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**AVANTÉ & FLORIDA
DEPARTMENT OF HEALTH
PARTNER ON RESEARCH STUDY**

Avanté, one of the nation’s leaders in the Skilled Nursing and Assisted Living Facility Industry, and the Florida Department of Health (FDOH) Health Care-Associated Infection (HAI) Prevention Program are partnering together on a new research study to decrease unnecessary antibiotic use for asymptomatic bacteriuria and improve pericare for seniors. The study will be carried out in the eleven (11) Avanté skilled nursing homes located throughout Florida.

The project committee includes FDOH HAI, Naushira Pandya, MD, CMD, FACP Professor and Chair of the Department of Geriatrics, Nova Southeastern University College of Osteopathic Medicine and incoming Vice President of the American Medical Directors Association, Avanté Clinical and Operations staff, and health care professionals from Vista Lab. The Committee has established project goals, objectives, and timelines, identified and developed project activities, tools, and resources and will assess progress and outcomes.

“This is a major step in providing quality care for nursing facility residents,” says Dr. Pandya. “These identified best practices may serve as a model for which other nursing facilities homes may benefit in Florida and elsewhere.”

Continued . . .

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The FDOH HAI program began in 2010 and has implemented three statewide collaboratives and two regional collaboratives addressing the prevention of catheter-associated urinary tract infections and *Clostridium difficile* infections. According to the Centers for Disease Control and Prevention (CDC), each year 50-70% of nursing home residents receive a course of antibiotics, which costs between \$38 - \$137 million dollars. Overuse of antibiotics leads to the development of antibiotic resistant infections, many of which result in significant morbidity and mortality. Ensuring that staff members follow guidelines on the indications for treatment presents a great opportunity to reduce unnecessary antibiotic use in nursing homes. Additionally, reducing antibiotic use for suspected urinary tract infections may also lead to a decrease in *C. difficile* infections.

The objectives of the study include:

1. To only collect urine specimens for ruling in or out a urinary tract infection (UTI) when a resident has symptoms consistent with a UTI per the 2012 McGeer criteria for a UTI. (*Proxy Measure:* Decrease in number of urine specimens collected from baseline to outcome period.)
2. To decrease by 50% the number of residents provided antibiotics for a urinalysis result that does not meet the 2012 McGeer microbiologic and clinical criteria for a UTI.



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3. To develop a pericare protocol/policy and supporting tool (i.e. algorithm) to assist resident care staff with implementing protocol/policy.
4. To document the appropriate indication for catheter use in catheterized residents. Continued . . .

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5. To reference checklists, algorithms, and other supporting tools during morning meetings and shift change briefings to assist staff with meeting the goals of properly assessing residents for signs and symptoms of UTI, properly collecting urine specimens, and properly assessing catheter need for catheterized residents.

For more information on the study go to:

(www.floridahealth.gov or <http://www.avantecenters.com/news.php?post=Avante-Florida-Department-of-Health-Partner-on-Research-Study>)

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