



## **Invitation to general practitioners and nurse practitioners to support the Aged Care Quality and Safety Commission's 'To Dip or Not to Dip' Quality Improvement activity**

I am writing to you to seek your support in a quality improvement intervention being undertaken in Australian residential aged care services (RACS) to address overprescribing of antibiotics for aged care residents for urinary tract conditions including asymptomatic bacteriuria.

The Aged Care Quality and Safety Commission (the Commission) is the national regulator of Commonwealth aged care services across Australia. Given the prevalence of antimicrobial prescribing for RACS residents, the Commission is keen to work with treating doctors and aged care staff to avoid unnecessary prescribing. Aged Care Providers are required to implement Antimicrobial Stewardship in order to comply with the Aged Care Quality Standards.

National data trends suggest a progressive increase in antibiotic use in Australian RACS between 2005 and 2016, with 70% of residents receiving at least one systemic antibiotic annually.<sup>1</sup> The 2020 Aged Care National Antimicrobial Prescribing Survey (AC NAPS)<sup>2</sup> reported that the prevalence of residents on at least one antimicrobial was 11.9%, with prescribing for suspected infection making up 2.9%, and with the most common reason for prescribing being for the urinary tract (29.8% of prescriptions for infection, 37.5% for prophylaxis). Some of this prescribing is for asymptomatic bacteriuria (ASB) and therefore unnecessary and potentially harmful.

The Commission is promoting "To Dip or Not to Dip" (TDONTD) to RACS, an intervention aimed at supporting aged care staff to review the use of antibiotics for urinary tract indications and reduce and avoid unnecessary antibiotic prescribing for ASB. TDONTD has been successfully used in England's National Health Services' aged care homes<sup>3</sup> and Australian RACS<sup>4,5,6</sup>. TDONTD uses an evidence-based quality improvement approach to stop unnecessary urine dipstick testing by staff. This improves the diagnosis and management of urinary tract infections (UTIs) in RACS and reduces use of dipstick tests to detect ASB which are treated as UTI. In the Australian evaluation, TDONTD reduced prescribing for urinary tract indications by 46.7%, and reduced prescribing for all antibiotics by 35.4%.<sup>4</sup> There was no increase in sepsis-related harm.

The TDONTD intervention:

- Case-based education and a training video for nurses and personal carers providing education on diagnosing UTI and ASB
- A clinical pathway (adapted from the Therapeutic Guidelines: Antibiotics) when staff assess residents with suspected UTI
- Audit tool assessing appropriateness of antibiotic prescription for urinary tract condition by indication and duration.

RACS implementing TDONTD have reported:

- Changed clinical processes around urine dipstick testing
- Changed behaviours around UTI assessment
- Increased awareness of inappropriate antibiotic use for ASB
- Increased aged care staff confidence around not relying on urine dipstick tests to diagnose UTIs.

Services implementing TDONTD are encouraged to engage GPs and nurse practitioners in their efforts. The enclosed material provides you with further information on this activity:

- To Dip or Not to Dip Flyer
- Clinical Pathway tool
- Accompanying user guide to Clinical Pathway
- ACQSC Consumer brochure – ‘Do I need antibiotics: Information for residents and their families, carers and representatives’
- Australian Commission for Safety and Quality in Health Care fact sheet ‘Asymptomatic bacteriuria’ which includes Therapeutic Guidelines: Assessment and Treatment of Aged Care Facility residents with suspected UTI
- To Dip or Not to Dip project outcomes – 1 page summary

Additional online resources supporting TDONTD and other antimicrobial stewardship (AMS) activities are available on the Commission’s website <https://www.agedcarequality.gov.au/providers/clinical-governance/antimicrobial-stewardship>.

Thank you in anticipation of your support for TDONTD, and your contributions to supporting the health and wellbeing of aged care residents. If you have any questions regarding this activity in your RACS, please contact the facility manager of the RACS implementing TDONTD. If you have any questions about TDONTD, please contact the Commission ([PharmacyUnit@agedcarequality.gov.au](mailto:PharmacyUnit@agedcarequality.gov.au)).

Yours sincerely



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#### References

1. Sluggett JK, Moldovan M, Lynn DJ et al. National trends in antibiotic use in Australian residential aged care facilities 2005-2016. *Clin Infect Dis*. 2021 Jun 15;72(12):2167-2174.
2. Australian Commission on Safety and Quality in Health Care. Antimicrobial Prescribing in Australian residential aged care facilities – Results of the 2020 Aged Care National Antimicrobial Prescribing Survey. <https://www.amr.gov.au/resources/antimicrobial-prescribing-australian-residential-aged-care-facilities-results-2020-aged-care-national-antimicrobial-prescribing-survey>
3. Government UK. UK 5-year action plan for antimicrobial resistance 2019 to 2024. <https://www.gov.uk/government/publications/uk-5-year-action-plan-for-antimicrobial-resistance-2019-to-2024>. Accessed July 15, 2023.
4. Aged Care Quality and Safety Commission. To Dip or Not to Dip project. <https://www.agedcarequality.gov.au/resources/dip-or-not-dip-project>
5. Lim L, Williams K, Francis J et al. Implementation of an intervention to reduce urine dipstick testing in aged care homes: a qualitative study of enablers and barriers, and strategies to enhance delivery. *BMJ Open*. 2024;14:e081980.
6. Lim L, Williams K, Francis J et al. Feasibility of a nurse-led intervention to reduce urine dipstick testing in long-term residential aged care homes. *JAMDA*. 2024 Feb 27:S1525-8610(24)00072-0.