

Chapter News

MESSAGE FROM THE PRESIDENT

Thank you to all of our members who attended the September annual meeting in Grand Rapids, making it a huge success! You can review the attendee feedback attached to this month's email, but I personally was so energized by the engagement of the audience and the quality of the speakers that I can't wait until next year's session.

Taking your advice from our membership survey this summer, we will be coordinating webinars for our members going forward, as well as sharing all that we hear about from our partner organizations. Our colleagues at Wayne State University's Center for Emerging and Infectious Diseases are giving generously of their time to inform us of updates in their sphere.

Our advocacy work is moving forward. We are meeting with Trinity Health and Michigan Medicine to push forward on improved bi-directional communication in real-time. If you know of a contact in your health system who would be open to hearing about software that can provide this, please let us know. Any way to reduce medication errors and improve outcomes should be of interest to us all.

We now have MIMDA members on the MI-POST Advisory Committee. If you have comments or concerns regarding progress in this area, please share them with Iris Boettcher or Raquel Clary-Lantis.

We welcome your ideas to help MIMDA provide value to providers in the post-acute and long-term space. We invite you to join any of our workgroups (education, advocacy, and membership) and help grow our influence to improve the care of the people we serve.

I can be reached at huckinsc@gmail.com. May you have a peaceful Thanksgiving.

Cheryl Huckins, MD CMD

UPDATES FROM WAYNE STATE UNIVERSITY'S CENTER FOR EMERGING AND INFECTIOUS DISEASES (WSU – CEID)

November brings us Thanksgiving. In medicine, we have much to be thankful for, especially the discovery of penicillin which led to lives saved.

U.S. Antibiotic Awareness Week is Nov 18 - Nov 24. Celebrate it at your facility using this toolkit from CDC [Antimicrobial Resistance](#)

This year, the CDC is highlighting "the connection between appropriate antibiotic prescribing and health equity" [U.S. Antibiotic Awareness Week](#)

AMDA Resources

- [Events](#)
- [Educational Programs](#)
- [Product Store](#)
- [Caring for the Ages](#)
- [JAMDA](#)
- [Career Center](#)
- [Foundation](#)
- [ABPLM \(Certification\)](#)

AMDA On-The-Go Podcast Series



[JAMDA On-The-Go | October 2023](#)

[Caring On-The-Go | October 2023](#)

[View All Episodes](#)

PALTC POLICY SNAPSHOT

[Reminder: CMS Accepting 2023 MIPS Extreme and Uncontrollable Circumstances Exception and MIPS Promoting Interoperability Performance Category Hardship Exception Applications](#)

[Making Care Primary \(MCP\) Model: Office Hours and Applicant Resources](#)



Discover Opportunities.
Recruit Talented Staff.

Visit AMDA's
CAREER CENTER

Improve Antibiotic Use,
Improve Health Equity



U.S. Antibiotic Awareness Week: Nov. 18 - 24, 2023

Key points noted by CDC [Be Antibiotics Aware Partner Toolkit](#)

- Always remember to prescribe the right antibiotic at the right dose, for the right duration, and at the right time
- Reassess antibiotic therapy to stop or tailor treatment based on the patient/resident's clinical condition and diagnostic test results as appropriate
- Use of the shortest effective duration of antibiotic therapy is a key antibiotic stewardship strategy. Optimizing duration of therapy, especially in care transitions, is an important target for improvement.

November is also the **C. diff awareness month**. Here are some relevant CDC resources that can be printed and posted in your homes. [C. diff Fact Sheet](#)

Healthcare professionals can help **PREVENT** *C. diff* by:

Optimizing the way they prescribe antibiotics.

Using the tests that give the most accurate results.

Rapidly identifying and isolating patients with *C. diff*.

Wearing gloves and gowns when treating patients with *C. diff*—and remembering that hand sanitizer doesn't kill *C. diff*.

Cleaning surfaces in rooms where *C. diff* patients are treated with EPA-approved, spore-killing disinfectant (see list K).

cdc.gov/cdiff

¹Guh AY, Mu Y, Winston LG et al. N Engl J Med 2020;382:1320–30. DOI: 10.1056/NEJMoa1910215
²Lessa FC, Mu Y, Bamberg WM et al. N Engl J Med 2015;372:825–34. DOI: 10.1056/NEJMoa1408913
³Hensgens MPM, Goorhuis A, Dekkers OM, Kuijper EJ. J Antimicrob Chemother 2011. DOI: 10.1093/jac/dkr508
CS316107-A

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CLOSTRIDIODES DIFFICILE

(formerly known as *Clostridium difficile*)

Clostridioides difficile (also known as *C. diff*) is a bacterium that causes diarrhea and colitis (an inflammation of the colon). *C. diff* infection can be life-threatening.

IMPACT

- C. diff* infection is estimated to cause almost half a million illnesses in the United States each year, and an estimated 29,300 deaths.¹
- About **1 in 6 patients** who get *C. diff* infection will get it again in the subsequent 2–8 weeks.¹
- One in 11 people over 65 diagnosed with a healthcare-associated *C. diff* infection die within a month.²

RISK

- People are 7 to 10 times more likely to get *C. diff* infection while taking an antibiotic and during the month after.³
- Extended stays in healthcare settings, such as hospitals and nursing homes, also increase their risk.
- More than 80% of *C. diff* deaths occur in people 65 and older.

C. DIFF INFECTION - IS YOUR PATIENT AT RISK?

HEALTHCARE PROFESSIONALS: BE ANTIBIOTICS AWARE

C. DIFF INFECTION - IS YOUR PATIENT AT RISK?

Consider your patient's risk of *C. diff* infection before prescribing an antibiotic.

***C. diff* can affect anyone, especially people with the following risk factors:**

- Antibiotic exposure
- Extended stay in healthcare settings, such as hospitals and nursing homes
- Previous history of *C. diff* infection
- Serious underlying and immunocompromising conditions
- Older age (65+)

Higher-risk antibiotics that are more likely to predispose your patient to *C. diff* infection include:

- Clindamycin
- Fluoroquinolones (e.g., ciprofloxacin, levofloxacin)
- Third/fourth generation cephalosporins (e.g., cefepime, ceftazidime, ceftiofur, cefdinir, cefixime)

Optimize antibiotic therapy to minimize the risk of *C. diff* infection:

- **Prescribe the most targeted and safe antibiotic.**
 - In patients with a history of *C. diff* infection, avoid the use of higher-risk antibiotics when other effective therapy is available.
 - If a penicillin allergy is listed in the medical record, determine whether your patient is truly allergic to decrease unnecessary use of higher-risk antibiotics.
- **Use the shortest effective antibiotic duration.**
- **Reassess antibiotic therapy based on your patient's clinical condition and relevant culture results.¹**

Clostridioides difficile (*C. diff*) is estimated to cause almost half a million infections in the United States each year.

Antimicrobial Stewardship Program resources for SNFs can be found below:

- CDC core elements for nursing homes: [CDC Antibiotic Prescribing and Use](#)
- Quick methods for tracking antimicrobial use in nursing homes: [Antibiotic Stewardship for Nursing Homes](#)

General Definitions

Data element. Specific information associated with the antibiotic prescription (e.g. the name of the antibiotic, date of administration).

Antibiotic order. Antibiotic prescription information, entered in the electronic or paper chart, for the antibiotic to be administered.

Pharmacy transaction. Electronic exchange of prescribing information between the nursing home and the LTC pharmacy.

Antibiotic course. Days of antibiotic therapy for the treatment of a specific infection.

Days of therapy (DOT). The total number of days a specific antibiotic is administered.

Days dispensed. The number of days of antibiotics dispensed by the LTC pharmacy.

Antibiotic Use Measures for Tracking Antibiotic Use

Antibiotic starts and **days of therapy (DOT)** are the most commonly used antibiotic use measures, and discussed in [Appendix B: Measures of Antibiotic Prescribing, Use and Outcomes](#).

Antibiotic starts are based on prescriptions written in the nursing home. However, antibiotic prescribing is complex in nursing homes. One antibiotic course may be associated with multiple antibiotic orders or pharmacy transactions. Tracking the number of antibiotic orders or pharmacy transactions may over-count antibiotic starts in nursing homes. To prevent overestimation, antibiotic DOT may provide a more accurate estimate of antibiotic use that can be tracked over time.

The reported monthly DOT (or days dispensed) and number of total resident-days are used to calculate the monthly **rate of antibiotic DOT**. Antibiotic use can also be tracked quarterly or yearly.

Rate of antibiotic DOT (per 1,000 resident-days):
 $(\text{Total monthly DOT} / \text{total monthly resident-days}) \times 1,000$

Table 1 and Table 2 provide examples of how to calculate the monthly rate of antibiotic DOT.

Table 1: Antibiotics Administered Monthly

Name	Date of Antibiotic Order or Transaction	Antibiotic Name	Calendar Days Antibiotic was Administered or Dispensed
Resident A	January 7	Nitrofurantoin	3
Resident B	January 7	Cephalexin	3
Resident A	January 10	Nitrofurantoin	2
Resident C	January 18	Ceftriaxone	7
Resident D	February 5	Vancomycin	10
Resident B	February 24	Ciprofloxacin	5
Resident B	February 24	Metronidazole	5

Table 2: Calculation of Monthly Days of Therapy/1,000 Resident-Days

Month	Antibiotic DOT	Monthly Resident-Days	Rate of DOT/1,000 Resident-Days
January	$(3+3+2+7)=15$	200	$(15/200) \times 1,000=75$
February	$(10+5+5)=20$	250	$(20/250) \times 1,000=80$

If the nursing home is using EMR- leverage it:

Data Sources for Tracking Antibiotic Use

Electronic health record (EHR) systems. Nursing homes that have an EHR system that includes a Medication Administration Record (MAR) or e-prescribing can report accurate antibiotic use data. Antibiotic use reports can be generated by the facility if local information technology expertise exists, or by working with the EHR vendor. Uptake of EHR use in nursing homes and the interface and capability of different EHRs may vary by nursing home.

Recording and slides of recent MDHHS webinar on Antibiotic Stewardship Programs in nursing homes: Building a Business Case for Developing an Antibiotic Stewardship Program in Your Skilled Facility <https://www.michigan.gov/mdhhs/keep-mi-healthy/communicablediseases/sharpmain/resources/hai-webinars>

CARE QUALITY

AVAPS Pointers: AVAPS have been showing up in subacute settings recently. While CPAP or BiPAP therapy provides a prescribed pressure to alleviate obstruction the AVAPS or IVAPS mode provides a target tidal volume to assist with ventilation. They are used in exacerbations of COPD and for obstructive sleep apnea. The two main types of machines used to provide this mode of ventilation are the Astral (Resmed) and the Trilogy (Respironics).

This link provides an overview of Astral AVAPS:

<https://www.youtube.com/watch?v=BdbGeTiBU28>



iVAPS Titration
Protocol.pdf

CMS Rule Advances AMDA's Push for Increased Medical Director Transparency

The recent release of a final rule by the Centers for Medicare & Medicaid Services (CMS) represents a significant milestone, incorporating AMDA's recommendations on enhancing medical director transparency in nursing homes. This rule calls for nursing homes to disclose specific ownership and managerial information—including skilled nursing facility (SNF) medical directors. For over a decade, AMDA has steadfastly championed the establishment of a publicly accessible database of nursing home medical directors. Our leadership is thrilled with CMS' proactive actions in this final rule, affirming our longstanding advocacy efforts.

This achievement is mainly attributable to the unwavering dedication of AMDA members, volunteers, and staff. We extend our gratitude to the members of Congress who collaborated with us on the Nursing Home Disclosure Act, a pivotal piece of legislation that addresses this critical issue. This rule is a testament to conveying the right message strategically, showcasing that change is possible.

In SNFs, the medical director plays a pivotal role in overseeing individualized patient care at every level. This rule underscores that CMS recognizes the importance of these individuals, as well as the necessity of providing the public with information about them. It ensures that patients, residents, their families, policymakers, and others, will have access to and learn more about the clinical and administrative leadership of the facility.

It will be essential to closely monitor how this information is disseminated to the public, and the Society stands ready to collaborate with CMS during the implementation of this rule.

This represents a step toward achieving the Biden Administration's goals of increasing the transparency of nursing home ownership and overall industry competition. The Society values the administration's continued focus on addressing the needs of patients and residents in post-acute and long-term care, recognizing that they, along with their families, need access to all the information necessary to make critical care-related decisions.

EDUCATION

December 7, 7 pm: Candida auris: Epidemiology, Response, and Prevention *MIMDA-MDHHS webinar*

OMDA Congregate Care Calls are held every Thursday at 8:00 am.

November 30 - Wounds in PALTC, Steve Burdette, MD, FIDSA, Professor of Medicine, Wright State University

December 7 - Update on National Medical Aid in Dying laws and Exploring Voluntary Stopping Eating and Drinking (VSED), Lisa Vigil Schattinger, MSN, RN, Ohio End of Life Options

December 14 - Staffing and Education/Training from the Educator's Point of View, Dr. Tamara Moyer, DNP, RN, CNE, CNEcl

The weekly schedule of topics and speakers can be found [here](#).

Please note, the OMDA Zoom sign in link has changed. If you need an Outlook Zoom calendar invite emailed to you, contact Jeannine Windbigler, Administrator, at jeannine@ohiomda.org



Registration & Housing Open for PALTC24, AMDA's Annual Conference!

Embark on a memorable journey in San Antonio, TX, where you'll have the opportunity to fully engage in a dynamic program offering valuable sessions, stimulating discussions, and ample networking opportunities.

[View Full Program.](#)

While you're in San Antonio, immerse yourself in the city's rich heritage by exploring iconic sites like the Alamo and indulge your tastebuds in the vibrant Tex-Mex culinary scene. Experience the enchanting River Walk, where lively restaurants and shops line the scenic waterways.

Can't make it to San Antonio? No problem! AMDA's offering a Virtual Learning Track which will provide you with access to the live-streamed General Sessions, nine live-streamed sessions, and all concurrent session recordings through March 31, 2024. [View Virtual Learning Track.](#)

[Join AMDA to save](#) on your registration fee!

[Register Now](#)

Latest Issues of Caring and JAMDA Now Available

The October issues of [Caring for the Ages](#) and [JAMDA](#) are out. *Caring* features articles on solving the staffing crisis, understanding and addressing suicide in long-term care, and even ghostly guests in the nursing home. *JAMDA* looks at telemedicine, appropriate antipsychotic use in nursing homes, and much more.

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