



# Nursing Home Antimicrobial Stewardship Guide

## Educate & Engage Residents, Family

### Toolkit To Educate and Engage Residents and Family Members

#### Tool 6. 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. This is a template for discussing this topic and introducing the talking points to use with residents and family members.

The intention is to both (a) support nurses and prescribing clinicians when residents or family members request antibiotics when antibiotics are not needed and (b) educate nurses and prescribing clinicians about how to have meaningful discussions with residents and family members about antibiotics in general.

During the staff training, talk about whether the prescribing clinicians have also received training and understand how the nursing home staff will be responding to pressure from residents or family members.

**Length of time:** The discussion should be long enough to be meaningful, but short enough to avoid interfering with the workflow at the nursing home. Potential ideas for holding the discussions include the following:

- Conducting a 30-minute staff meeting to discuss the talking points and role-play. Focusing meetings around specific problems within the facility to maximize meeting time. Of course, if it is interesting to staff, meetings may take longer.
- Holding shorter 10-minute focused discussions on issues that are of critical importance. For example, if you notice that the residents or family members keep requesting antibiotics for UTIs when a resident does not have a UTI, you could focus on that. Or if residents or family members are having a hard time understanding that antibiotics may be harmful, you may want to cover that. In this case, you might cover the introduction and background section, followed by the specific issue.
- It may be useful to limit meetings to small groups to increase efficiency.

**Materials:** Make sure you have enough copies of the Talking with Residents and the Talking with Residents' Family Members tools for everyone to have a copy.



The talking points below are for the toolkit champion to use in discussions.

- I. Introduction.** I would like to talk to you today about when residents or family members request—or pressure you for—an antibiotic for themselves or their loved one.
  - Has that ever happened to you?
  - What happened?
  - How did you handle it?
  - Have you ever been “stuck” about what to say or realized the person does not understand?
  - How and when is it best to request support from a doctor or other clinician?
- II. Background.** I am sharing with you some talking points you can use when you talk with residents and/or family members. The talking points discuss how to explain antibiotics and infections in an easy to understand way, when antibiotics are prescribed for UTIs and lower respiratory infections and when they are not, the risks of antibiotics, what the nursing home is doing, and suggested ways to make sure a resident is getting the best care.
- III. UTIs.** So, first, let’s talk about UTIs. This is on the first page of each of the talking point handouts. Have you ever had an experience where someone requested an antibiotic for what they thought was a UTI, like a new onset of confusion, but no other symptoms?
  - In both of these talking points, it discusses what the true indicators of a UTI are, how we treat UTIs, and most interestingly, what we do when someone does not have a definite infection—how we treat and care for someone through watchful waiting.
  - Looking over the UTI points, would these have been helpful for any discussions you have had with residents or family members? In what way?
- IV. Respiratory infections.** These talking points discuss bacterial versus viral infections, how we treat them, and again, how we care for and treat someone with some symptoms, but don’t give antibiotics for a viral infection.
  - Looking over the respiratory infection talking points, would these have been helpful for any discussions you have had with residents or family members? In what way?
- V. Potential harms of antibiotics.** Has anyone ever had a discussion about the harms of antibiotics as one of the reasons to avoid antibiotics?
  - Has anyone been successful? It is often difficult to convey because antibiotics are so important to treating a true bacterial infection.
  - Looking at these, how would you use these talking points when talking with residents and family members?

**VI. Role play.** (good for longer discussions/groups; as an alternative to role playing, staff can share experiences and best strategies in a way that is constructive and engaging).

Okay, so let's do some role playing. Let's form teams of three: a family member, a nurse, and an observer.

- When you are playing the family member—think about a recent situation where a family member wanted antibiotics for a resident and then you will play that family member.
- When you are playing the nurse role—respond to the family member to manage expectations about antibiotics.
- When you are playing the observer's role—listen to the nurse to see how the nurse responds to the family member.
- Let's role play for about 3 to 4 minutes, taking turns so you each have a chance to be the nurse. [champion should walk around and listen but not intervene unless asked]
- Okay, let's regroup. I would like to hear from each group.
  - From the observer standpoint, what did you see that worked?
  - From the family member view, what did you think of the reaction? Do you think a family member would have continued to request antibiotics?
  - From the nurse's view, were you able to manage expectations about antibiotics?

**VII. Supporting residents and family members.** Has anyone had a discussion with residents or family members about what they can do to make sure they are getting good care and treatment?

- What was that like?
- What helps you have meaningful discussions with residents or family members about the use or avoidance of antibiotics?
- What do you see as barriers to using these talking points?
- Any suggestions to overcoming them?

**VIII. Close.** Any other thoughts about these talking points?

- Thank you for your time and let me know about your experiences.