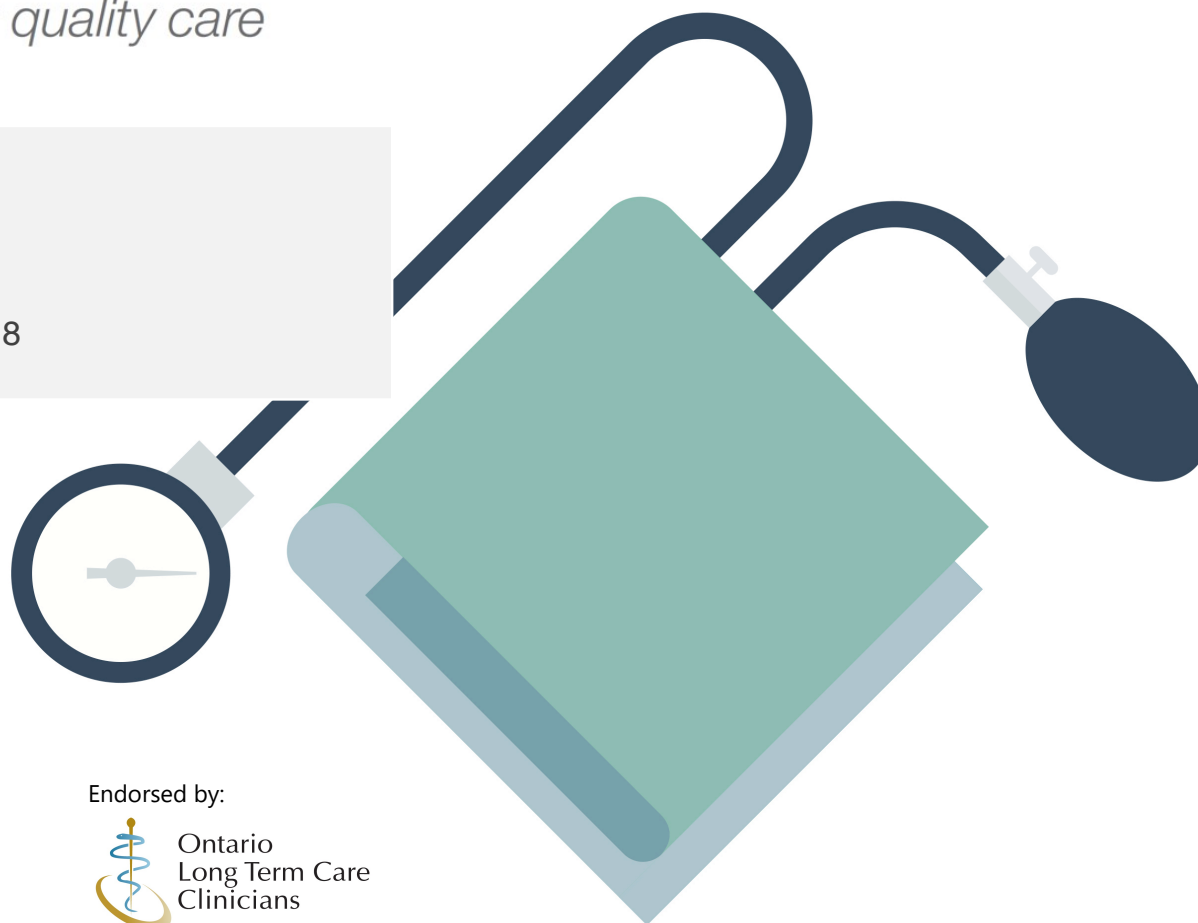
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Dr. Sample Physician

LHIN: Sample Lhin

Reporting Period: Mar 31, 2018



**Health Quality  
Ontario**

*Let's make our health system healthier*

Endorsed by:



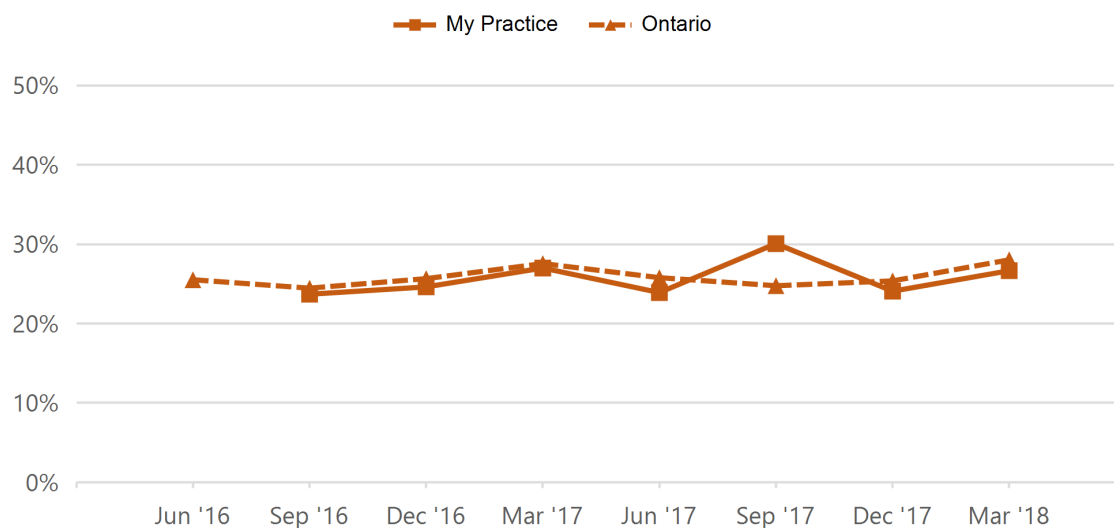
**MyPractice: Long-Term Care****Health Quality Ontario****Antibiotic prescribing**

Reporting Period: Jan 2018 - Mar 2018

**What percentage of my residents were prescribed an antibiotic?**

Between Jan 01, 2018 and Mar 31, 2018:

- **26.7%** of my residents were prescribed an antibiotic.<sup>1-2</sup>
- My overall prescribing rate is **lower than** the provincial rate of **28%**. The rate in my LHIN is **40%**.<sup>1-2</sup>



†Data suppressed as per ICES' privacy policy (e.g. number of residents between 1 and 5). Gaps in graph are due to suppression.

**Exclusions:** Antibiotic creams or ointments, otic or ophthalmic antibiotics.

**Inclusions:** Residents who are palliative, aged 19 and older, or new to the home.

**Number of my residents prescribed an antibiotic****36****Key Change:**

Don't do a urine dip or urine culture unless there are clear signs and symptoms of a urinary tract infection (UTI).<sup>3-4</sup>

For more suggestions for improvement, see **Change Ideas: Antibiotic prescribing**.

## MyPractice: Long-Term Care

## Health Quality Ontario

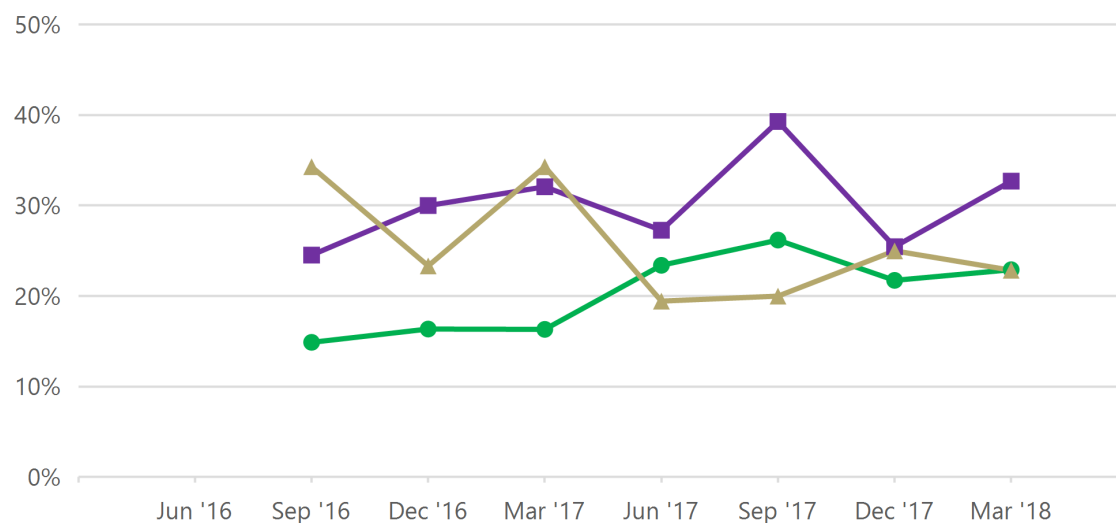
### Antibiotic prescribing in my LTC homes

Reporting Period: Jan 2018 - Mar 2018

In my LTC homes, what percentage of my residents were prescribed an antibiotic?

- 3 homes were identified from my OHIP claims in which I provide care for at least six residents.
- Between Jan 01, 2018 and Mar 31, 2018, my antibiotic prescribing rates were:

- 1. Sample Home A: **32.7% (17/52)**
- 2. Sample Home B: **22.9% (11/48)**
- ▲ 3. Sample Home C: **22.9% (8/35)**



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**Exclusions:** Antibiotic creams, otic or ophthalmic antibiotics.

**Inclusions:** Residents who are palliative, aged 19 and older, or new to the home.

I can help the most residents by focusing my efforts on

**Sample Home A**

#### Key Change:

Don't do a urine dip or urine culture unless there are clear signs and symptoms of a urinary tract infection (UTI).<sup>3-4</sup>

For more suggestions for improvement, see **Change Ideas: Antibiotic prescribing**.

## Change Ideas for Quality Improvement: Antibiotic prescribing

## Steps I can take to change my antibiotic prescribing

Avoid Treatment of Asymptomatic Bacteriuria	<p>1) <i>Don't do a urine dip or urine culture unless there are clear signs and symptoms of a urinary tract infection (UTI).</i></p> <p><i>Common situations where systemic antibiotics are generally <b>not</b> indicated:</i></p> <ul style="list-style-type: none"> <li>• Positive urine culture in an asymptomatic resident.</li> <li>• Urine culture ordered solely because of change in urine appearance (e.g., cloudy) or odor</li> <li>• Nonspecific symptoms or signs not referable to the urinary tract, such as falls or mental status change(with or without a positive urine culture).</li> <li>• For additional guidance, use the Public Health Ontario's <a href="#">UTI Program assessment algorithm</a></li> </ul> <p>2) <i>Prescribe antibiotics only when resident has clear signs and symptoms of UTI and reassess once urine culture and susceptibility results have been received.</i></p>
Review/Establish Criteria or Guidelines for Treatment of Infections	<p>3) <i>Review other common indications where antibiotics are <b>not</b> required in LTC residents.</i></p> <ul style="list-style-type: none"> <li>• Upper respiratory infection (common cold).</li> <li>• Bronchitis or asthma in a resident who does not have COPD.</li> <li>• "Infiltrate" on chest x-ray in the absence of clinically significant symptoms.</li> <li>• Suspected or proven influenza in the absence of a secondary infection (but DO treat influenza with antivirals).</li> <li>• Respiratory symptoms in a resident on palliative care or at the end of life.</li> <li>• Skin wound without cellulitis, sepsis, or osteomyelitis (regardless of culture result).</li> </ul>
Educate residents, families, clinicians and other staff	<p>4) <i>Use the <a href="#">SymptomFreeLetItBe</a> handout when talking with residents, families and staff.</i></p>
Suggested Tools and Resources	<ul style="list-style-type: none"> <li>• <a href="#">Choosing Wisely Canada. Using Antibiotics Wisely Campaign</a></li> <li>• <a href="#">AHRQ. 12 Common Nursing Home Situations In Which Systemic Antibiotics are Generally Not Indicated</a></li> <li>• <a href="#">AMMI Asymptomatic Bacteriuria Toolkit. Fillable resident/family letter</a></li> <li>• <a href="#">Public Health Ontario. UTI Program: Assessment algorithm for urinary tract infections (UTIs) in medically stable non-catheterized residents</a></li> </ul>

**MyPractice: Long-Term Care****Health Quality Ontario****Change Ideas for Quality Improvement: Antibiotic prescribing****Steps I can take with the long term care home to optimize antibiotic prescribing**

<p>Avoid Treatment of Asymptomatic Bacteriuria</p>	<p>Implement a program to reduce unnecessary urine culturing.</p> <p>Standardize guidelines of how and when to test cultures and interpretation of urine culture results.</p> <p><i>Discontinue routine annual urine screening and screening at admission if residents do not have indicated clinical signs and symptoms of a UTI.</i></p> <p>Refer to <a href="#">Public Health Ontario's UTI Program</a>.</p>
<p>Review/Establish Criteria or Guidelines for Treatment of Infections</p>	<p>Work with home's infection control personnel to implement minimum criteria guidelines for antibiotic initiation in your LTC home. Refer to <a href="#">AHRQ. Minimum Criteria for Common Infections Toolkit (UTI, LRTI, SSTI)</a>.</p> <p>Implement structured nursing communication tools (e.g. SBAR tools) to aid in clear communication between nurses and prescribers and standardize assessments of residents suspected with infection.</p>
<p>Educate residents, families, clinicians and other staff</p>	<p>Provide education and resources for prescribers, nurses, front-line clinicians and on-call staff about common infections, and the importance of appropriate antibiotic use. Include a consistent message regarding antimicrobial resistance and role of antibiotics. Refer to <a href="#">AMMI Asymptomatic Bacteriuria Toolkit. Myths and Truths about Urinary Tract Infections in Long Term Care Residents</a>.</p> <p>Provide education and resources for residents and families about common infections, antibiotic resistance, and improving antibiotic use. Refer to <a href="#">AMMI Asymptomatic Bacteriuria Toolkit. Fillable resident/family letter</a> or <a href="#">DBND FAQ for Families. Guardians and Health Care Aides-UTI in LTCE</a>.</p>
<p>Evaluate opportunities for Antimicrobial Stewardship</p>	<ul style="list-style-type: none"> <li>Public Health Ontario has developed a <a href="#">primer</a> and <a href="#">checklist</a> to identify gaps and provide helpful tools for implementation.</li> </ul>

## MyPractice: Long-Term Care

## Health Quality Ontario

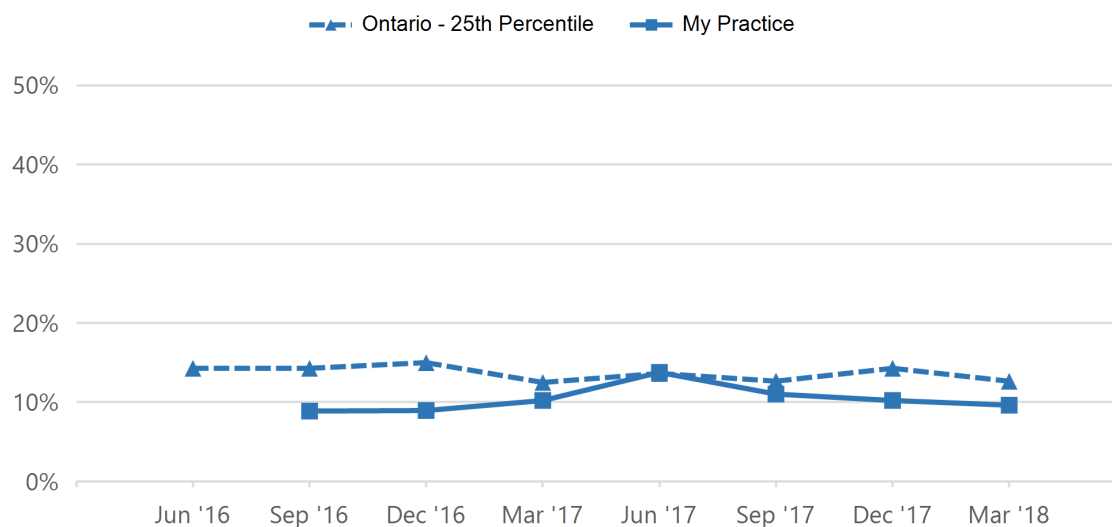
### Antibiotic prolonged treatment (>7 days)

Reporting Period: Jan 2018 - Mar 2018

#### What percentage of my antibiotic treatments were longer than seven days?

Between Jan 01, 2018 and Mar 31, 2018:

- **9.6%** of my antibiotic treatments were longer than seven days.
- My rate is **lower than** the provincial rate at the 25th percentile (**12.7%**). The rate in my LHIN is **30%**.



†Data suppressed as per ICES' privacy policy (e.g. number of residents between 1 and 5). Gaps in graph are due to suppression.

**Exclusions:** Antibiotic creams or ointments, otic or ophthalmic antibiotics.

**Inclusions:** Residents who are palliative, aged 19 and older, or new to the home.

Number of my antibiotic treatments longer than seven days

**13 out of 135 total treatments**

#### Key Change:

Optimize duration of therapy to 7 days or less for uncomplicated cystitis, pneumonia and cellulitis.<sup>5</sup>

For more suggestions for improvement, see **Change Ideas: Antibiotic prescribing**.

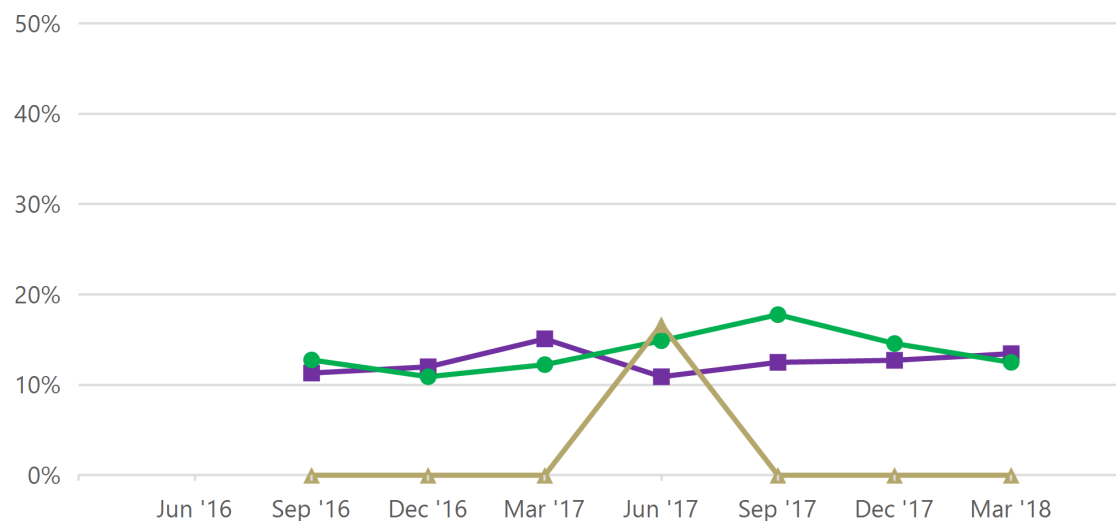
**MyPractice: Long-Term Care****Health Quality Ontario****Antibiotic prolonged treatment (>7 days) in my LTC homes**

Reporting Period: Jan 2018 - Mar 2018

In my LTC homes, what percentage of my antibiotic treatments were longer than seven days?

- **3** homes were identified from my OHIP claims in which I provide care for at least six residents.
- Between Jan 01, 2018 and Mar 31, 2018, my rates of antibiotic prolonged treatment (>7 days) were:

- 1. Sample Home A: **13.5%**
- 2. Sample Home B: **12.5%**
- ▲ 3. Sample Home C: **0.0%**



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**Exclusions:** Antibiotic creams or ointments, otic or ophthalmic antibiotics.

**Inclusions:** Residents who are palliative, aged 19 and older, or new to the home.

**Key Change:**

Optimize duration of therapy to 7 days or less for uncomplicated cystitis, pneumonia and cellulitis.<sup>5</sup>

For more suggestions for improvement, see **Change Ideas: Antibiotic prescribing.**

## Change Ideas for Quality Improvement: Antibiotic prolonged treatment

## Steps I can take to change my antibiotic treatment durations

Prescribe shorter courses when appropriate.

Optimize duration of therapy to 7 days or less for uncomplicated cystitis, pneumonia and cellulitis.

In most cases of uncomplicated infections seen in LTC, short courses of antibiotics are equally effective and result in lower risk of harm.<sup>2</sup>

Uncomplicated [cystitis](#) ≤ 7 days

Uncomplicated [pneumonia](#) 5-7 days

Uncomplicated [cellulitis](#) 5-7 days

Suggested Tools and Resources

Infographic on [Shorter is Smarter: Reducing duration of antibiotic therapy in long-term care](#).



## Change Ideas for Quality Improvement: Antibiotic prolonged treatment

## Steps I can take working with the long term care home to optimize antibiotic duration

Prescribe shorter courses when appropriate.

Implement guidelines or resources to reduce antibiotic exposure for specific infections to the shortest effective duration. Refer to Fact Sheet and Evidence Briefs on [Shorter is Smarter: Reducing Duration of Antibiotic Treatment for Common Infections in Long-term Care](#).

Uncomplicated [cystitis](#) ≤ 7 days  
 Uncomplicated [pneumonia](#) 5-7 days  
 Uncomplicated [cellulitis](#) 5-7 days

Collaborate with pharmacists to ensure appropriate duration is selected for each infection.

Systematically re-evaluate duration of antibiotic therapy

Implement an “antibiotic time-out” and review antibiotic therapy after 48-72 hours or as early as possible. Refer to [Public Health Ontario's Antibiotic Time Out Strategy](#).

Reassess resident status, laboratory cultures, and duration of therapy.

Discontinue antibiotic where appropriate.

Narrow spectrum of antibiotic therapy where appropriate: de-escalate or streamline.