IHI Expedition

Antibiotic Stewardship Session 6: What are we testing/learning?

Arjun Srinivasan, MD
Scott Flanders, MD
Diane Jacobsen, MPH

May 29, 2014

These presenters have nothing to disclose
Today’s Host

Sarah Konstantino, Project Assistant, Institute for Healthcare Improvement (IHI), assists in programming activities for expeditions, as well as maintaining Passport memberships, mentor hospital relations and collaboratives. Sarah is currently in the Co-Operative Education Program at Northeastern University in Boston, MA, where she majors in Business Administration with a concentration in Management and Health Science. She enjoys cooking, traveling, and fitness.
Audio Broadcast

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- Phone connection is preferred if you have access to a phone.
Welcome to today’s session!
• Please use chat to “All Participants” for questions
• For technology issues only, please chat to “Host”
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When Chatting…

Please send your message to All Participants
Diane Jacobsen, MPH, CPHQ, Director, Institute for Healthcare Improvement (IHI) is currently directing the CDC/IHI Antibiotic Stewardship Initiative, NSLIJ/IHI Reducing Sepsis Mortality Collaborative. Ms. Jacobsen served as IHI content lead and improvement advisor for the California Healthcare-Associated Infection Prevention Initiative (CHAIP) and directed Expeditions on Antibiotic Stewardship, Preventing CA-UTIs, Reducing C. diff Infections, Sepsis, Stroke Care and Patient Flow. She served as faculty for IHI’s 100,000 Lives and 5 Million Lives Campaign and directed improvement collaboratives on Sepsis Mortality, Patient Flow, Surgical Complications, Reducing Hospital Mortality Rates (HSMR) and co-directed IHI’s Spread Initiative. She is an epidemiologist with experience in quality improvement, risk management, and infection control in specialty, academic, and community hospitals. A graduate of the University of Wisconsin, she earned her master’s degree in Public Health-Epidemiology.
Today’s Agenda

- Introductions
- Debrief: Action Period Assignment – what are you testing/learning?
- **FINAL SESSION:** What Are We Testing & Learning?
Expedition Objectives

At the end of this Expedition, participants will be able to:

- Describe the impact of overuse and misuse of antibiotics on cost of care, antimicrobial resistance and patient complications, including *Clostridium difficile*.
- Establish a multidisciplinary focus to embed antibiotic stewardship into the process of care.
- *Identify and begin improving at least one key process to optimize antibiotic selection, dose, and duration of antibiotics in the patient care setting.*
Schedule of Calls

Session 1 – “Making the Case” for Antibiotic Stewardship
Date: Thursday, March 20th 2:30 PM – 4:00 PM ET

Session 2 – Promoting a Culture for Optimal Antibiotic Use
Date: Thursday, April 3, 3:00 – 4:00 PM ET

Session 3 – Our Learning Journey: IHI & CDC Partnership
Date: Thursday, April 17, 3:00 – 4:00 PM ET

Session 4 – Embedding Stewardship Processes into Care Delivery
Date: Thursday, May 1, 3:00 – 4:00 PM ET

Session 5 – Focus on: 72 Hour Antibiotic “Time-out”
Date: Thursday, May 15, 3:00 – 4:00 PM ET

Session 6 – What Are We Testing & Learning?
Date: Thursday, May 29, 3:00 – 4:00 PM ET
Action Period Assignment

- Test one idea to introduce/enhance: *Antibiotic Time Out*

- Small test of change:
  - Define Initial sequence: M/W/F? T/Th? Other?
  - Define “team”: (clinical) pharmacists, MD, RN
  - Review/Adjust:
    - Right Diagnosis
    - Right drug
    - Right dose and duration
Leadership accountability:
- utilizing the CDC document provided in the first session to drive our campaign.
- identified a well-respected physician and in conjunction with our Chief Medical Officer, they lead the ASP campaign.
- will need to add budget dollars to next year’s budget to ensure we have resources available for the ASP.
- Leadership has allowed us to purchase the IHI webinar as well other antibiotic guidelines for this year.

Accountability:
- Our physician champion/CMO has met with all physician committees to explain the importance of antibiotic stewardship.
- The ASP team is responsible for all outcomes.
Drug expertise:
- ordered the IDSA pocket guidebooks for the hospitalist and we have implemented an IV to PO conversion process.
- have a new Pharmacy director coming on board from a large metropolitan hospitals who has been working a ASP team and will bring a wealth of knowledge to our processes.

Act:
- physician champion has requested the hospitalist group of physicians to document the antibiotic days of duration and focus on taking a Timeout on day three of the antibiotic duration.
- entered an IT ticket requesting a practice alert appear in conjunction with the clinical culture.
- **Track:**
  - Our weakest area is developing a process to monitor prescribing patterns. The Infection Prevention surveillance provides C.diff, MRSA, VRE, ESBL and other MDRO rates.

- **Report:**
  - The resistance healthcare associated resistance patterns are reported to the Infection Prevention committee and nursing services quarterly.

- **Educate:**
  - developed a monthly physician newsletter entirely addressing aspects of antibiotic stewardship.
  - plan to develop a physician SharePoint site with dedicated to antibiotic stewardship resources as found in large metropolitan hospitals.
Questions/Discussion….

*What are YOU Testing/Learning…………

Raise your hand

Use the Chat
What are we testing and learning?

Scott Flanders MD
Arjun Srinivasan MD
Diane Jacobsen MPH
Scott A. Flanders, MD, MHM, is currently Professor in the Division of General Internal Medicine at the University of Michigan, where he serves as Associate Division Chief of General Medicine for Inpatient Programs and Associate Director of Inpatient Programs for the Department of Internal Medicine. Dr. Flanders was a founding member of the Board of Directors of the Society of Hospital Medicine (SHM) and is a Past-President of SHM. In addition to these activities, Dr. Flanders has been active in quality improvement and patient safety at the University of Michigan. His research interests include hospitalists, hospital-acquired conditions and their prevention, dissemination of patient safety and quality improvement practices, and the diagnosis and treatment of lower respiratory infections.
Arjun Srinivasan, MD, Associate Director for Healthcare Associated Infection Prevention Programs in the Division of Healthcare Quality Promotion at the Centers for Disease Control and Prevention (CDC), is responsible for oversight and coordination of efforts to eliminate health care-associated infections. He led the CDC health care outbreak investigations team and served as Medical Director for the Get Smart for Healthcare campaign, an effort to improve the use of antimicrobials in in-patient health care facilities. Previously, he was an Assistant Professor of Medicine in the Infection Diseases Division at the John Hopkins School of Medicine, where he was Associate Hospital Epidemiologist and Founding Director of the Johns Hopkins Antibiotic Management Program. Dr. Srinivasan’s research focuses on outbreak investigations, infection control, multi-drug-resistant gram-negative pathogens, and antimicrobial use. He has published more than 70 articles in peer-reviewed journals and is a member of the Association for Professionals in Infection Control and Epidemiology, the Infectious Diseases Society of America, and the Society for Healthcare Epidemiology of America.
Key CDC Goal: ACT!

Easier Said Than Done!
Navigating Obstacles

- Shooting too high
  - “Eliminate hospital-acquired C. Diff”

- Solution:
  - Partner with one doctor
  - Create a new process that works
  - Try it with one patient or for one day
  - Roll it out to 2 doctors, then a “service”, etc.
Navigating Obstacles

- Adding more work
  - “Just fill out this new form…..”

- Solution:
  - Focus on work / process flow
  - Can someone else fill out the form?
  - Add a small step to an existing process
  - Hard-wire into existing system
    - Multidisciplinary rounds
    - CPOE “forms”
Navigating Obstacles

- Changing the culture

- Solution:
  - Find a champion (ID / “Frontline” partner-Ideal)
  - Find a “leader” to support the work
  - Win your first battle
  - Sell your successes
  - Make the new process the “norm”
    - Incentives / Awards
    - Competitions
Questions/Discussion....

Raise your hand

Use the Chat
Core Elements for Antibiotic Stewardship Programs

- Leadership commitment from administration
- Single leader responsible for outcomes
- Single pharmacy leader
- Antibiotic use tracking
- Regular reporting on antibiotic use and resistance
- Educating providers on use and resistance
- Specific improvement interventions
Challenges and Opportunities - Support from Administration

- People describe variable success with making the financial case based on published literature.
- Some facilities will only accept data from their institution.
- You might try to partner with your budget office to see what you can do locally.
- Patient safety case may or may not be helpful - you have to know your culture.
Some ID clinicians have expressed reservations about other groups playing a larger role in stewardship.

ID clinicians remain ideal leaders for stewardship programs in facilities that have them.

We need to find better ways to ensure collaboration between ID and other groups.
The NHSN Antibiotic Use module is a great tool for tracking use, but not all facilities can enroll.

- Some lack the infrastructure (eMAR/Bar codes)
- Some lack funding support to enroll

For local quality improvement, the most important thing is to have a measure that you can track over time.
Challenges and Opportunities-Assessing “Proper” Use

- Assessing appropriate antibiotic use remains so important and so challenging.
- Some early favorable experience with the tools currently posted on the Get Smart for Healthcare website.
- We’d welcome your ideas on ways to do this.
Challenges and Opportunities - Implementing Intervention

- There's growing experience with "right timed" interventions-
  - Interventions that come at a time during the hospital stay when they are most useful.
- We need to continue to focus our efforts on finding more of these opportunities.
- Please let us know what's working for you.
Questions/ Discussion…..

Raise your hand

Use the Chat
Why Does Antimicrobial Overuse in Hospitalized Patients Persist?

Scott A. Flanders, MD
Department of Medicine
University of Michigan Medical School, Ann Arbor.

Sanjay Saint, MD, MPH
Department of Veterans Affairs Ann Arbor Healthcare System
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Please join us….*C difficile Expedition*  
*starts June 25th*

IHI’s upcoming expedition: *Reducing Clostridium difficile (C. diff) Infections* can help you set up a system to reliably identify and promptly treat this infection, while preventing spread. Our expert faculty will discuss:

- Key prevention strategies including judicious antimicrobial use, environmental cleaning, and preventing transmission using isolation precautions
- Best practices for identifying C. diff early in admission
- Recent data and considerations related to asymptomatic C. diff carriers
- How to manage transitions into and out of the hospital to avoid spreading infection
Follow-up

- The Listserv will remain active:
  To use the listserv, address an email to: ABSEExpedition@ls.ihi.org

- Instructions to receive Continuing Education Credits will be sent with the follow-up email for today’s session
  - Please complete the instructions within 30 days

- Please take 5 minutes to complete the Expedition evaluation survey – your feedback is appreciated!
THANK YOU!