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## Providing Education Regarding Antimicrobial Stewardship for the Bedside Nurse

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## Problem

- ❑ Two million people acquire drug resistant bacteria and around 23,000 die from infection-related resistance each year (CDC, 2018a) and up to 50% of antibiotics are incorrectly prescribed, including usage, dosage, and duration (CDC, 2017)
- ❑ *Clostridium difficile* (*C.diff*) is a common problem seen in the hospital
- ❑ Antimicrobial stewardship (AMS) as a proven method of addressing the problem of antibiotic resistance by education, multidisciplinary efforts, and refined resource utilization
- ❑ **The biggest problem is nursing staff are unsure how to participate in AMS!**

## Purpose/Goals

- ❑ Increase nursing knowledge by implementing antimicrobial stewardship education
- ❑ Increase specific communication with providers regarding antimicrobials
- ❑ Achieve a 5% decreased rate of hospital acquired *C. diff*

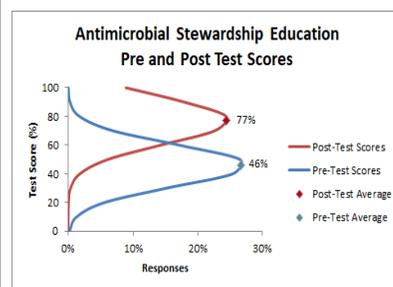
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## Methods

- ❑ Educational poster and video presentation for staff on Neuroscience/Spine Unit
  - ✓ Reviewed *C. diff*, treatments, and protocol for isolation
- ❑ Implementation of What/Why/Who/When/How list
  - ✓ What antibiotic?
  - ✓ Why are they on it?
  - ✓ Who prescribed it?
  - ✓ When was it prescribed?
  - ✓ How are they receiving it?
- ❑ Surveys of knowledge prior to and after education
- ❑ Assessment of barriers to communication
- ❑ Chart reviews of eligible patients to see if tool being used



## Results



- ❑ Increase in knowledge
  - ✓ Staff averages scores increased from **46 % to 77 %**
- ❑ Implementation of checklist
  - ✓ Initially used appropriately
  - ✓ Small sample size (n=22)
  - ✓ Difficult once Covid-19 patients arrived
- ❑ Barriers
  - ✓ Survey showed concerns with time, prover pushback, lack of education
- ❑ *Clostridium difficile* rates
  - ✓ Started at 0 percent
  - ✓ No cases found of the 22 patients that participated in study

## Discussion and Recommendations

### Discussion

- ❑ Staff responded positively to educational program and did bring increased awareness of antimicrobial use as evidenced by increased scores
- ❑ Found communication difficult related to barriers such as time, provider push back, lack of education (unsure if staff or provider)
- ❑ Overall difficult to tie *C. diff* rates to education
- ❑ Continued difficulties with implementation with Covid-19, mixed results, and staff workloads

### Recommendations

- ✓ Continued educational program for staff
- ✓ Update *C. diff* education to include new statistics, treatment options, and staff roles
- ✓ Provider education on role of nurse in AMS

## References

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