

# AHRQ Safety Program for Improving Antibiotic Use



## Improving Communication and Teamwork Around Antibiotic Decision Making

Acute Care



# Objectives

1. Explain how to improve communication with other health care workers.
2. Explain how to improve communication with patients and families.
3. Explain how to work as a team to improve antibiotic prescribing using The Four Moments of Antibiotic Decision Making framework.

# Basis of Antibiotic Stewardship LTC



- **Leadership Commitment:** Dedicate resources
- **Accountability:** Appoint a leader responsible for implementation
- **Drug Expertise:** Appoint a pharmacist leader
- **Actions To Improve Use:** Implement at least one recommended action
- **Tracking:** Monitor antibiotic prescribing and resistance patterns
- **Reporting:** Regular report on antibiotic use and resistance
- **Education:** Train staff, residents, and families about resistance and optimal prescribing

Source: [Centers for Disease Control and Prevention. The Core Elements of Antibiotic Stewardship for Nursing Homes. 2015.](#)

# Improve Communication and Teamwork



- Effective communication strategies

- Understand and implement communication techniques among the stewardship and frontline team members, patients, and families



- Improved teamwork

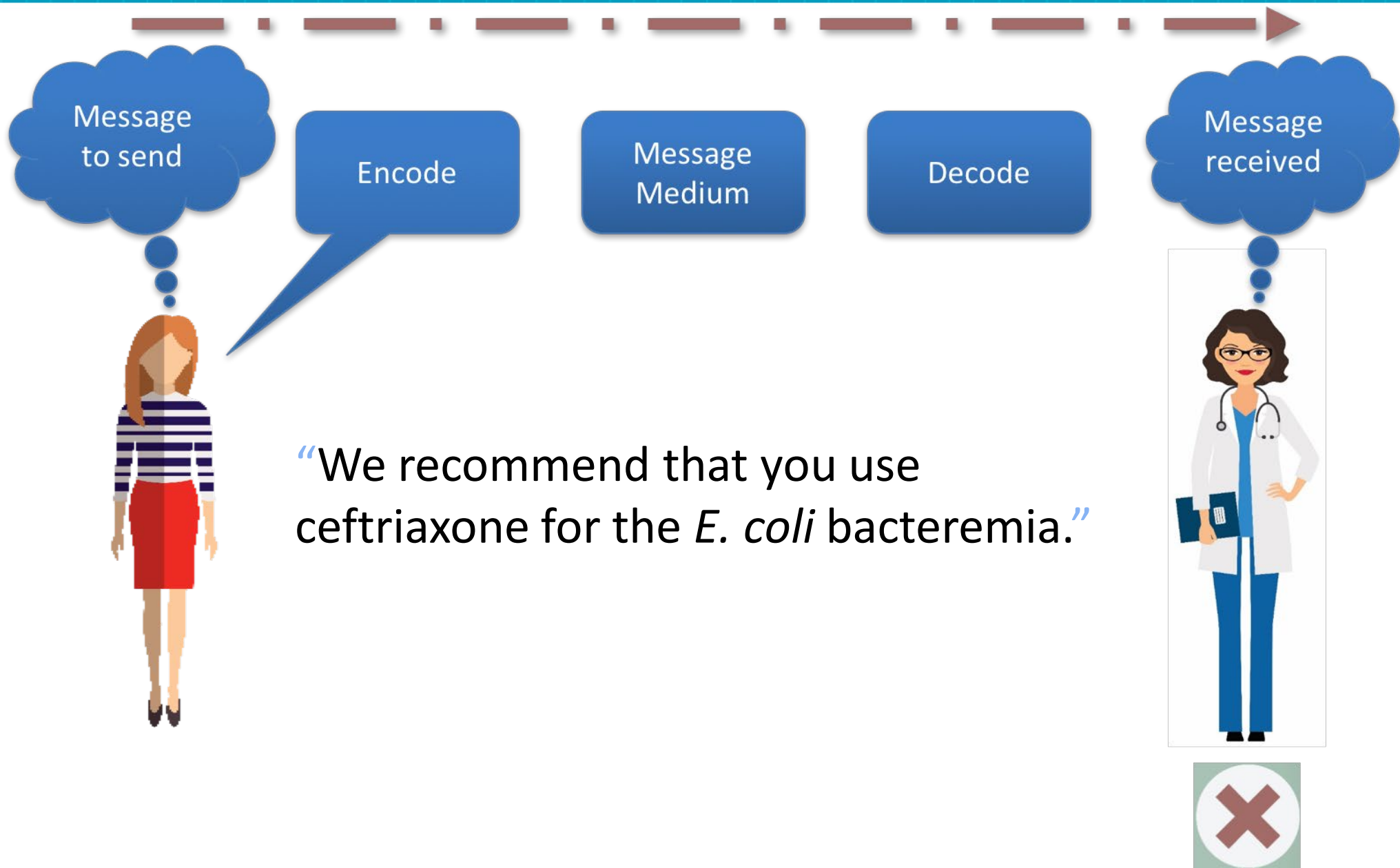
- Develop strategies to enhance teamwork so that teams have ownership of approaches and actions to improve antibiotic use and prevent harm associated with antibiotics



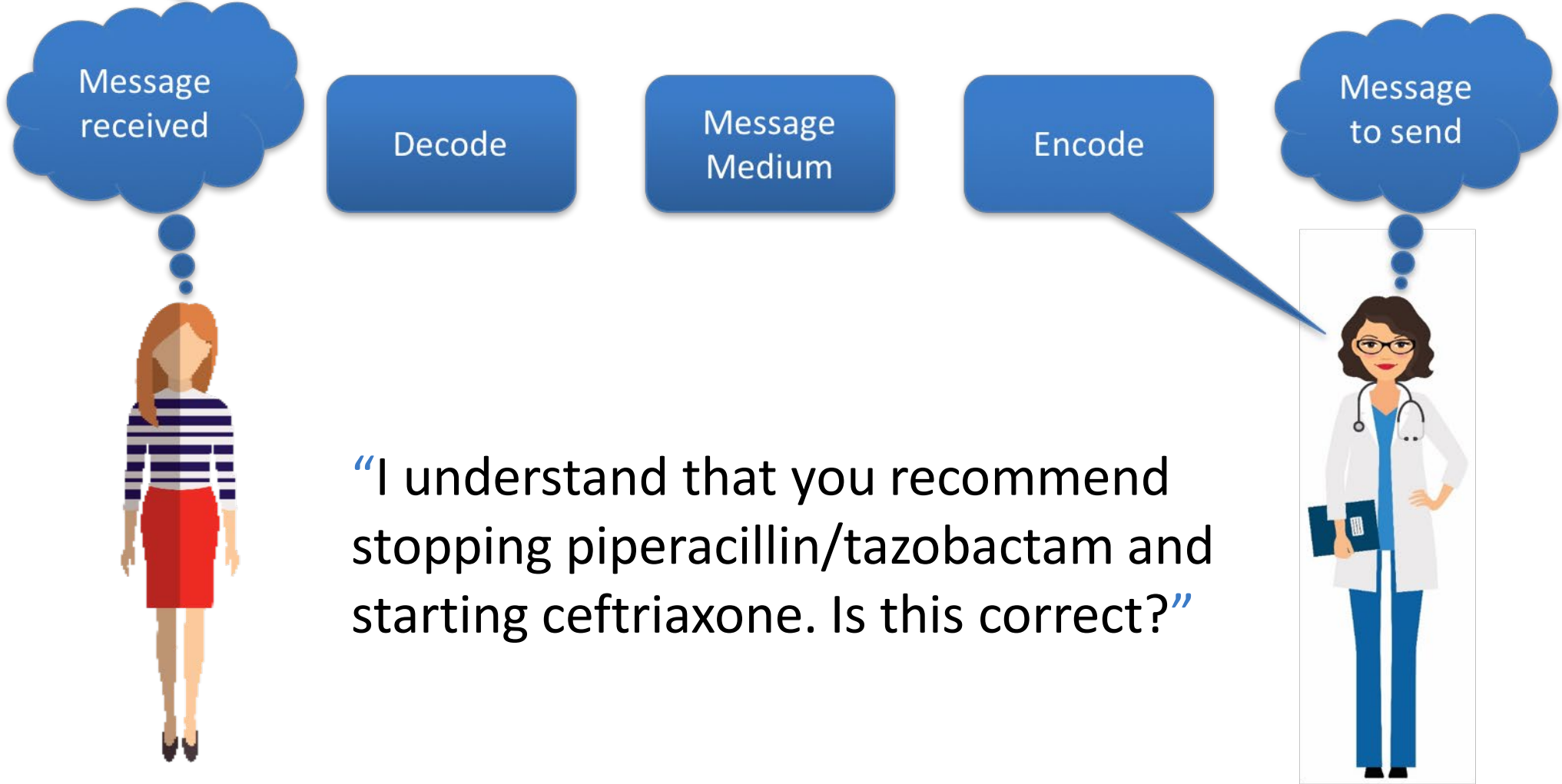
“The single biggest problem in communication is the illusion that it has taken place.”

- George Bernard Shaw

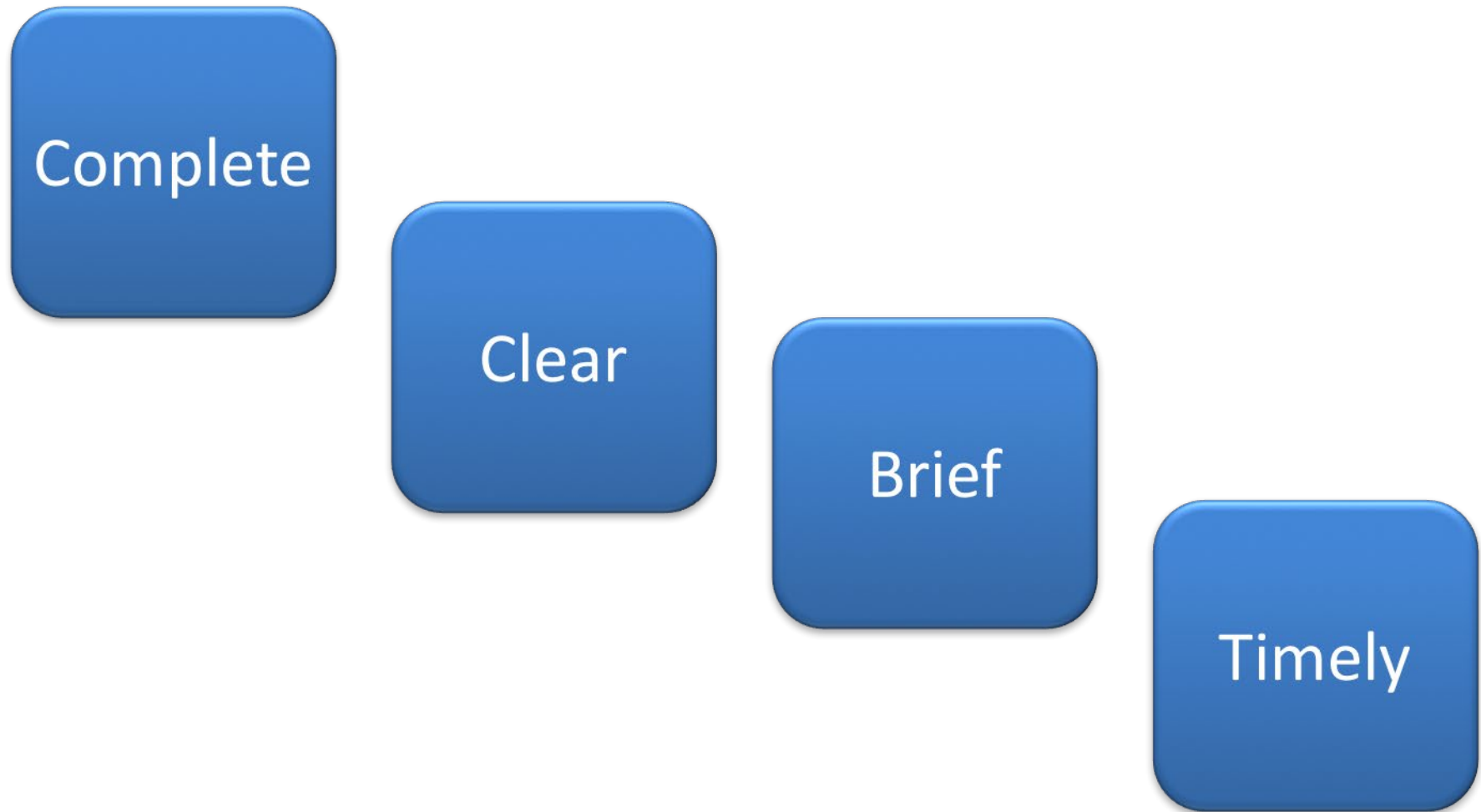
# Process of Communication<sup>1</sup>



# Process of Communication Continued<sup>1</sup>



# Four Key Components of Effective Communication<sup>2</sup>





# Use Assertive (Not Aggressive) Statements

## Assertive

- Standing up for your own or a patient's interests
- Remaining calm and positive
- Not being actively or passively aggressive
- Not accepting what is not right

**Approach for effective communication**

## Aggressive

- Attacking (active) others' opinions in favor of your own
- Ignoring (passive) others' opinions in favor of your own

**Approach that impairs communication**

# Elements of Appropriate Assertion

- Provide evidence or data to support your concerns.
- Focus on the common goals of quality care and the welfare of the patient.
- Avoid the issue of who's right and who's wrong.
- Actively avoid being perceived as judgmental.
- Be hard on the problem, not the people.
- Gather your thoughts before speaking.



# Remember...

- As a member of the healthcare team:
  - It is OKAY to suggest or request treatment alternatives to a physician
  - Part of the SBAR
    - **R** = Recommendation or Request



S

Situation

B

Background

A

Assessment

R

Request

# Advocacy and Assertion

- An assertive statement should:<sup>3</sup>
  - Open the discussion
  - State the concern
  - State the problem (real or perceived)
  - Offer a solution
  - Obtain an agreement



# ALEEN<sup>4</sup>

	Conflicts With Patients and Families
<b>A</b> nticipate	Gather all the information about what is happening including patient and family expectations.
<b>L</b> isten	“Can you help me understand why you feel this way or are upset?”
<b>E</b> mpathize	“That is understandable.” “You have every right to be upset” or “You feel ill and want to feel better.”
<b>E</b> xplain	“Would it be all right if I explained why things are happening as they are?” or “why I’m making this recommendation?”
<b>N</b> egotiate	“Let’s try to agree on our path forward” or “Let’s come up with a plan.”

# Managing Resident and Family Expectations

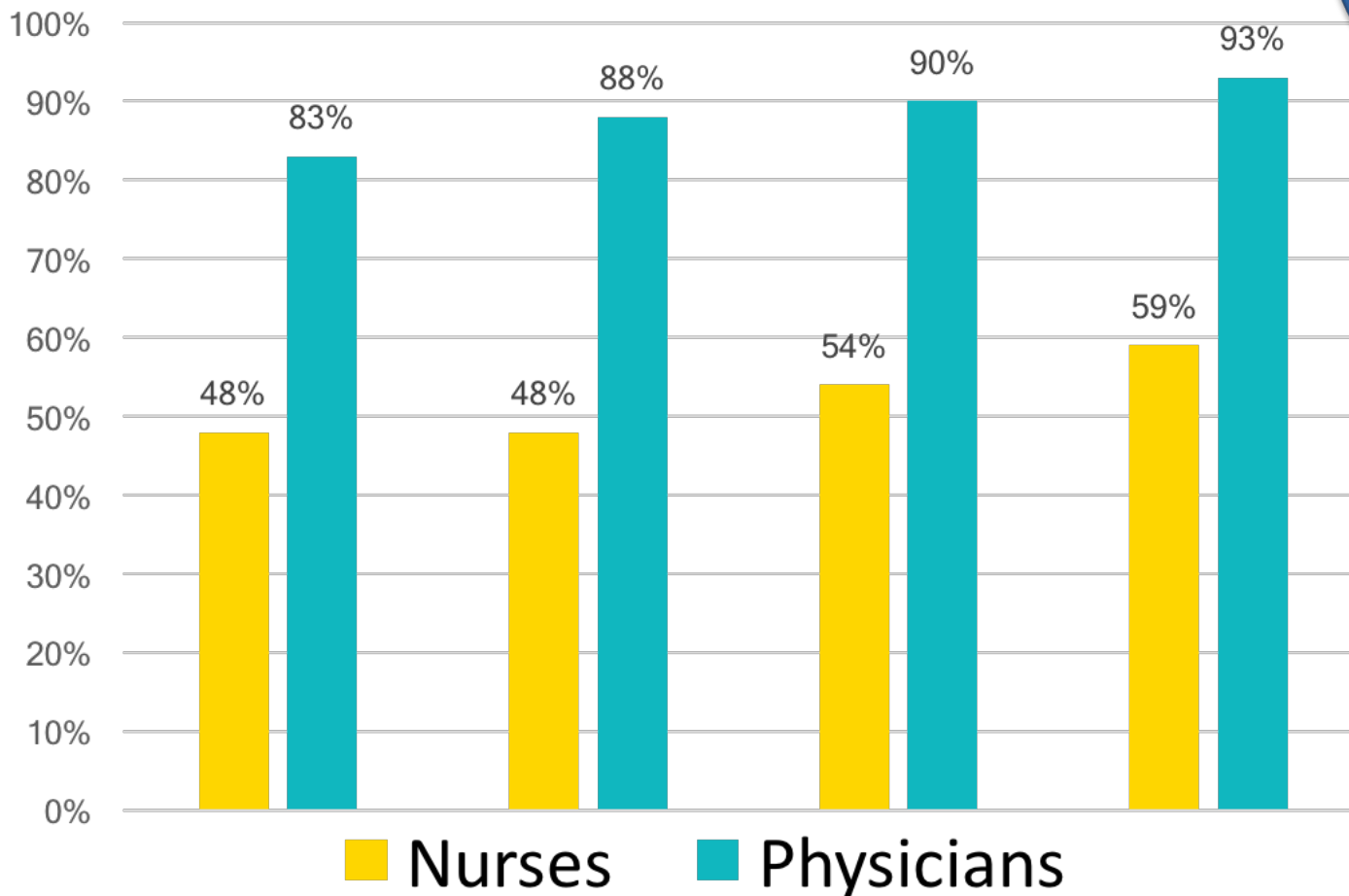
- Nurses, prescribing clinicians, and any other staff who discuss or dispense medication may experience pressure from residents and family members to prescribe antibiotics
- It is important that providers and staff do not “give in” to family requests for unnecessary antibiotics, but educate when they are and are not necessary (e.g., not for viral infections)
- Work with providers as a team to be sure that antibiotics are not being given just to “deal with difficult requests”. Make sure all antibiotics have a valid diagnosis
- **EDUCATE** at every opportunity – this includes residents, families **and** providers. Have educational materials available in common areas, attend family council meetings, attend medical director and stewardship meetings and more. The opportunities never stop!

# Ineffective Communication<sup>5</sup>

Good teamwork means I am asked for my input.



## Physician and Nurse Collaboration



Good teamwork means the nurse does what I say.



# Approaches To Improve Teamwork

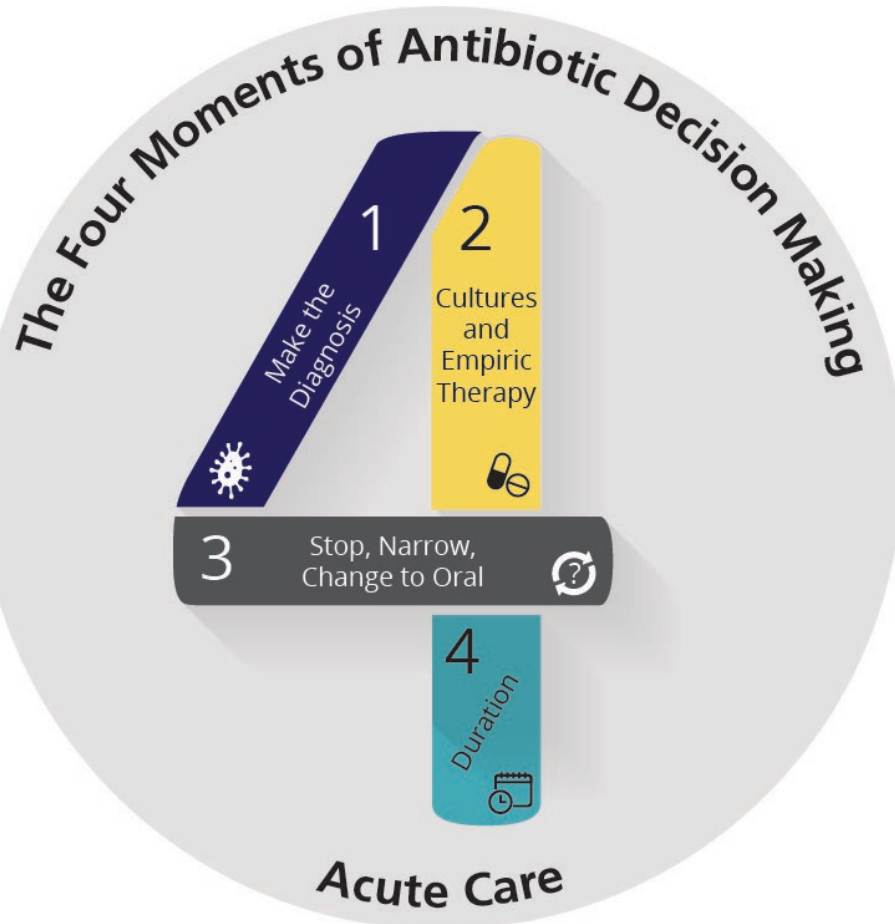
- Begin daily discussions (antibiotic time outs) regarding antibiotic use on all residents being started or on antibiotics during rounds or at a specific, prespecified time
- How to operationalize an antibiotic time out
  - Select a “prompter” (consider the nurse or clinical pharmacist)
  - Use an antibiotic time out tool (available on AHRQ Safety Program Web site)
  - Add antibiotic cessation, narrowing, IV to PO, duration questions to existing daily goals sheet
  - Create a different method that works for you!
- Have local guidelines available at the point of care when antibiotic-related decisions are being made



# Approaches To Improve Teamwork

- Unscheduled conversations as needed for complex or controversial prescribing issues
  - May involve the antibiotic stewardship team, infectious diseases consultant, pharmacists, nurses, respiratory therapists, etc.
- Allow for updates on resident status and review of the plan of care with identification of any needed changes.

# Four Moments of Antibiotic Decision Making



1. Does my resident have an infection that requires antibiotics?
2. Have I ordered appropriate cultures before starting antibiotics? What empiric therapy should I initiate?
3. A day or more has passed. Can I stop antibiotics? Can I narrow therapy or change from IV to oral therapy?
4. What duration of antibiotic therapy is needed for my resident's diagnosis?

# Team Antibiotic Review Form

## AHRQ Safety Program for Improving Antibiotic Use



### Team Antibiotic Review Form

\*Questions 1–6 should be answered for all patients you evaluate who are actively receiving antibiotics.

Question 1: Day of antibiotic therapy (choose one)

Day 1     Day 2     Day 3     Day 4     Day 5     Day 6     > 7 Days

Question 2: Record antibiotic regimen and indication below:

Antibiotic: \_\_\_\_\_ Indication: \_\_\_\_\_  
 Antibiotic: \_\_\_\_\_ Indication: \_\_\_\_\_  
 Antibiotic: \_\_\_\_\_ Indication: \_\_\_\_\_  
 Antibiotic: \_\_\_\_\_ Indication: \_\_\_\_\_

#### Moment ONE

Question 3: Does the patient have a suspected or confirmed infection that requires antibiotics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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#### Moment TWO

Question 4: Were appropriate cultures ordered before antibiotics were started?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Question 5: Were specific reactions for reported antibiotic allergies documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Question 6: Were empiric antibiotics compliant with local guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



\* For patients who have been receiving antibiotics longer than 24 hours, answer questions 7–14 in addition to the above questions 1–6.

#### Moment THREE

Question 7: Are antibiotics still needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If you answered "no" to Question 7, answer Question 8. Otherwise go to Question 9.</i>			
Question 8: If antibiotics are not needed, will you stop them today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Question 9: Can antibiotics be narrowed based on microbiology data or other clinical data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Already narrowed
<i>If you answered "yes" to Question 9, answer Question 10. Otherwise go to Question 11.</i>			
Question 10: If antibiotics can be narrowed, will you change to a narrower regimen today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Question 11: Can antibiotics be changed from intravenous to oral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Already on PO
<i>If you answered "yes" to Question 11, answer Question 12. Otherwise go to Question 13.</i>			
Question 12: If antibiotics can be changed from intravenous to oral, will you change to oral therapy today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

#### Moment FOUR

Question 13: Has a planned duration been documented in the medical record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>If you answered "yes" to Question 13, answer Question 14. Otherwise this form has been completed.</i>			
Question 14: Is the planned duration consistent with local guidelines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

# Summary

- Effective communication plays an integral role in the delivery of high-quality, resident-centered care and is critical in ensuring that antibiotics are prescribed in the safest way possible.
- Healthcare providers should identify opportunities to improve communication and teamwork by reviewing barriers that they identify around antibiotic prescribing.
- The stewardship team and other providers should discuss how and where they want to improve communication surrounding antibiotic decisions.

# Disclaimer

- The findings and recommendations in this presentation are those of the authors, who are responsible for its content, and do not necessarily represent the views of AHRQ. No statement in this presentation should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services.
- Any practice described in this presentation must be applied by health care practitioners in accordance with professional judgment and standards of care in regard to the unique circumstances that may apply in each situation they encounter. These practices are offered as helpful options for consideration by health care practitioners, not as guidelines.

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