



# Troubleshooting Guide

This guide outlines potential barriers with corresponding solutions that may be encountered during the process of involving nurses in AS activities. For an additional resource on implementing nurse-driven stewardship interventions, please refer to the reference [1] below.

## **Question 1: Nursing and physician groups at the unit-level are on board with the initiative but nursing or physician leadership at the hospital-level is hesitant to support the project. What can be done?**

Whenever there is hesitancy about a new initiative, it is best to meet with the concerned individual(s) in person to discuss how the project will improve current practices, will benefit patients and will not represent a burden to the unit staff.

- Explain the burden and negative consequences of unnecessary cultures placed on the patient and the hospital.
- Identify the individual(s)' specific concerns and address the pockets of skepticism.
- Explain that nursing input on how to operationalize the intervention will or has been obtained; this will ensure that the proposed plan will be carried out without disrupting the current workflow and is within the nursing scope of practice.
- Explain that in certain units, perhaps prompting a question to a physician may not be usual practice, which will require fostering a culture of open communication with a teamwork approach. Add that unit physician group support will or has been obtained, which should facilitate implementation of the intervention.
- Explain that nurse and physician champions will be or have been identified in participating units, to serve as liaisons between the study team and unit staff to facilitate ease in communication and dissemination of the intervention.

## **Question 2: Are these interventions within nursing scope of practice?**

According to the American Nurses Association Nursing Scope and Standards of Practice 3<sup>rd</sup> edition [2], a nurse can and should have further discussions with the responsible healthcare team or provider to delay or discontinue an order if not appropriate. Some of the activities included as standard practices and within nurses' scope of practice are:

- Advocate for responsible and appropriate use of interventions to minimize unwarranted and unwanted treatment
- Implement quality improvement plans



## NURSES TAKE ANTIBIOTIC STEWARDSHIP ACTION INITIATIVE



- Use appropriate tools to facilitate discussion and team functions
- Use clinical decision support tools to articulate potential diagnoses, problems and issues
- Expose care processes and decisions when they do not appear to be in the best interest of the patient
- Contribute the nursing perspective in discussion with the inter-professional team
- Assess data to revise a diagnosis, outcome and plan and implement strategies
- Share evaluation data and conclusions with patients and other

### **Question 3: A physician shows frustration about a nurse's prompt to review a urine or respiratory culture order. What can be done?**

Determine if the problem is with one or two outlying physicians or if the issue is more systemic.

If there are only one or two physicians who are frustrated, engage the unit physician champion to assist with a peer-to-peer discussion about the purpose of the project.

If multiple physicians are frustrated, ask to come to their team meeting to explain the purpose of the project and to hear their concerns.

Open communication among members of the healthcare team provides safer and better patient care. If the institution or unit does not have a strong culture of patient safety, collaborative interventions between physicians and nurses are an opportunity to enhance communication and foster interdisciplinary teamwork.

### **Question 4: How can I ensure front-line nurses are comfortable using stewardship algorithms?**

The level of work experience and individual personality are a couple of the factors that may impact nurses' roles as antibiotic or diagnostic stewards.

- Before implementing an intervention, it is recommended to provide concise and practical education about the topic of interest to help the nurse carry out the proposed intervention with confidence. Educational slides for nurses addressing the importance of obtaining an accurate penicillin allergy history and appropriate urine and respiratory cultures in clinical care with respective outcomes have been developed and can be found in 'Implementation Framework' within the Toolkit and Comprehensive User Guide.
- Along with education, the nurse champion should review the algorithm frequently with front-line staff to address questions and ensure understanding. This can be accomplished during shift change, huddles or staff meetings.



## NURSES TAKE ANTIBIOTIC STEWARDSHIP ACTION INITIATIVE



- Ensure nurses understand this is a quality improvement project and there is no penalty if they forget to utilize the algorithms on a given day or opt not to use the algorithm for a particular patient or with a particular physician.
- As the algorithm is implemented and challenges and obstacles are addressed, nurses will find the algorithms easier to use and may eventually not need to visually look at the algorithms to assess culture indication appropriateness or how to obtain accurate penicillin allergy histories.

### **Question 5: What can be done to keep the staff engaged?**

Maintain unit staff (nurses and physicians) engagement in the intervention by providing progress reports. Usually, positive results will generate enthusiasm and motivate staff to continue quality improvement projects. The progress report can include data, such as a trend of urine culture orders if an objective of the quality improvement is reducing unnecessary urine cultures, or examples of cases that show successful or unsuccessful use of the algorithm.

- A periodic personal visit from the ASP (such as once a month) to the unit to check upon the implementation of the project is helpful.
- Have the nurse champion remind front-line staff of the initiative. This can include mentioning it at meetings and highlighting it in unit newsletters or bulletin boards.
- Remember to give credit for success to the front-line staff and nurse/physician champions. Successful quality improvement projects should be highlighted across the institution and executive leadership should be made aware.

### **Question 6: What if we are not seeing any signs of improvement?**

If initial results are not the ones expected, create a discussion forum to evaluate potential changes to the current intervention plan with project end-goals in mind. Explore at least the following potential changes to improve results:

- If the nurse champion has lost interest, identify whether another nurse may be willing to champion the project
- Identify the current state of awareness among unit staff regarding the algorithms; perhaps more follow-up is needed to encourage algorithm use
- Identify current physician attitudes to the intervention

### **References:**

1. Monsees EA, Tamma PD, Cosgrove SE, et al. Integrating bedside nurses into antibiotic stewardship: A practical approach. *Infect. Control Hosp Epidemiol.* 2019 May; 40(5): 579–584. doi: 10.1017/ice.2018.362.
2. American Nurses Association. (2004). *Nursing: Scope and Standards of Practice*. Washington, D.C. ISBN (e-book): 9781558106208.