

Success Story:

Team Work Reduces Infections and Antibiotic Resistance

Dedication, team work and an emphasis on quality helped eliminate urinary tract infections (UTIs) while decreasing antibiotic resistance at the St. John's Living Center in Jackson, Wyoming.

"This is about quality of care," said Cheryl Sawyer, RN, Director of Nursing at St. John's. "It shows the dedication from every team member to take this on, and for the residents it also means increasing their quality of life."

Background

UTIs were the most common type of infection at St. John's prior to 2018 and antibiotics treat this type of infection. So, it made sense for the team at St. John's to tackle two related goals at the same time – decrease the number of UTIs and increase the appropriate use of antibiotics.

The 60-bed nursing home primarily focused on nursing interventions that can reduce UTIs, such as increasing fluid intakes, limiting foley catheter use and exercising excellent peri care. Despite the interventions, UTIs still persisted at the facility until staff implemented a robust antibiotic stewardship program.

Creating a plan and building a team

In November of 2017, the Centers for Medicare & Medicaid Services (CMS) directed Medicare and Medicaid-certified nursing homes to implement an antibiotic stewardship program. Staff at St. John's used the opportunity to research and learn from multiple sources, including the Centers for Disease Control's (CDC) Core Elements and CMS documents, in addition to other resources. One of the most important tools the facility adopted was a UTI Situation Background Assessment and Recommendation Form (UTI SBAR). The form guides communication on the need for antibiotic use between nursing staff and prescribing clinicians based on clinical practice guidelines.

After researching and identifying a tool, staff used support from leadership to advance the project and a committee approved the UTI SBAR. A performance improvement plan (PIP) was also created to detail and help guide the project; the team embraced the Plan-Do-Study-Act (PDSA) methodology as well.

The facility created an interdisciplinary team that included nurses, a clinical pharmacist, an infection preventionist, clinical staff and doctors. Nursing Team leaders helped champion the project.

“I feel strongly that everyone at St. John’s Medical Center works really well as a team,” said Sawyer. “Working with pharmacy staff and providers makes sense because there is no way one person has all of this information.”

The project’s team educated all stakeholders about the initiative; they explained why the project was important and what impact it would have on the residents. The team started with doctors and medical staff, then nursing staff and eventually educated the residents and their families. Educating physicians on proper antibiotic prescribing was a challenge, but after some time they saw the value behind the project.

But the project did more than decrease UTIs and increase the appropriate use of antibiotics. It also decreased the need to perform urine analysis tests, which in turn reduced the workload for nurses. The team also hardwired its policies, so as new staff is onboarded the continuity and success of the project will continue.

“The teamwork that has been demonstrated in the Living Center with our antibiotic stewardship program has been phenomenal,” said Paul Beaupre, MD, CEO of St. John’s Medical Center. “The staff, working closely with pharmacy staff, has developed a program that has not only significantly decreased the number of UTIs, but has saved lives. I am so proud of all of the team at the Living Center for making this one of their priorities.”

In July of 2017, the UTI rate was 6.25 percent for its long-stay residents. From November of 2017 to April of 2018, the facility had zero UTIs. Additionally, the facility hasn’t had a case of *Clostridium difficile* since February 2017.

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