

Abstract

Background: Infections in long-term care facility's (LTCF) have been overlooked for the last few years with over-prescription of antibiotics. The Centers for Disease Control and Prevention (CDC) has made long-term care facilities start an antibiotic stewardship program (ASP) that helps limit the use of unnecessarily prescribed antibiotics. The literature indicates that healthcare workers understand that it affects patient outcomes. Many healthcare workers report suspected urinary tract infections to the provider without much knowledge of what qualifies for the need for antibiotics.

Objective: Develop a protocol for patients suspected of UTI with guidelines to reduce unnecessarily use of antibiotics. Present new *SUTISTP* to healthcare staff and evaluate their understanding of it.

Methods: The protocol was implemented in a southern California LTCF. A pre-test and post-test intervention questionnaire were performed.

Results: A comparison of the pre-education questionnaire results and post-education questionnaire results was completed using a paired sample t-test for Phase I of the project. A significant increase in the scores on the knowledge about the *SUTISTP* questionnaire was observed from a mean pre-test of 71.25 (M=71.25, SD=20.917) compared to the post-test mean score of 98.75 (M=98.75, SD=3.378). The test values were $t(23) = -6.203, p < .001$. The pre-education antibiotic prescribing rate was 18 out of 40, equaling 45%, and the post-education antibiotic prescribing rate was 3 out of 10, equaling 30%. As a result, the impact of the project has helped with the objective of 15% reduction of prescribed antibiotics for UTI.

Keywords: antibiotic stewardship, long-term care, the culture of safety, infection control services, patient safety, urinary tract infections