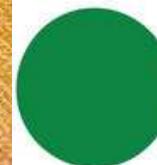


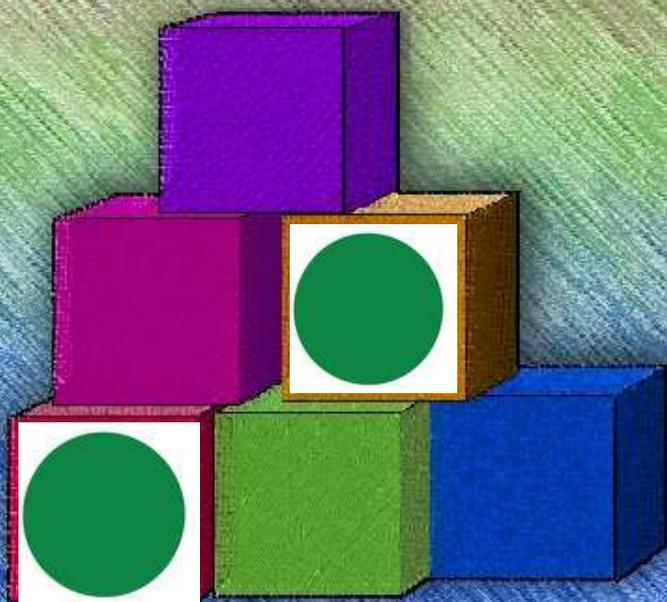
SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia
IRCCS Istituto in tecnologie avanzate e modelli assistenziali in oncologia



International Network of
HHealth
PPromoting
HHospitals & Health Services

ANTIMICROBIAL STEWARDSHIP: Infection control in nursing homes, Reggio Emilia

Ragni Pietro, Gabrielli Laura, Ferretti A, Gabbi E, Zoboli D, Liotti A, Romani S, Lorenzani M, Capatti C, Storchi Incerti S, Chiesa V, Busani C, Marchesi C



Bologna, 2018, June, 4th – 8th

Prevalence of infections and use of antibiotics in nursing homes

Results of HALT2 Project-2013

National Report

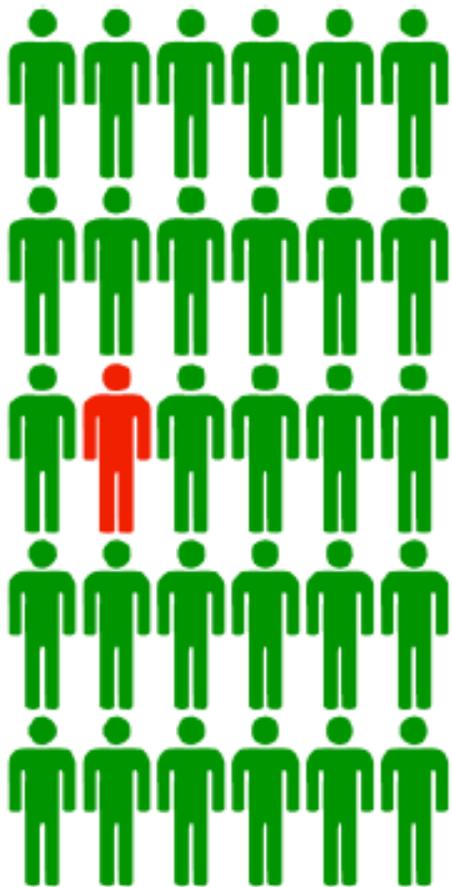
Participants of HALT2 Project in regions





ITALIA

**Prevalenza di Ospiti
con ICA**



1 ogni 30

Prevalence of hospital-acquired infections: 1 out of 30

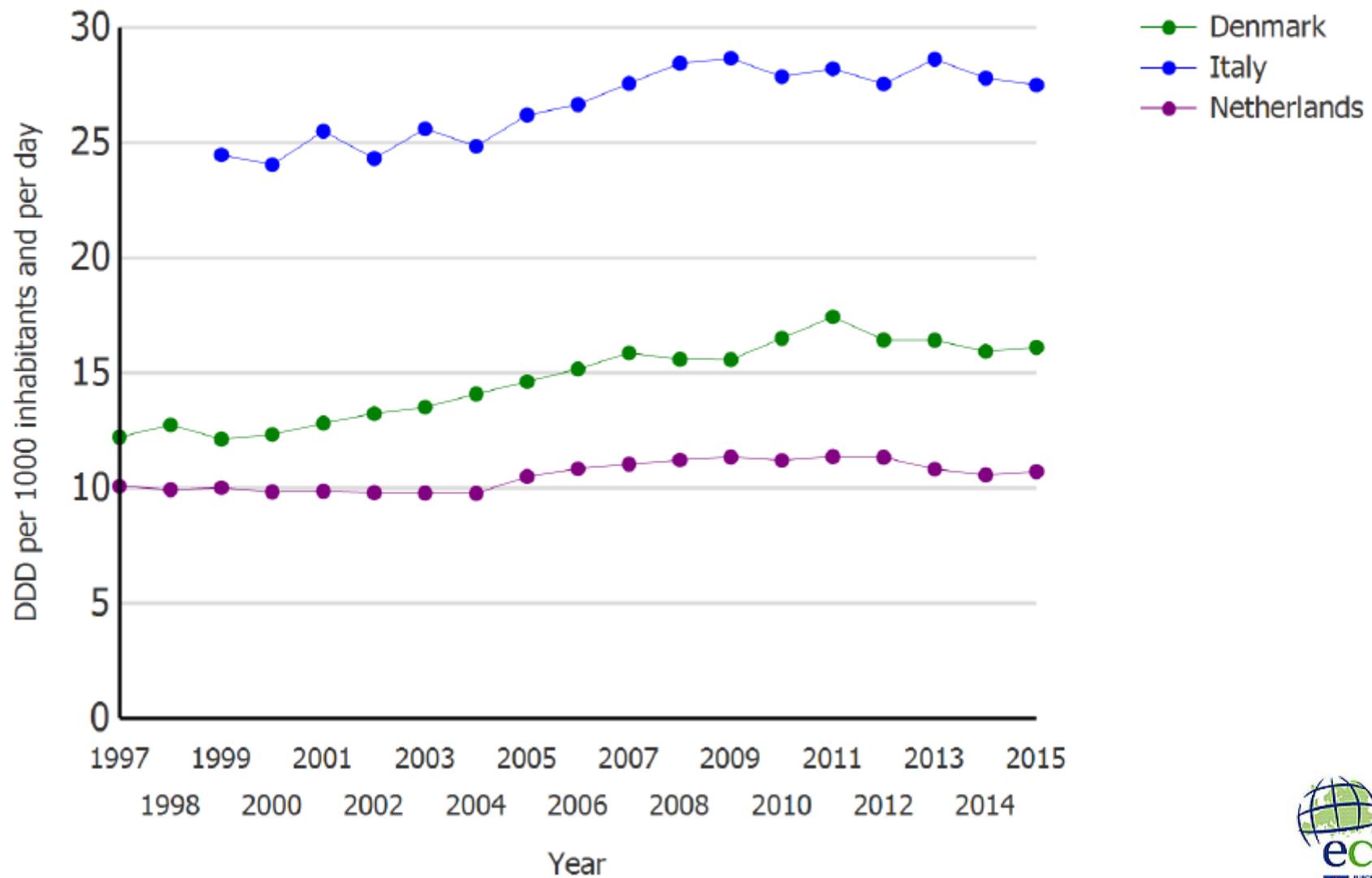
Infection site

- Respiratory infections: 38%**
- Urinary infections: 29%**
- Skin infections/wound: 16%**
- Gastrointestinal infections: 5%**
- Eye, ear, mouth infections: 5%**
- Unexplainable fever: 4%**

ccm

La prevalenza di infezioni e dell'uso di antibiotici nelle strutture residenziali per anziani
I risultati del Progetto HALT2 - 2013
Report nazionale

Trend of the consumption of antimicrobials in ATC group J01 (antibacterials for systemic use) in the community (primary care sector) in Italy, Netherlands and Denmark from 1997 to 2015



Antibiotic prescribing and use policies

Establish best practices for use of microbiology testing.

Inappropriate use of microbiology tests in nursing homes may drive unnecessary antibiotic treatment.² For example, submitting urine cultures or *C. difficile* stool tests to demonstrate “test of cure” following clinical resolution after an appropriate treatment course may uncover asymptomatic colonization and drive additional unnecessary antibiotic exposure. Review the current protocols and laboratory testing practices to ensure that laboratory tests are used correctly in your facility (e.g., your facility should not require one or more negative *C. difficile* stool studies following completion of therapy for *C. difficile* infection). Identifying and reducing inappropriate use of laboratory testing may be a high-yield effort for improving antibiotic use and reducing other management costs.

Interventions

- Coordinated interventions with Corporate Health Management, Hospitals, Hygiene and Public Health, Districts, Infectious-Disease Specialists, Microbiologists, Pharmaceutical Department
- Specific Training for physicians, nurses and caregivers in NH about the interventions of prevention and infection control (2017 - 2019)
- Intense training about *antimicrobial stewardship* (<60 meetings in 3 years)
- Training about PPI e *C difficile*
- Detection of specific pathogens also in NH guests
- Direct interventions in NH in case of clusters or particularly dangerous pathogens (i.e. *E. coli* XDR)

Results

2017 Monitoring:

- **Urinary catheter**
- **Alcohol gel**



Primary Health Care Total utilization of antibiotics of systemic use (J01) DDD/1000 asp/die 2016 vs 2015

MMG

Consumi totali Antibiotici sistemici (ATC J01)
DDD/1000 asp/die - 2016 vs 2015

