Letters to the Editor

Antibiogram of Urinary Isolates

To the Editor:

Long term care facilities (LTCFs), especially those with high levels of acuity, often breed high levels of multidrug-resistant organisms (MDROs).\(^1\) Facilities should not assume that published rates of MDROs reflect the level of MDROs in their facility. Considerable variation between LTCFs exists.\(^2\) Unfortunately, it is our impression that many LTCFs are not tracking or aware of their burden of MDROs. Perhaps a good starting point and potential motivator for antibiotic stewardship is the construction of a facility-specific antibiogram.

Many LTCFs perform few cultures. There may, however, be an adequate number of unique isolates to construct a urine-specific antibiogram. Ideally, isolates obtained in the emergency department or hospital within 2 days of transfer from the LTCF should be included in the facilities’ antibiogram. These isolates are NOT considered to be hospital acquired. Only one isolate of a given type (species/sensitivity) should be included per resident.\(^3\) In some cases, the reference laboratory may have software to construct and maintain the database. This could be included in a contract.

The antibiogram will assist in the selection of empiric therapy. The analysis may yield startling results. In 2008, 51% of Escherichia coli urinary isolates from 63 LTCFs in the northeastern United States were quinolone resistant.\(^3\) We recently reviewed urine-specific antibiograms from 2 LTCFs in the Milwaukee metropolitan area. Only 22% and 60% of gram-negative urinary isolates were sensitive to ciprofloxacin. The post antibiotic era may have arrived in some LTCFs. High rates of ciprofloxacin resistance strongly imply that using this antibiotic as a single agent in suspected septicemia is inappropriate. Special attention should be given to quinolone resistance and chronic indwelling catheters (a specific risk factor for MDRO)\(^4\). Serial analysis of an antibiogram and incidence of Clostridium difficile diarrhea could determine the efficacy of an antibiotic stewardship program.

References


Long Term Care Education Program for Caregivers to Improve Home Healthcare Service in Korean Older Adults

To the Editor:

Caregivers need to identify risk-specific services such as fall-prevention programs that are made available.\(^1\) Lack of education and lack of care knowledge in caregivers raise the risk of poor care for elderly patients residing in long term care facilities.\(^2\) We, therefore, developed a long term care education program and evaluated the change of caregivers’ attitude through the education program.

Methods

We developed a long term care education program for caregivers who work in home healthcare service for older adults. The program consists of four sections: (1) vocational ethics/hospitality, (2) elder abuse, (3) fall prevention, and (4) emergency condition. After developing this long term care education program, we educated 94 caregivers for 6 months from July 2012 to December 2012. We measured the attitude change of job awareness of basic management and safety management of caregivers before and after applying the long term care education program. In addition, we conducted a survey on outcome variables of the participating caregivers in this study.