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Building your Antibiotic Stewardship Program Phase 1: Leadership, Accountability and Drug Expertise

ASP, C.difficile and MDROs

May 24th, 2017
3:00-4:00pm



Agenda

Topic	Speaker
Welcome and Introductions	NYSPFP Staff
Review of ASP in HIIN <ul style="list-style-type: none">• Rapid Cycle Improvement Phase 1• Gap Analysis	NYSPFP Staff
Rapid Cycle Improvement - Building Your Antibiotic Stewardship Program-Leadership, Accountability and Drug Expertise	David P. Calfee, MD Teresa Lubowski, Pharm.D
Hospital Questions and Discussion	Hospital Participants Facilitated by NYSPFP Staff
Tools and Resources/Next Steps	NYSPFP Staff



ASP/CDI/MDRO Initiative Overview

GOAL:

- Implement an antibiotic stewardship program (ASP)
- Reduce hospital multi-drug resistant organism (MDRO) infection and *Clostridium difficile* Infection (CDI) by 20%, from a 2015 baseline

OBJECTIVES

- Hospitals will implement all elements of the Centers for Disease Control's (CDC) "Core Elements of Antibiotic Stewardship Programs" as part of the hospital's ASP program by September 2018
- Reduce CDI by 20% by September 2018
- Reduce MDRO infections, particularly MRSA, by 20% by September 2018



Rapid Cycle Improvement Projects

Antibiotic Stewardship Program

Rapid Cycle Improvement Projects

Phase 1

- Leadership commitment
- Accountability
- Drug expertise

Phase 2

- Actions to support optimal antibiotic use

Phase 3


- Tracking and monitoring antibiotic prescribing, use, and resistance
- Reporting information on improving antibiotic use and resistance

Education of Clinicians and Patients and Families



NYSPPF Tools and Resources

Gap analysis



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Antibiotic Stewardship/MDRO/CDI
Core Elements Gap Analysis

Source: NQF Antibiotic Stewardship in Acute Care


Facility Name: _____ Date: _____

Instructions: The following checklist is designed to complement the CDC core elements checklist. Once hospitals have identified the core elements they would like to work on, this checklist is to identify the strategies and interventions that correspond to the core element. This checklist should be used to systematically assess whether key strategies and interventions are present at your facility to ensure optimal antibiotic prescribing and limit overuse and misuse of antibiotics in hospitals. Facilities using this checklist should involve one or more knowledgeable staff to determine if the following principles and actions to improve antibiotic use are in place.

Upon completion, this document can become the basis for your facilities improvement plan.

CORE ELEMENTS	YES	NO	COMMENTS
CORE ELEMENT 1: LEADERSHIP			
Basic			
A. Issue formal board approved statement on the importance of ASP and include in annual report.			
B. Develop and distribute a newsletter column from the CEO/CMO and or chief of medical staff highlighting ASP and their commitment to improving antibiotic use.			
C. Dedicate specific salary support for ASP leaders based on size and population of the hospital.			
D. Include specific time commitment (N.FTE or hours/week, hours/month) in the job description of ASP leaders, and articulate targets and goals.			
E. Support funding for remote consultation or telemedicine with experts in antibiotic stewardship (e.g., infectious diseases physicians and pharmacists) if local resources are not available.			
F. Communicate regularly the importance of improving antibiotic use and the hospital's commitment to antibiotic stewardship.			
G. Share stories, speakers, and other resources that highlight how ASPs can improve patient outcomes.			

Action planning tool



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Antibiotic Stewardship/MDRO/CDI
Action Planning Tool

Action Plan developed from NQF Playbook. For Core Element Example of Implementation Strategies (Basic, Intermediate, and Advanced) see compiling page(s) number(s). http://www.qualityforum.org/NQF/Antibiotic_Stewardship_Playbook.aspx

Initiative: Antimicrobial Stewardship Program Hospital: _____

Administrative Champion: _____ Team Lead: _____

Lead Physician: _____ Nurse Lead: _____

Data Lead: _____ Other Team Member(s): _____

Aim Statement: _____

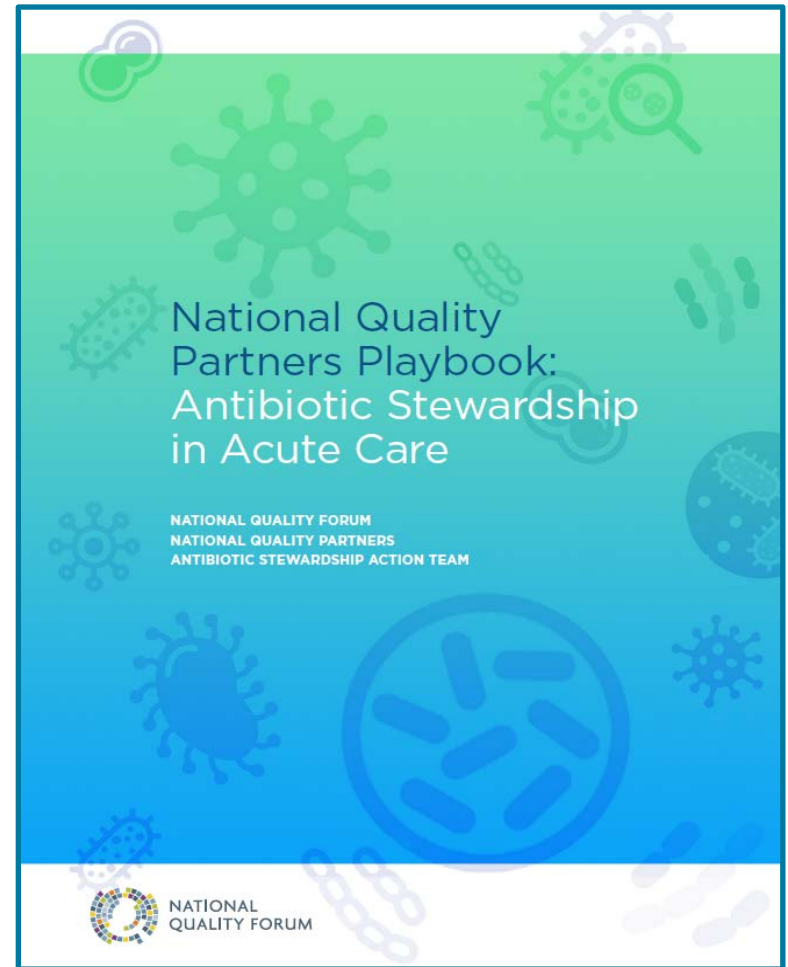
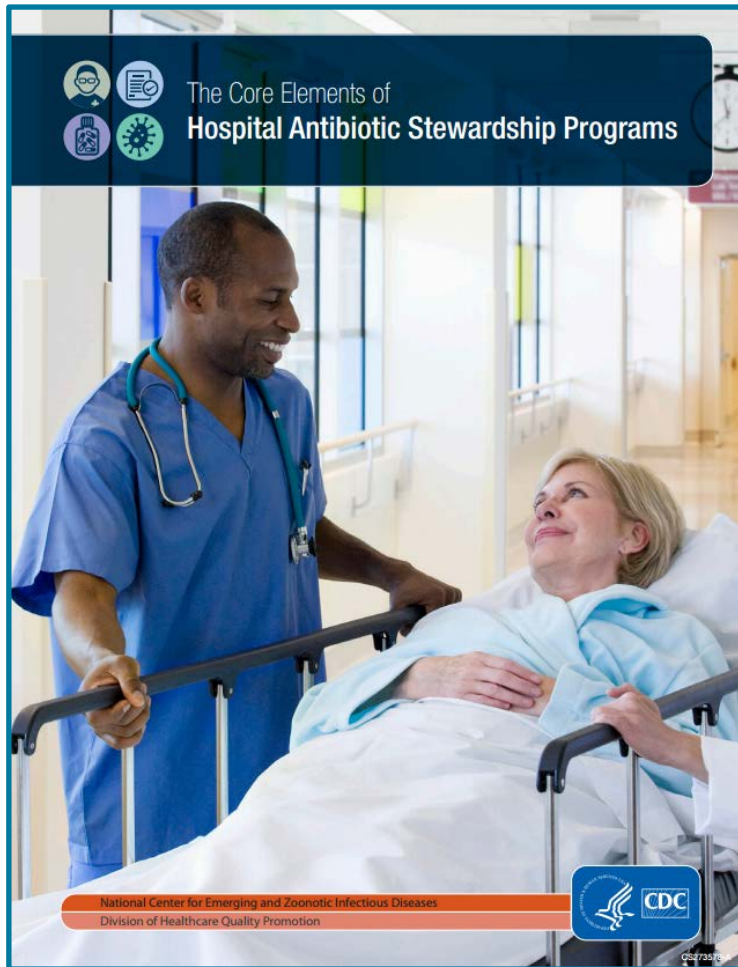
Consider each process change or key strategy below, and complete the worksheet components for implementing them. Add other strategies as appropriate for your hospital.

PROCESS CHANGE/KEY STRATEGY*	List Next Steps (How will you implement process change/key strategy?)	Resources/ Stakeholders available/needed? (Which department will be involved?)	Owner(s)	Completion Date (if not in place)	Measurement Strategy (What data will be used to monitor progress/back track of change?)
PHASE 1					
Core Element 1: Leadership Commitment – examples of implementation strategies pages 6-7 of the NQF playbook					
Facility leadership will provide a viable, written statement of support for the antibiotic stewardship program (ASP).					
Facility leadership will provide support (financial and time) for training and education on antibiotic stewardship (AS), ensure adequate staffing, and establish a clear communication strategy on AS.					
Facility leadership will provide sustained financial support and ensure that ASP team leaders have time to perform the functions of the program.					

Part of these strategies taken from: Health Research & Educational Trust (2013, June). Checklists to improve patient safety. Chicago, IL: Health Research & Educational Trust. Accessed at www.hrea.org



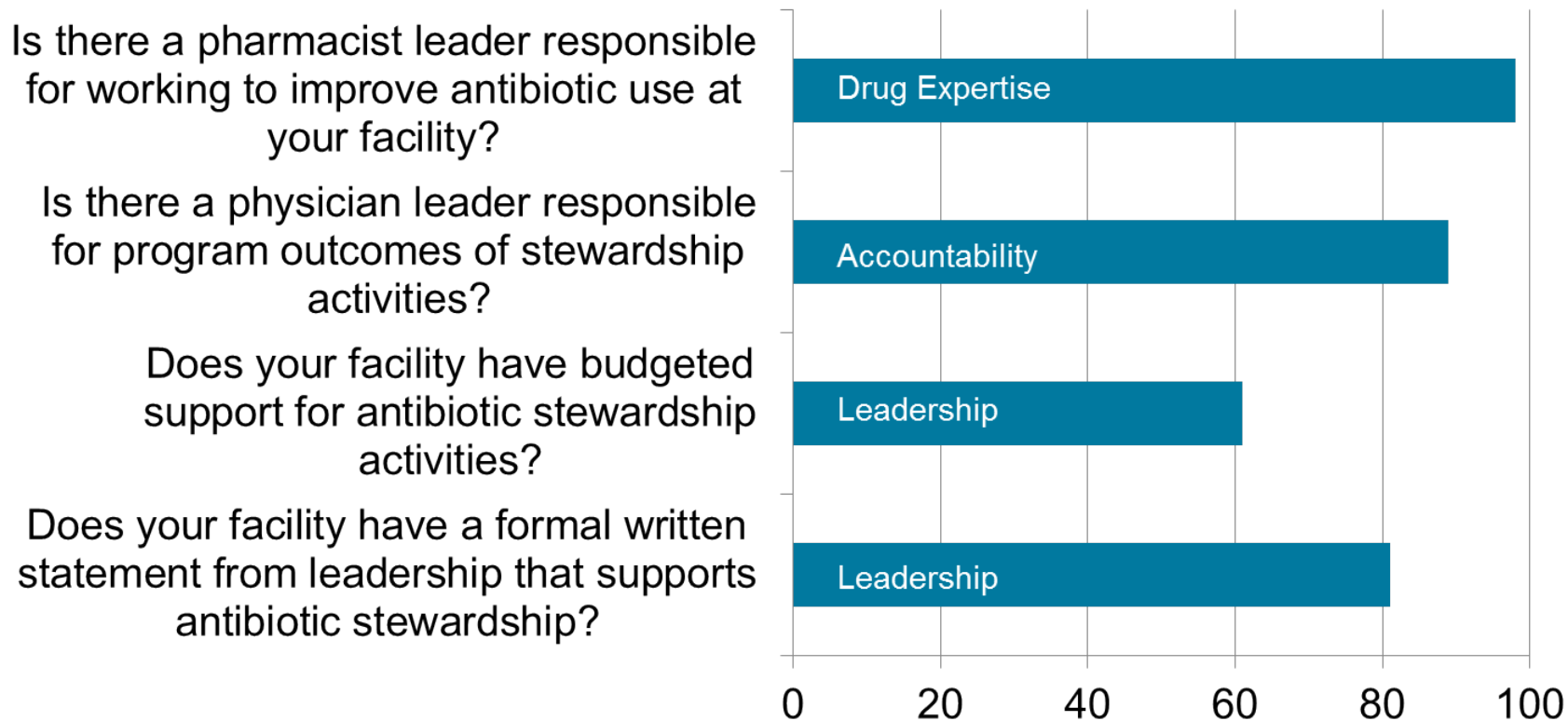
CDC Core Elements/NQF





NYSPFP Antibiotic Stewardship Survey Q1 2017 Results

% Yes Responses





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Rapid Cycle Improvement - Building Your Antibiotic Stewardship Program-Leadership, Accountability and Drug Expertise (Implementing Core Elements 1-3)

David P. Calfee, MD

Teresa Lubowski, Pharm.D



The ASP Reality

St. Anywhere hospital:

- A 300 bed community hospital affiliated to large academic health care system
 - **Current state:**
 - Though the facility has a formal ASP team and some established guidelines on appropriate antibiotic usage from the system, due to differing EMRs, these protocols are rarely used, and most staff are not aware of the protocols.
 - Senior hospital leadership does not participate in the ASP team meetings and the team is composed of a pharmacist, an interested nurse manager and the infection prevention nurse who doubles as the occupational health nurse. ASP metrics are not reported to the quality leadership meetings and pharmacy is trying to provide feedback to individual prescribers, but their emails are being ignored
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Resources for Core Element 1: Leadership

- Clear support from hospital leadership

Strategy	Resource
<p>Get leadership buy in</p>	<p>Making the business case for ASP: https://www.shea-online.org/images/priority-topics/Business_Case_for_ASP.pdf</p>
<p>Develop and implement an antibiotic stewardship strategy that cascades from the C-suite through individual department policies</p>	<p>Sample proposal for ASP:</p> <ul style="list-style-type: none"> • https://www.shea-online.org/images/priority-topics/AS_Program_Proposal.pdf • https://www.shea-online.org/images/priority-topics/ASP_proposal_blinded_K_Kuper_.pdf <p>Guidelines to develop ASP:</p> <ul style="list-style-type: none"> • http://www.idsociety.org/uploadedFiles/IDSA/Guidelines-Patient_Care/PDF_Library/Antimicrobial%20Stewardship.pdf
<p>Engage patients or patient advocates</p>	<p>Promotional materials to provide patient and caregiver education: https://www.cdc.gov/getsmart/week/promotional-materials/print-products.html</p>

Additional resources and information are available from the NQF Playbook:

http://www.qualityforum.org/Publications/2016/05/National_Quality_Partners_Playbook__Antibiotic_Stewardship_in_Acute_Care.aspx



Resources for Core Element 1: Leadership (cont.)

Strategy	Resource
<p>Explain key cost and revenue elements for ASP to leadership</p>	<p>https://academic.oup.com/ofid/article/doi/10.1093/ofid/ofw210/2593339/How-to-Pitch-an-Antibiotic-Stewardship-Program-to</p>
<p>Letter of commitment from leadership</p>	<p>Letter of commitment from leadership for SNF – can be adapted from hospitals</p> <ul style="list-style-type: none"> • http://www.health.ri.gov/healthcare/about/antimicrobialstewardship/#commitment
<p>Checklist for leadership support</p>	<p>Hospital documentation of leadership support</p> <ul style="list-style-type: none"> • https://www.lsqa.org/initiatives/asp/
<p>AHA Physician leadership forum materials for ASP</p>	<p>http://www.ahaphysicianforum.org/resources/appropriate-use/antimicrobial/</p>



Resources for Core Element 2: Accountability

- Appointing leaders or co-leaders responsible for program outcomes and whose effectiveness is assessed through clear performance standards, provides accountability for ASP

Strategy	Resource
Ensure the ASP leader has specific training in ASP	One example of the many training programs available: http://sheaspring.org/program/certificate-tracks/ Recommendations for training and Certification for pharmacists involved in infectious disease pharmacotherapy: https://www.accp.com/docs/positions/opinionPapers/Recommendations%20for%20Training%20and%20Certification.pdf



Resources for Core Element 3: Drug Expertise

- Dedicated staff with demonstrated drug expertise. Appointing a pharmacist leader to partner with the ASP leader provides expertise and accountability for a high quality program

Strategy	Resource
Documented pharmacy leaders with expertise in antibiotic stewardship	Guidance for the Knowledge and Skills Required for Antimicrobial Stewardship Leaders: <ul style="list-style-type: none"> • http://www.jstor.org/stable/10.1086/678592
Ensure pharmacy leader engages and trains other pharmacy staff in antibiotic use	American Society of Health-System Pharmacists Antimicrobial Stewardship Resources <ul style="list-style-type: none"> • https://www.ashp.org/pharmacy-practice/pharmacy-topics/inpatient-care/antimicrobial-stewardship



Resources for Core Element 3: Drug Expertise (cont.)

Strategy	Resource
Examples of AS programs- drug specific dosing and disease treatment guidelines	Eight Habits of Highly Effective Antimicrobial Stewardship Programs to Meet the Joint Commission Standards for Hospitals Clin Infect Dis (2017) 64 (8): 1134-1139
Society of Infectious Disease Pharmacists Resources	http://www.sidp.org/Educational
IDSA infectious disease treatment guidelines	http://www.idsociety.org/IDSA_Practice_Guidelines/
Quality Payment Program- infectious disease quality elements and AS improvement activities	https://qpp.cms.gov/measures/performance



Resources for Core Element 3: Drug Expertise (cont.)

Strategy	Resource
Society of Healthcare Epidemiology of America- drug use evaluation, IV to PO guidelines, sample RPh daily routine.	https://www.shea-online.org/index.php/practice-resources/priority-topics/antimicrobial-stewardship/implementation-tools-resources



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Questions and Hospital Discussion



Next Steps

- Watch for NYS Partnership for Patients announcements and upcoming events in your inbox
 - Hospitals participating in phase 1 will receive information on the monthly coaching call in June
 - Alert your NYSPFP PM if you would like to receive information on the coaching call
 - Work with PM to complete the gap analysis and action plan if not completed, and review additional tools available on the NYSPFP website
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