

# Tennessee Pharmacists Coalition



*M*edication  
*U*se  
**SAFETY**  
*I*nnovation  
*C*ommunity



# Antibiotic Stewardship: *The Current State in Tennessee*



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Administrative Director of Pharmacy  
Maury Regional Medical Center



# Tennessee Pharmacist Coalition Vision

*Reduce harm and preventable adverse drug events through directed inquiry into current pharmacy practices, identify medication safety-gaps, and make recommendations for best practice across Tennessee.*

# Tennessee Pharmacist Coalition Goals

- Inspire pharmacist's engagement
- Align partners & agencies efforts on medication safety
- Identify performance measures
- Collaborate to spread best practices
- Provide education and resources for pharmacists and schools of pharmacy

# Statewide Collaborative Partners



Tennessee Pharmacists Association

★ *For Patients* ★ *For Pharmacists* ★ *For Tennessee*



Department of  
**Health**



# Recognition

- July 2014 ASHP Journal article
- CMS/Partnership for Patients National webinars
- Medication Safety Affinity Group webinars
- CMS Community of Practice website and electronic newsletters
- Endorsed by THA Board of Directors

# Strategies for Improvement

- Changing the culture
- Identified measures for ADE reporting
- Target pharmacy directors/ medication safety officers
- Assist hospitals with data collection processes

# Strategies for Sustainability

- Formation of the Tennessee Pharmacist Coalition
- Work groups with targeted focus areas
- Data review for successes and improvement opportunities
- Educational webinars
- Presentations at statewide and regional meetings
- Website to share deliverables and resources
- Provide updates to THA Board of Directors for consideration

# THA Board of Directors Endorsed Antibiotic Stewardship Recommendations

- Demonstrate commitment to antibiotic stewardship via a written statement of support for dedicated pharmacy, clinician, and IT staff time for antibiotic stewardship activities
- All hospitals commit to reporting to the National Healthcare Safety Network antimicrobial use and resistance modules within specified timeframes
- All hospitals commit to a policy requiring documentation of indications for antibiotic therapy

# THA Board of Directors Endorsed Antibiotic Stewardship Recommendations

- All hospitals commit to implementing a policy requiring an “antibiotic review” after 48-72 hours to allow for appropriate review.
- Participation by hospitals in an antibiotic stewardship collaborative to encourage best practice, sharing, and education.

# Antibiotic Stewardship NHSN Survey Questions

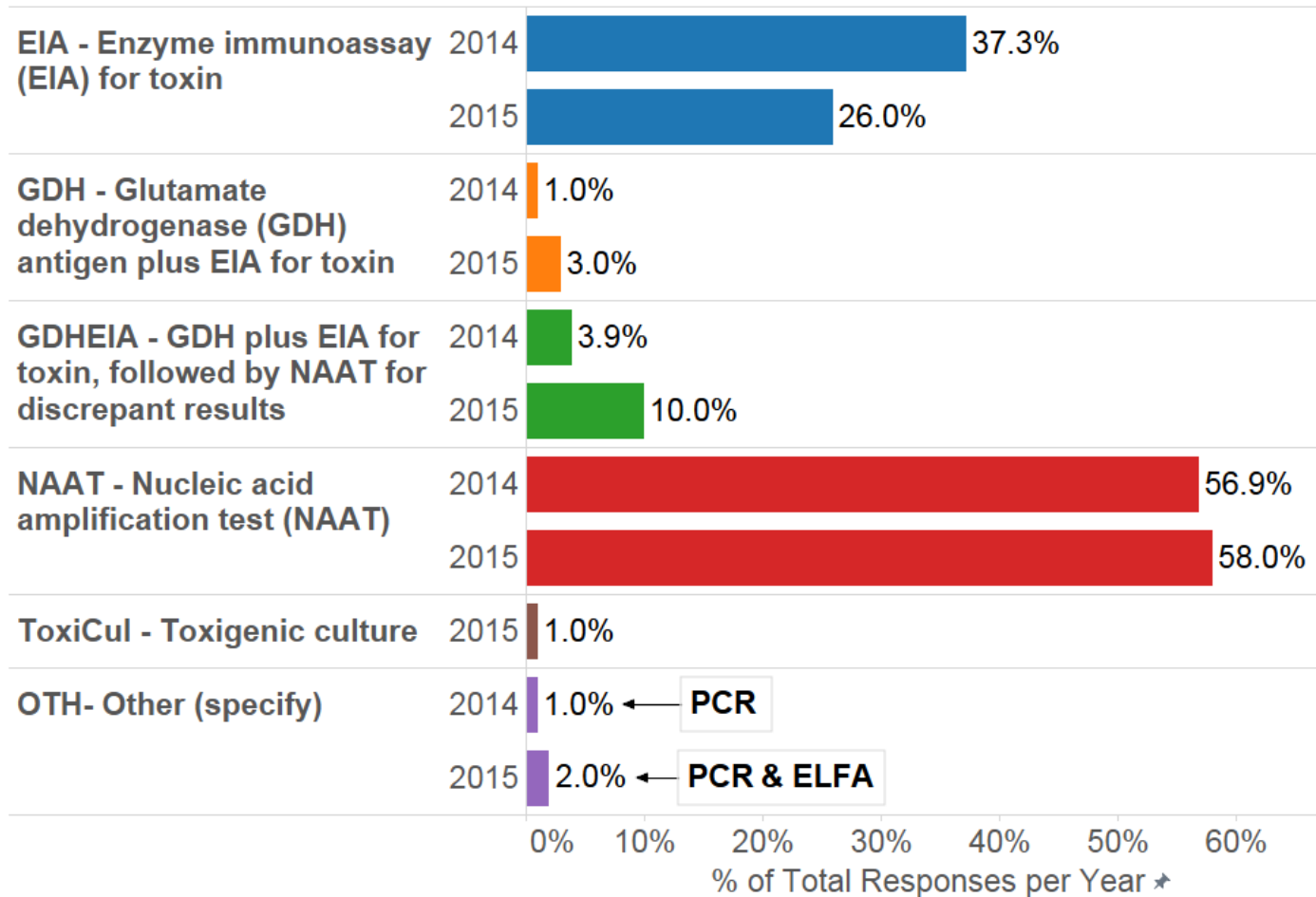
Number of Participating Hospitals:

2014: 102

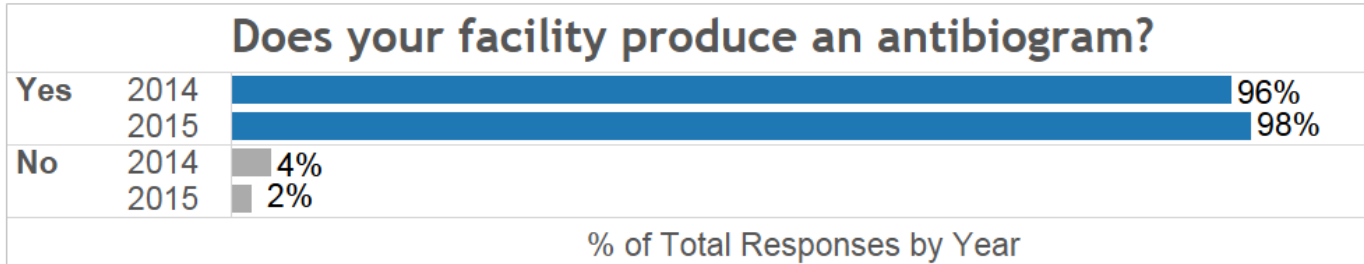
2015: 100

# NHSN Hospital Survey Question #11

What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where you facility's testing is performed?



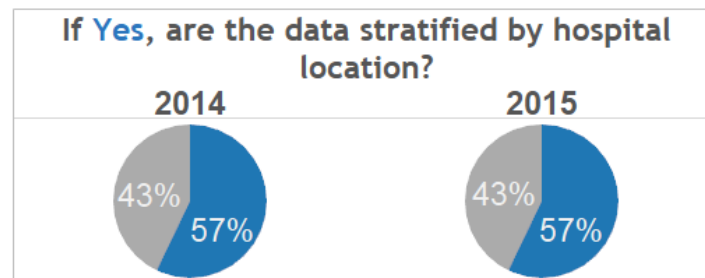
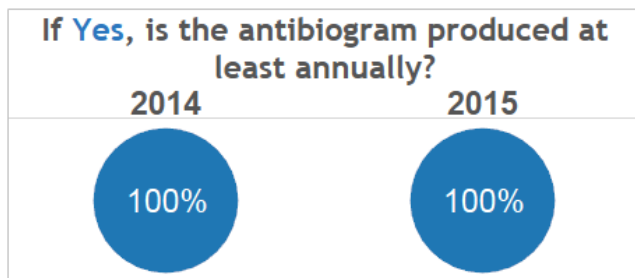
# NHSN Hospital Survey Question #12



**If No, please identify any obstacle(s) to producing an antibiogram. (Check all that apply)**

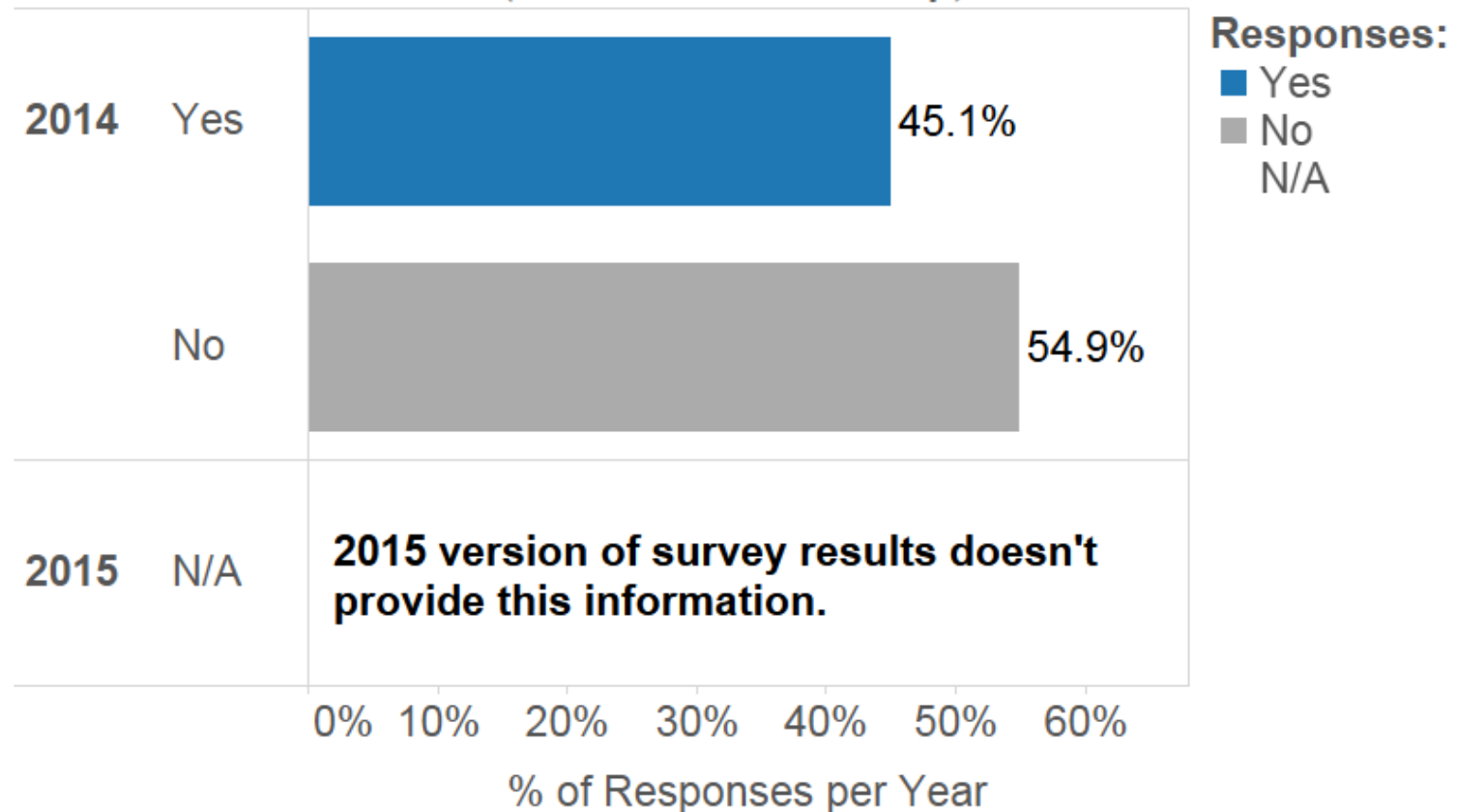
Year	Obstacle	Facility
2014	Limited interest from staff who prescribe antibiotics	Hosp. 1
	Not enough isolates to produce an antibiogram	Hosp. 2, Hosp. 3
	Other (please specify): <b>"Unknown"</b>	Hosp. 4
2015	Limited or no information technology tool for data analysis	Hosp. 5
	Limited personnel time for data analysis	Hosp. 5, Hosp. 6
	Limited personnel skills for data analysis	Hosp. 5
	Not enough isolates to produce an antibiogram	Hosp. 5

**Facility Legend:**  
 Hosp. 1: Orange square  
 Hosp. 2: Grey square  
 Hosp. 3: Dark grey square  
 Hosp. 4: Red square  
 Hosp. 5: Black square  
 Hosp. 6: Light orange square



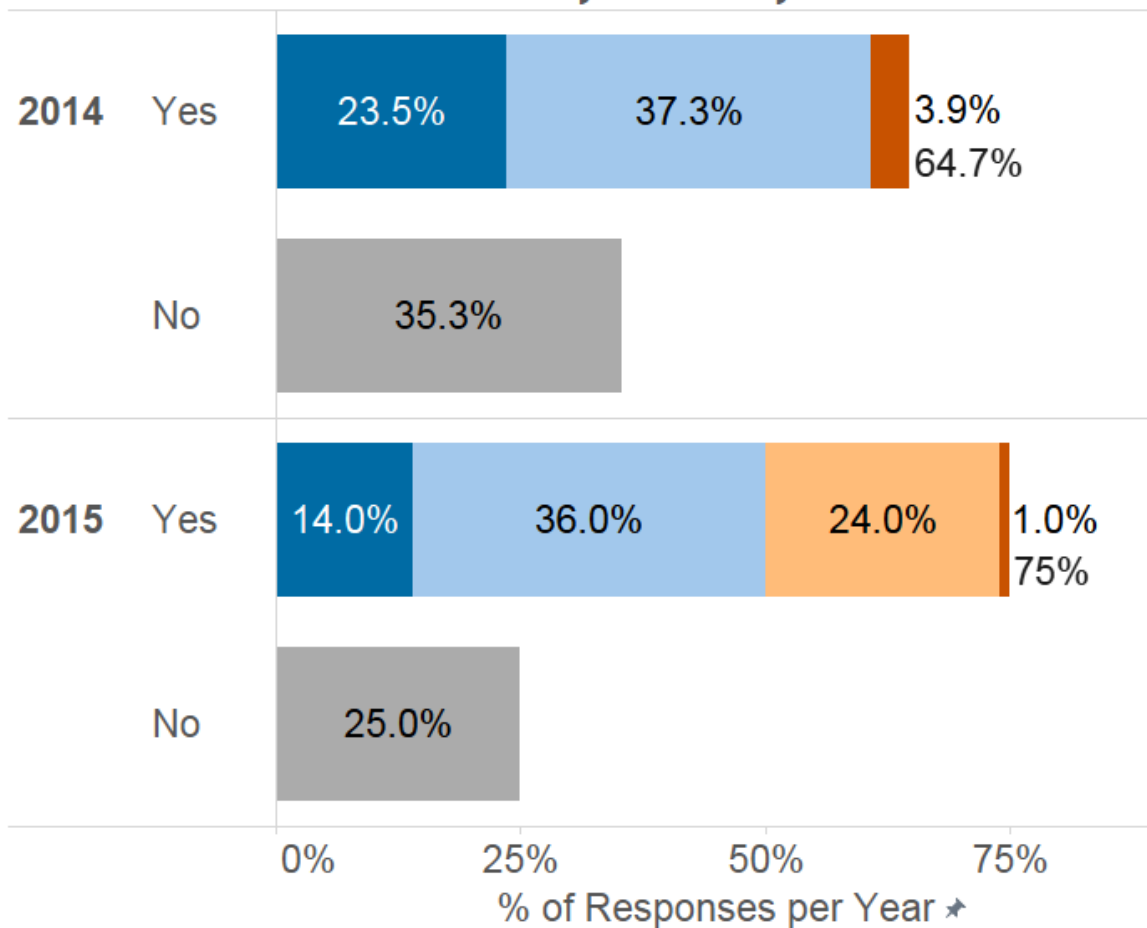
# NHSN Hospital Survey Question #23

Does your facility have a written statement of support from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?



# NHSN Hospital Survey Question #24

Is there a leader responsible for outcomes of stewardship activities at your facility?



Other:

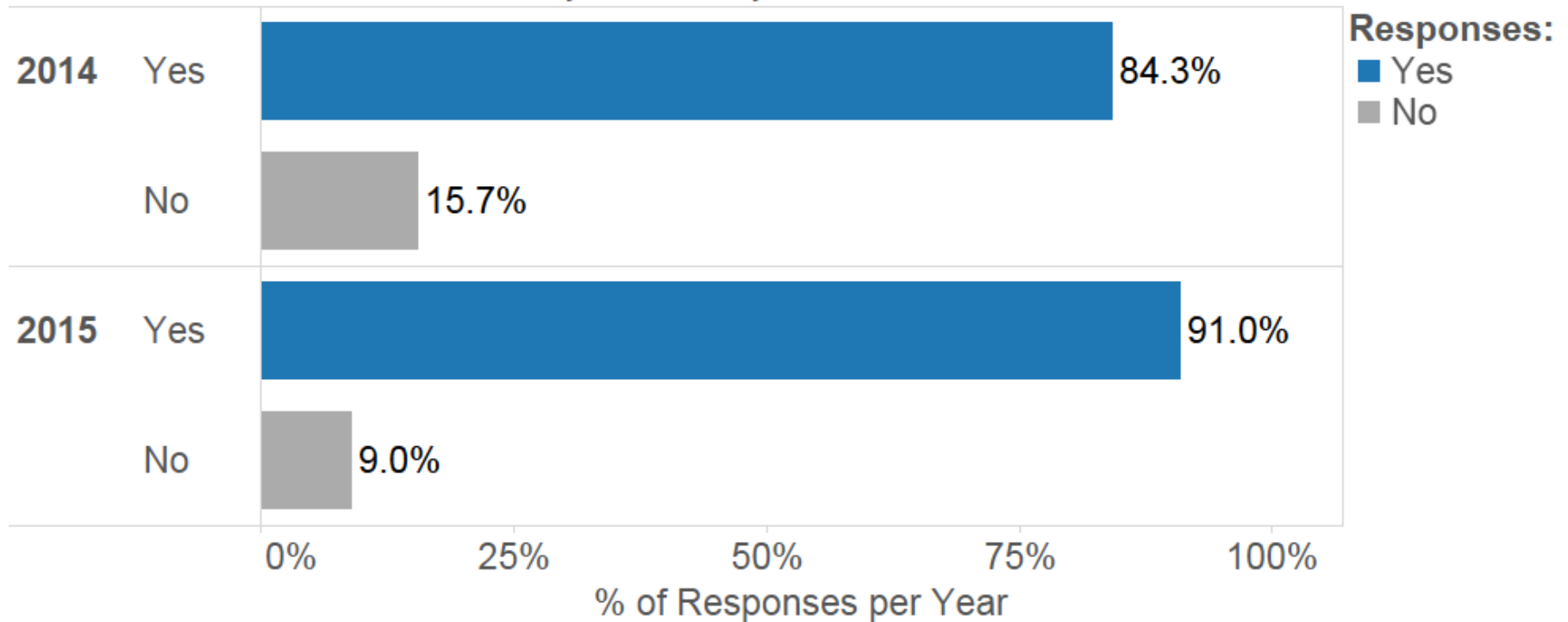
- Infection Preventionist
- Infection Control P&T
- Medical Staff Leadership Council
- Physician/Pharmacist
- P & T committee

**Position**

- Other
- Co-Led
- Pharmacist
- Physician
- N/A

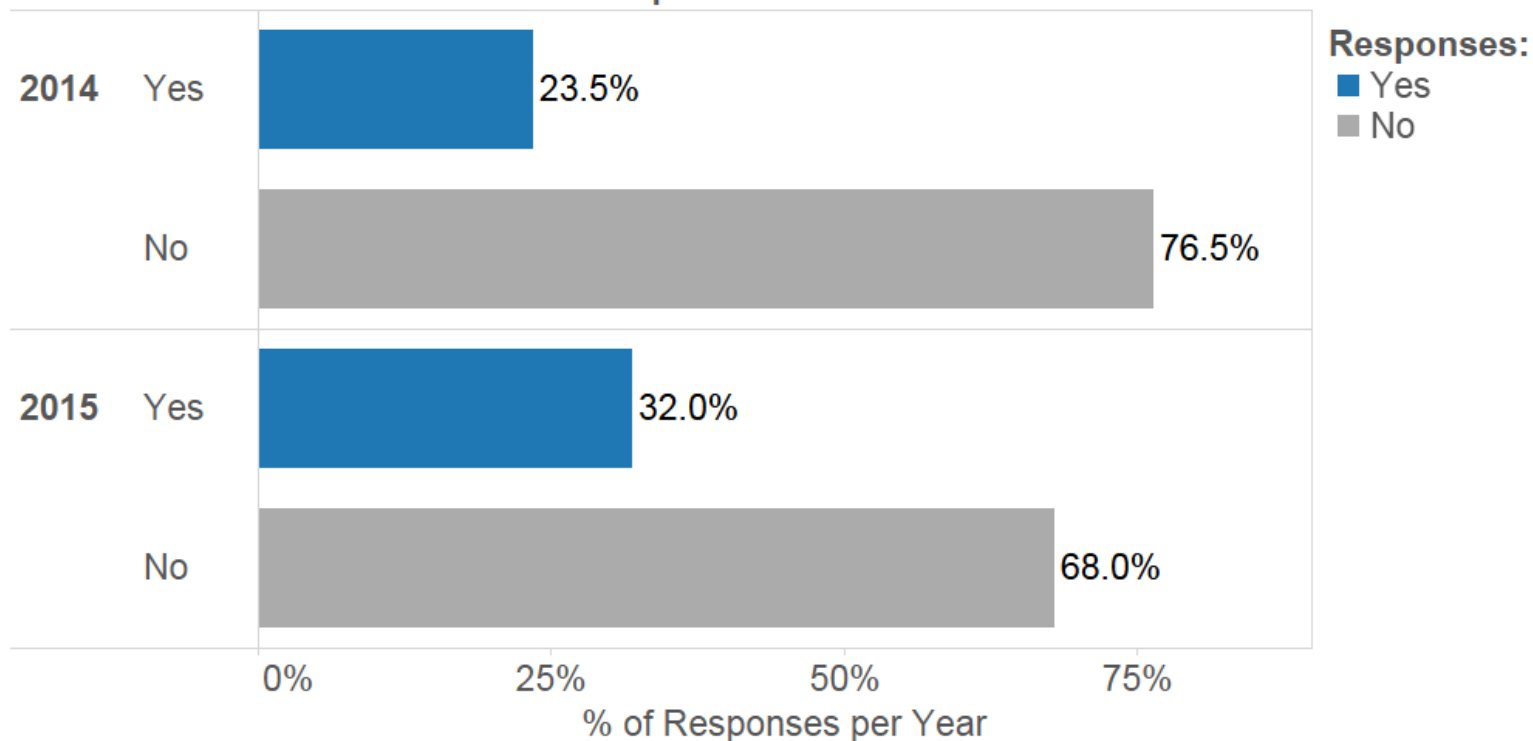
# NHSN Hospital Survey Question #25

Is there at least one pharmacist responsible for improving antibiotic use at your facility?



# NHSN Hospital Survey Question #26

Does your facility provide any salary support for dedicated time for antibiotic stewardship activities?

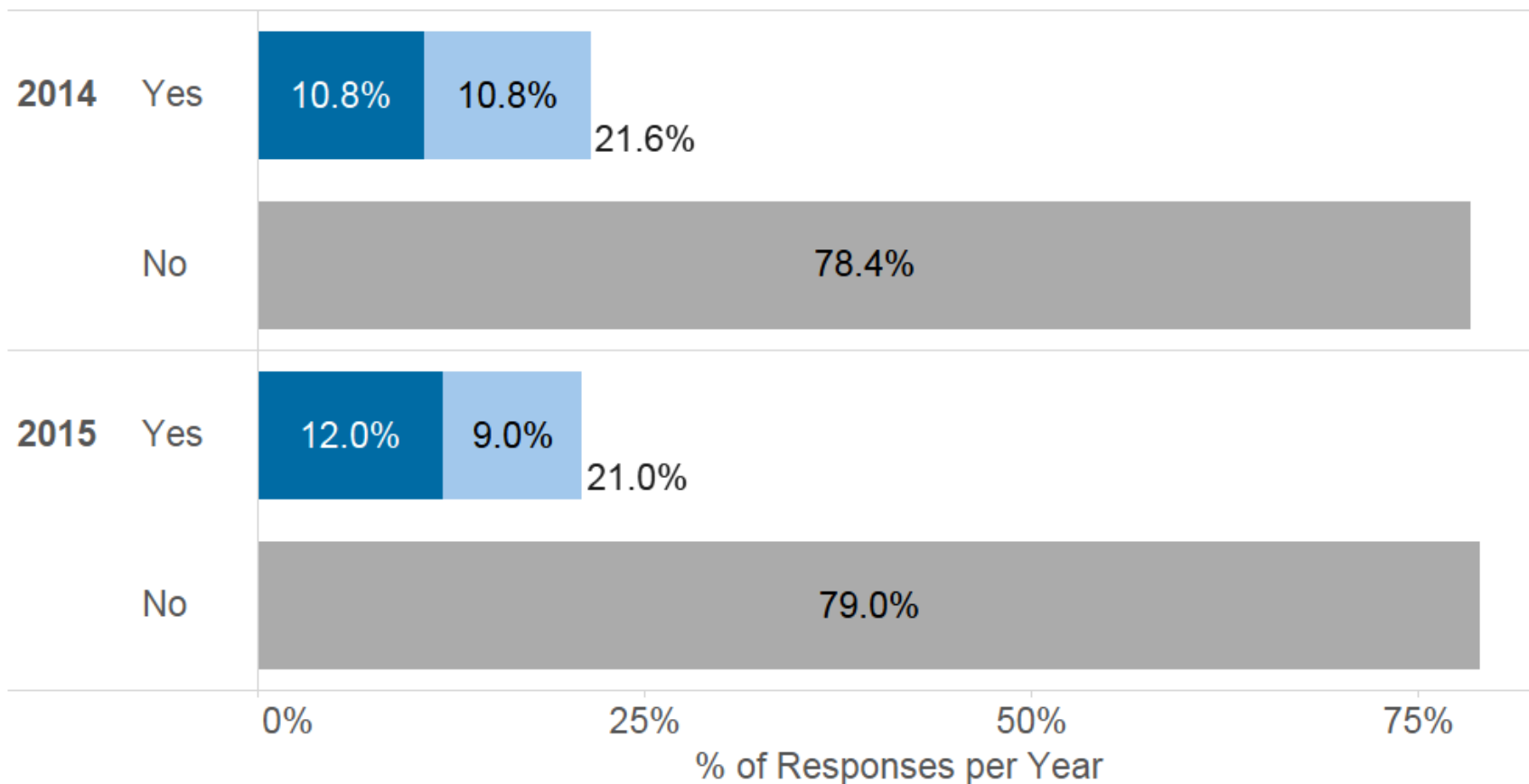


# NHSN Hospital Survey Question #27

Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry?

If so, is the adherence to policy monitored?

■ N/A    ■ Yes    ■ No

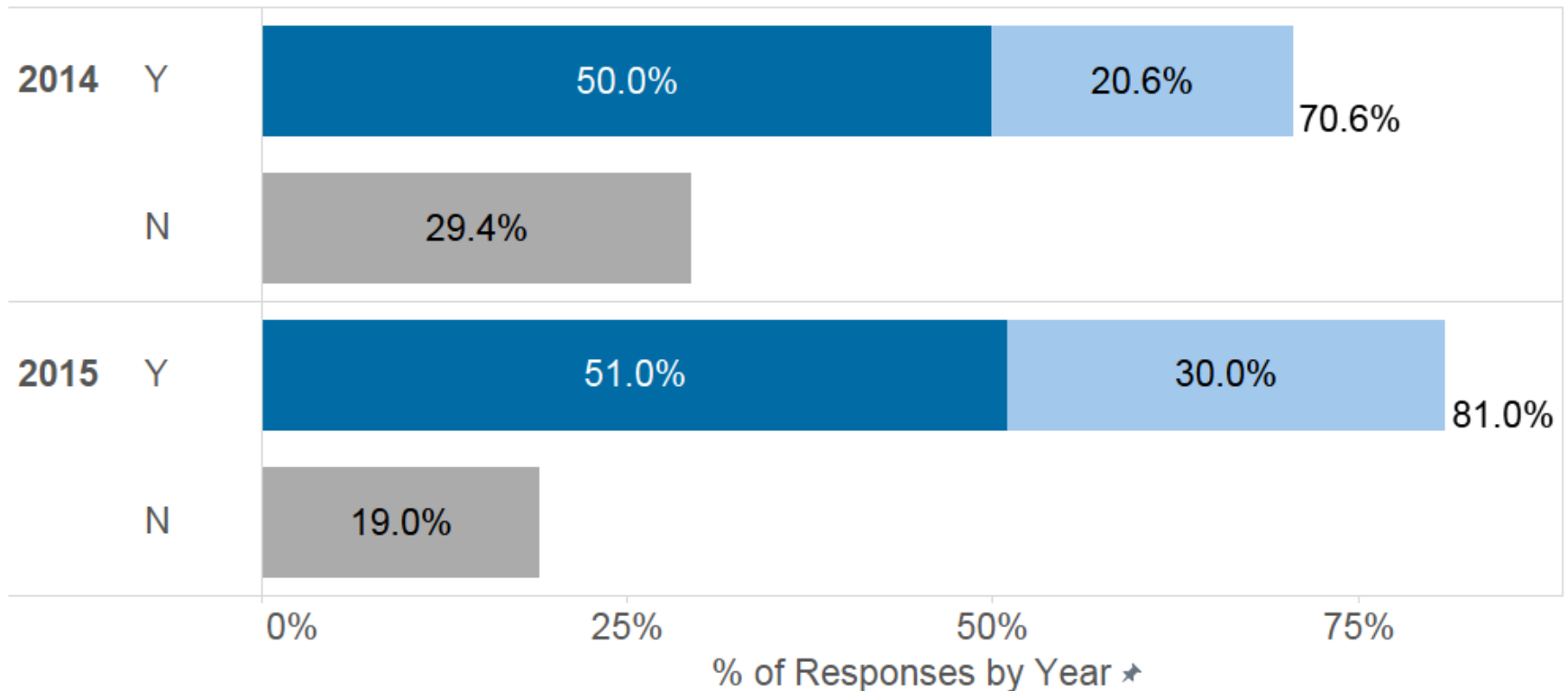


# NHSN Hospital Survey Question #28

Does your facility have facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions?

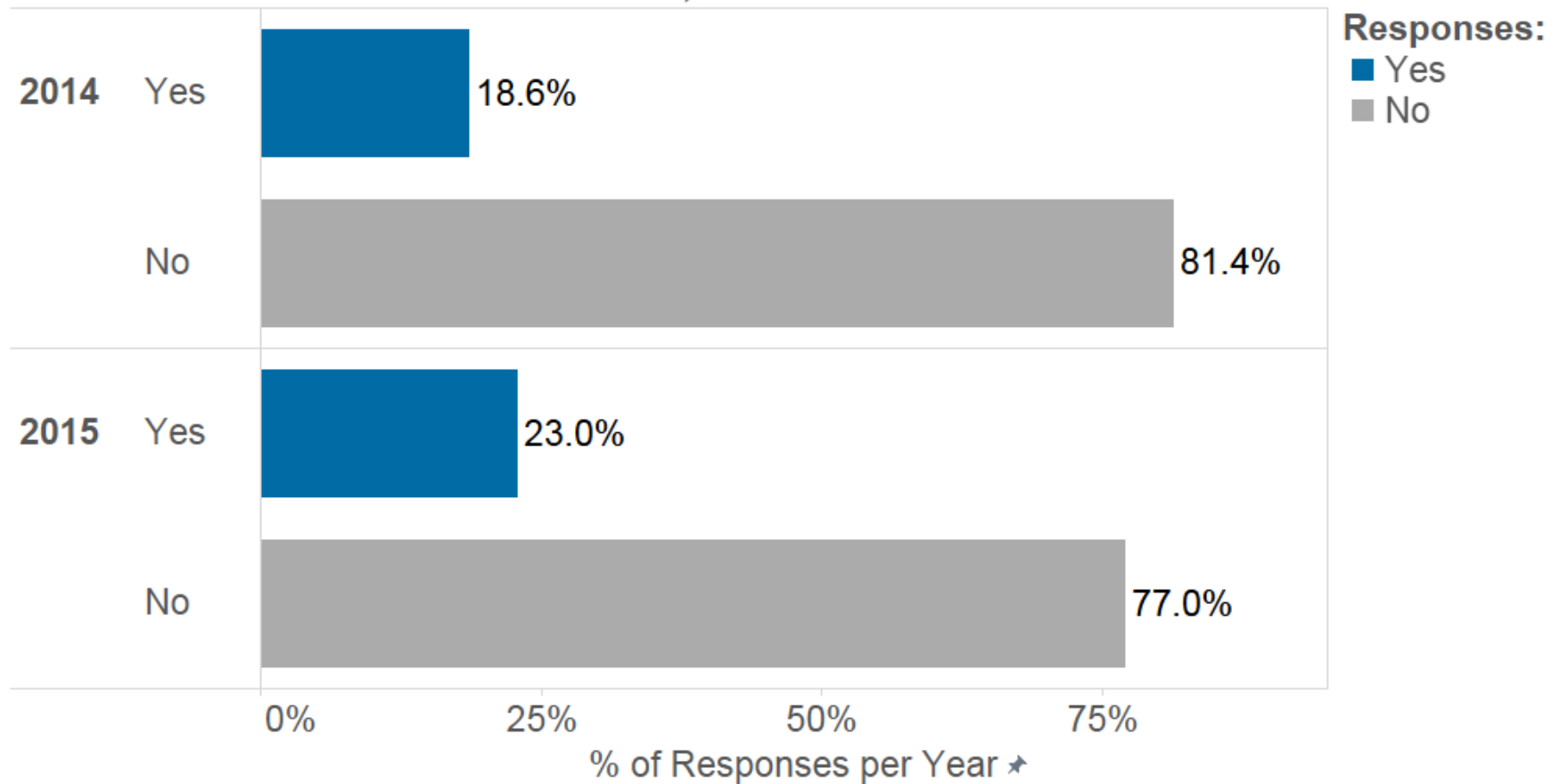
If so, are the treatment recommendations monitored?

■ N/A    ■ Yes    ■ No



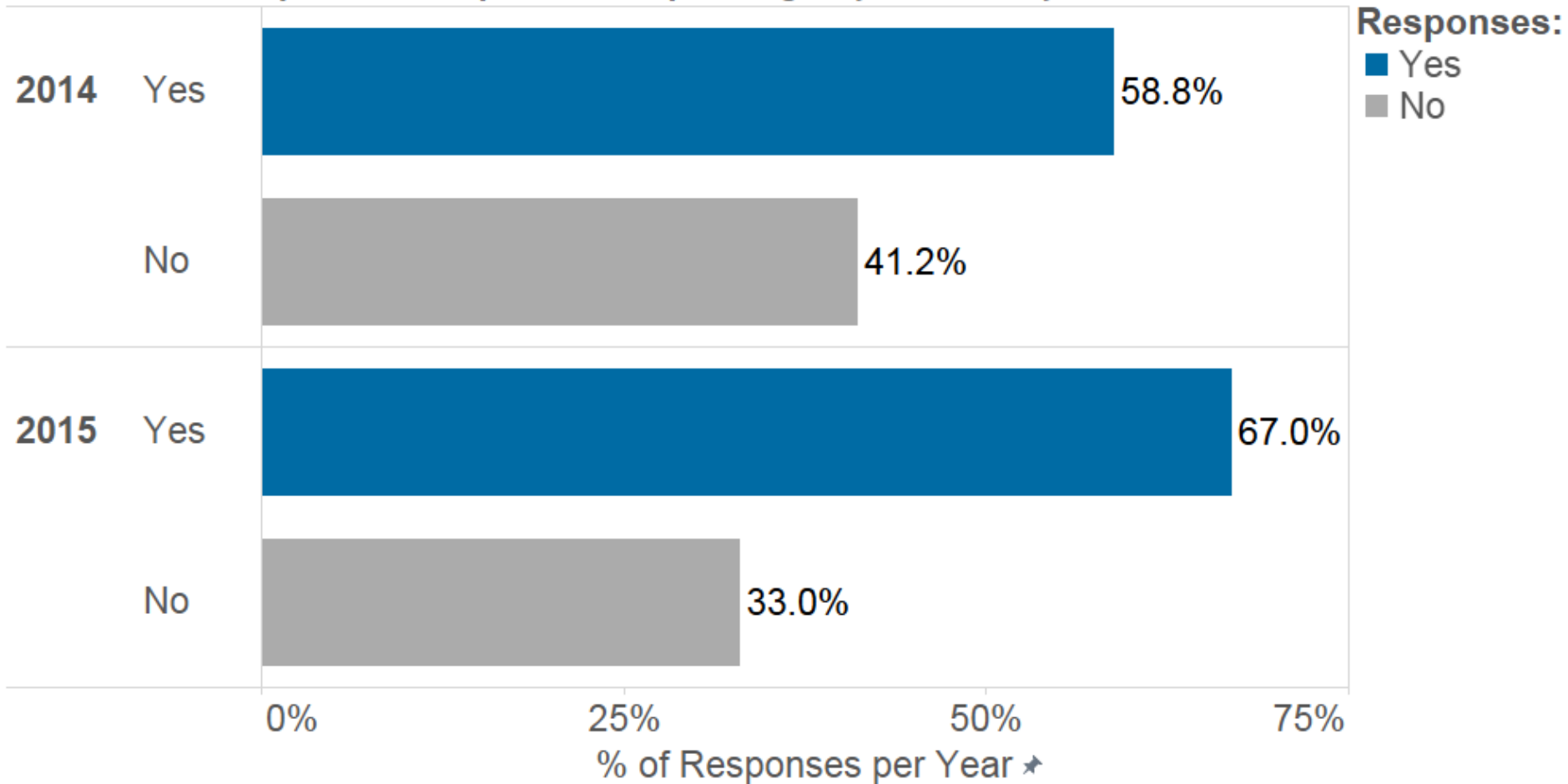
# NHSN Hospital Survey Question #29

Is there a formal procedure for all clinicians to review the appropriateness of all antibiotics at or after 48 hours from the initial orders (e.g. antibiotic time out)?



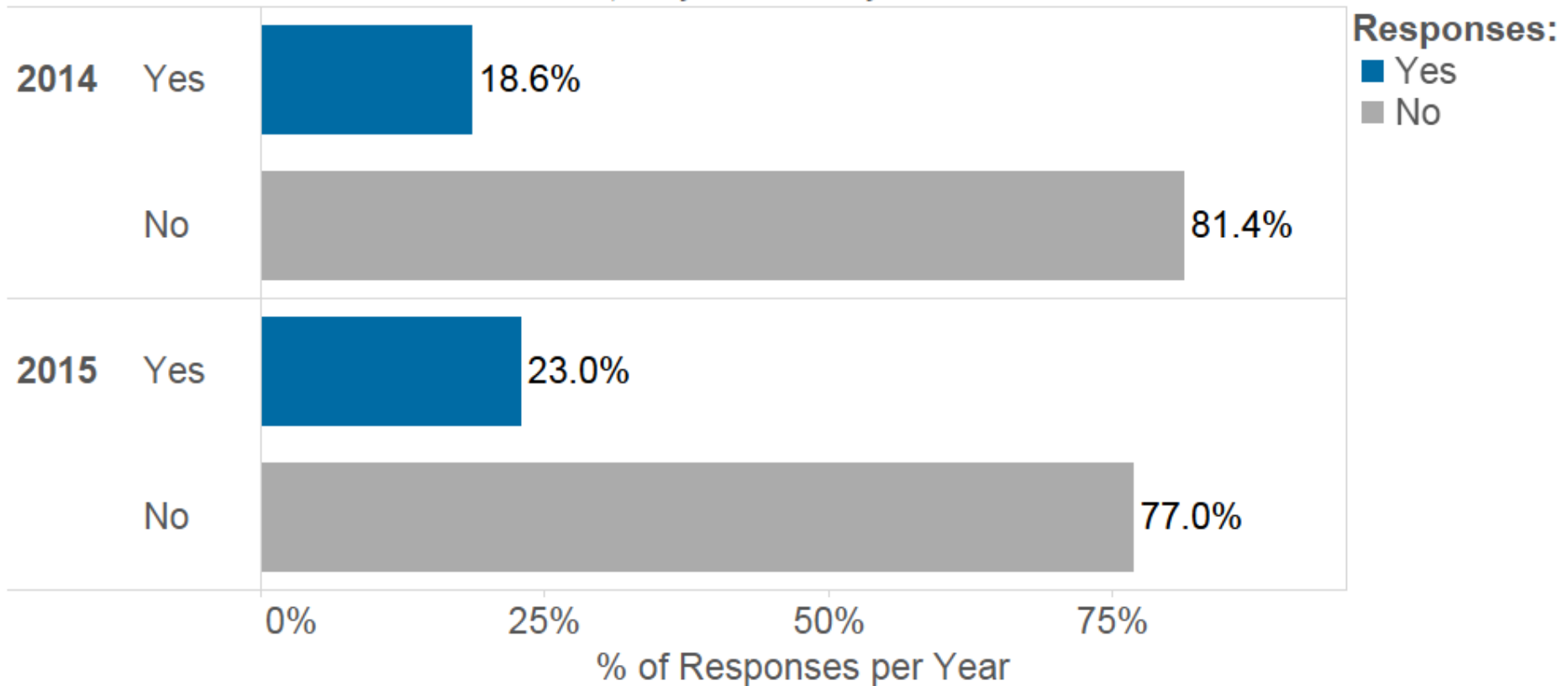
# NHSN Hospital Survey Question #30

Do any specified antibiotic agents need to be approved by a physician or pharmacist prior to dispensing at your facility?



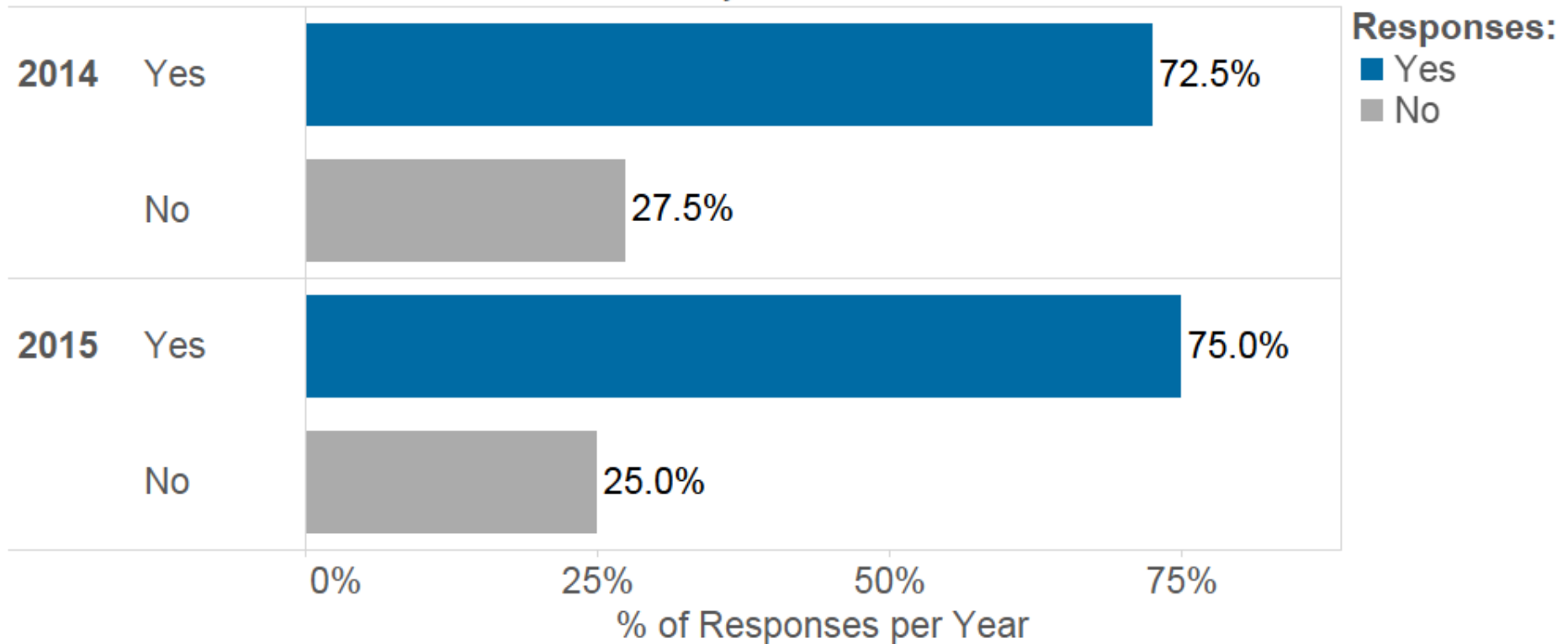
# NHSN Hospital Survey Question #31

Does a physician or pharmacist review courses of therapy for specified antibiotic agents and communicate results with prescribers (i.e., audit with feedback) at your facility?



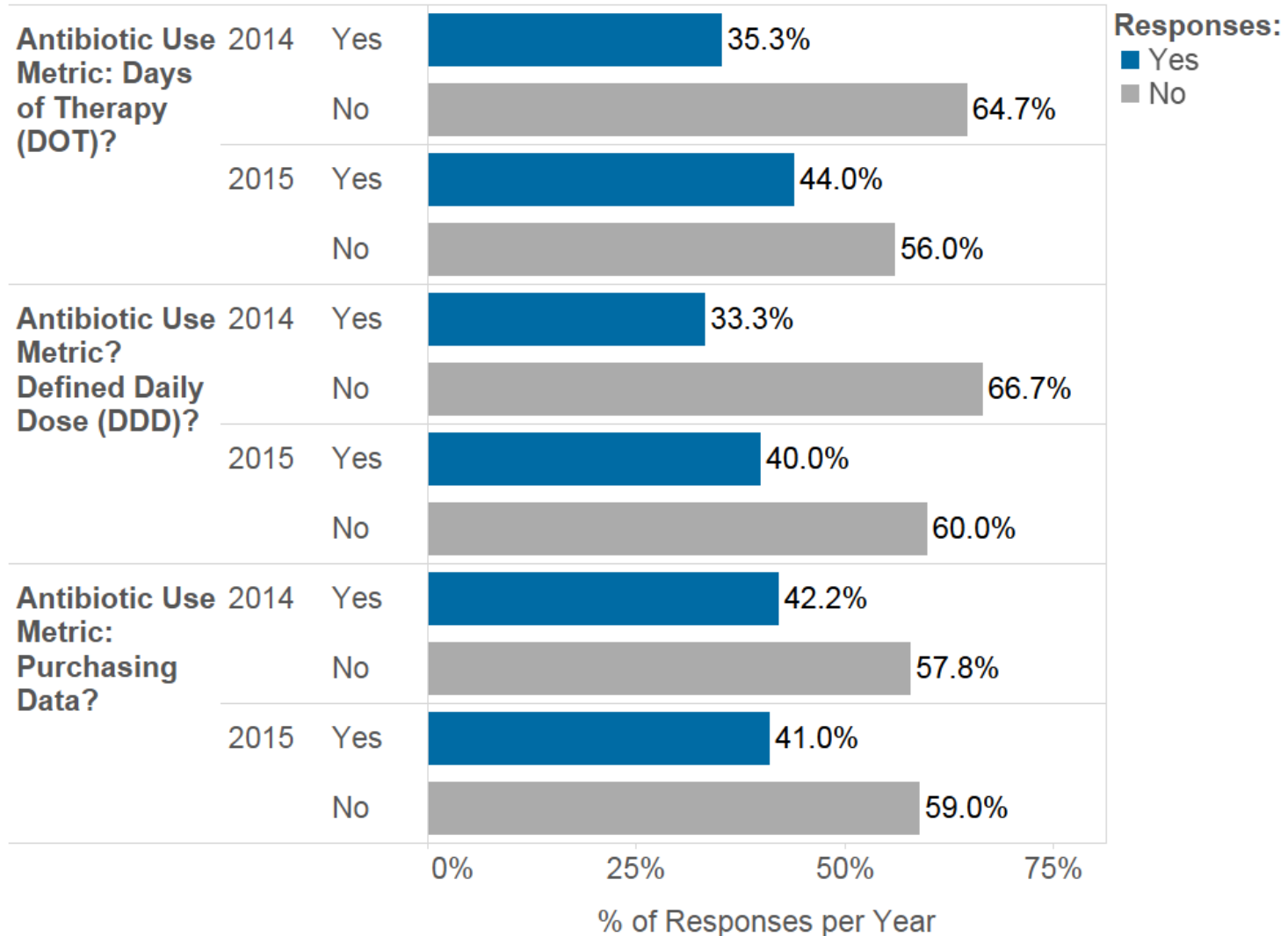
# NHSN Hospital Survey Question #32

Does your facility monitor antibiotic use (consumption) at the unit, service, and/or facility wide?



# NHSN Hospital Survey Question #32

If Yes, by which metrics?



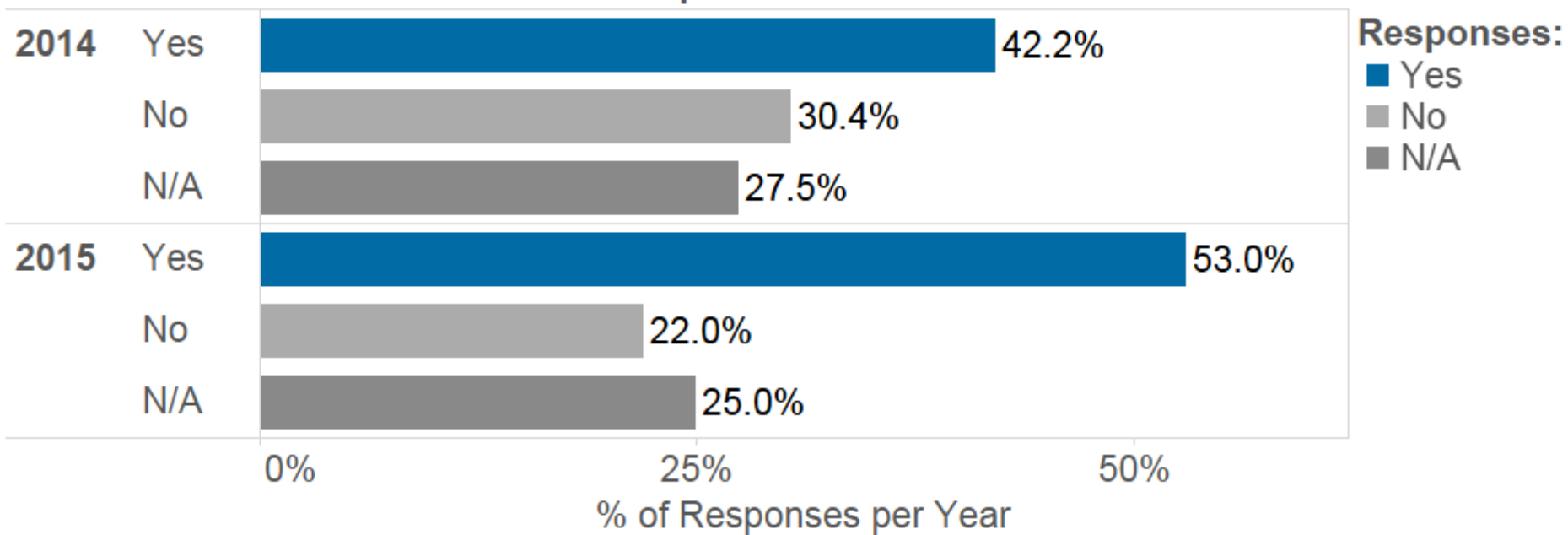
# NHSN Hospital Survey Question #32

If Yes, by which metrics?

		Survey Year	
		2014	2015
<b>Antibiotic Use Metric: Other Specify</b>	Appropriate Antibiotic Usage	H	
	Crimson Reports & retrospectiv	H	H
	Dollars per adjusted pt days	H	
	Doses per patient	H	
	Monthly point prevalance surge	H	
	Number of doses administered		H
	Point Prevalence	H	H
	Rounds	H	H
	specific	H	
	Specific antibiotics only	H	H
	Susceptibility Patterns	H	
	Utilization \$\$ per adj pt days	H	H
		11	6

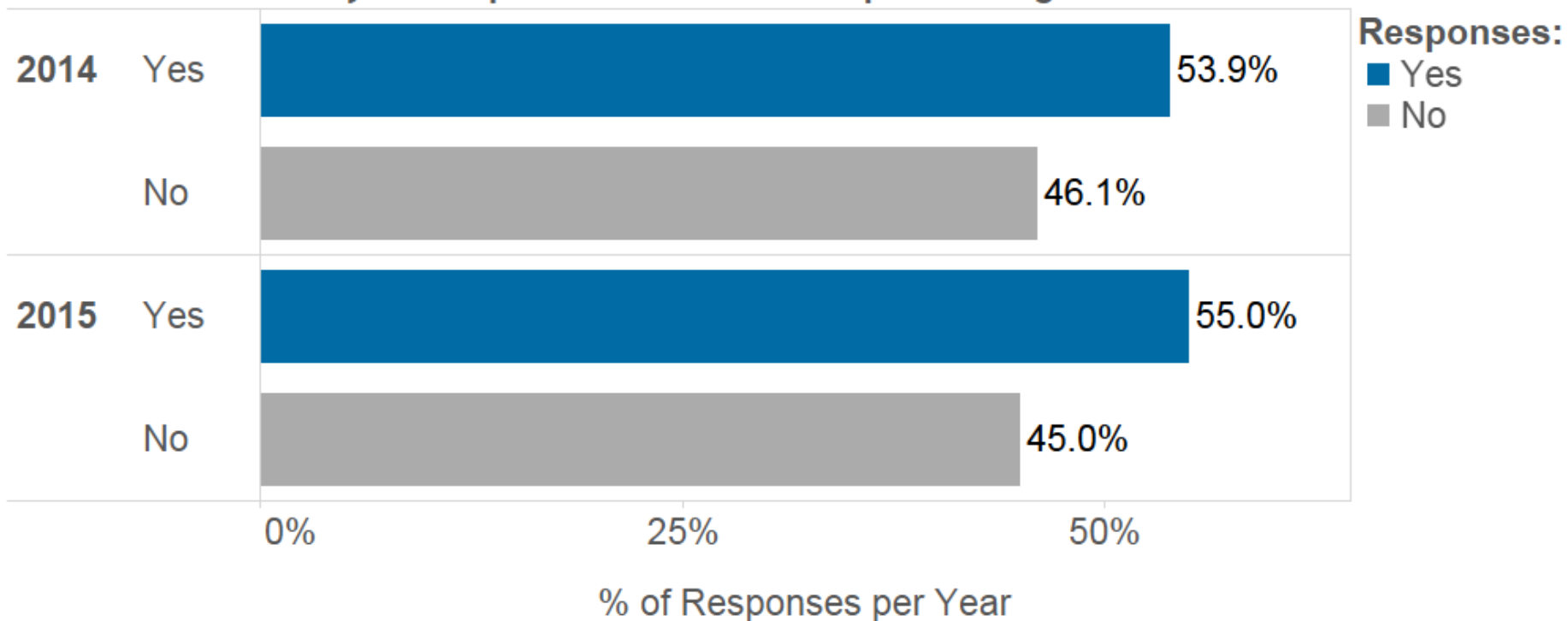
# NHSN Hospital Survey Question #32

If Yes, are facility- and/or unit- or service-specific reports on antibiotic use shared with prescribers?



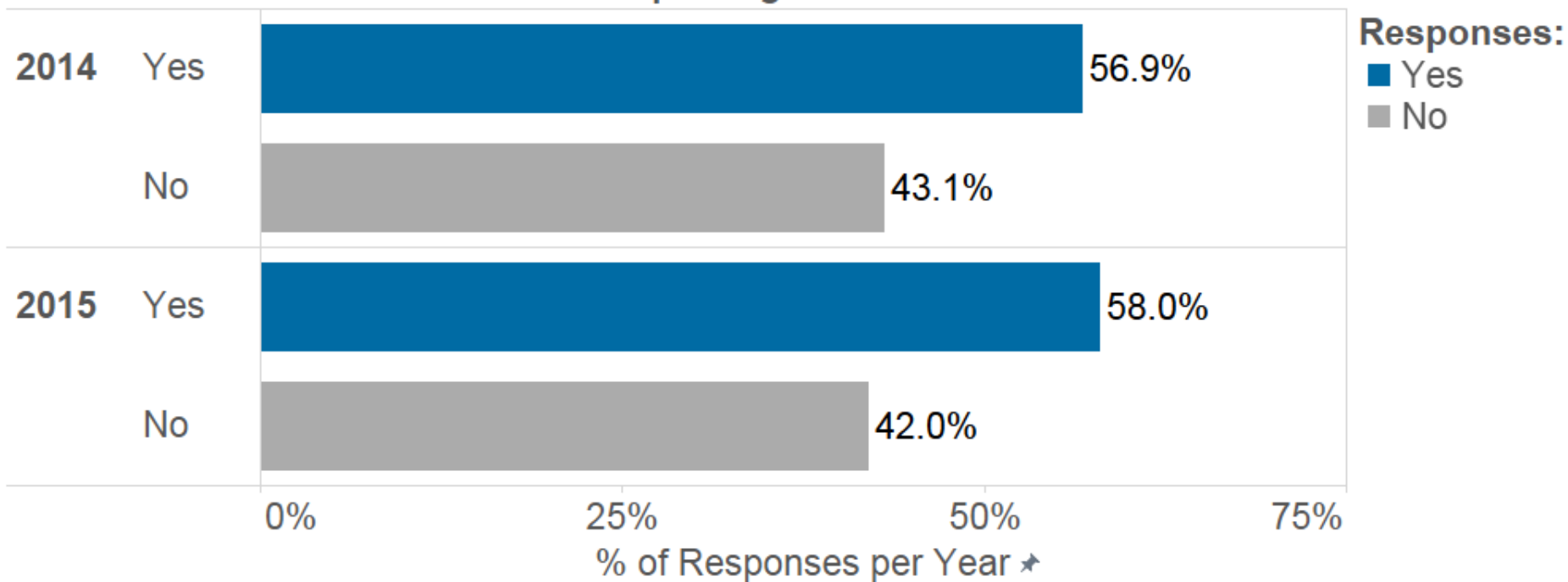
# NHSN Hospital Survey Question #33

Do prescribers ever receive feedback by the stewardship program about how they can improve their antibiotic prescribing?



# NHSN Hospital Survey Question #34

Has your stewardship program provided education to clinicians and other relevant staff on improving antibiotic use?





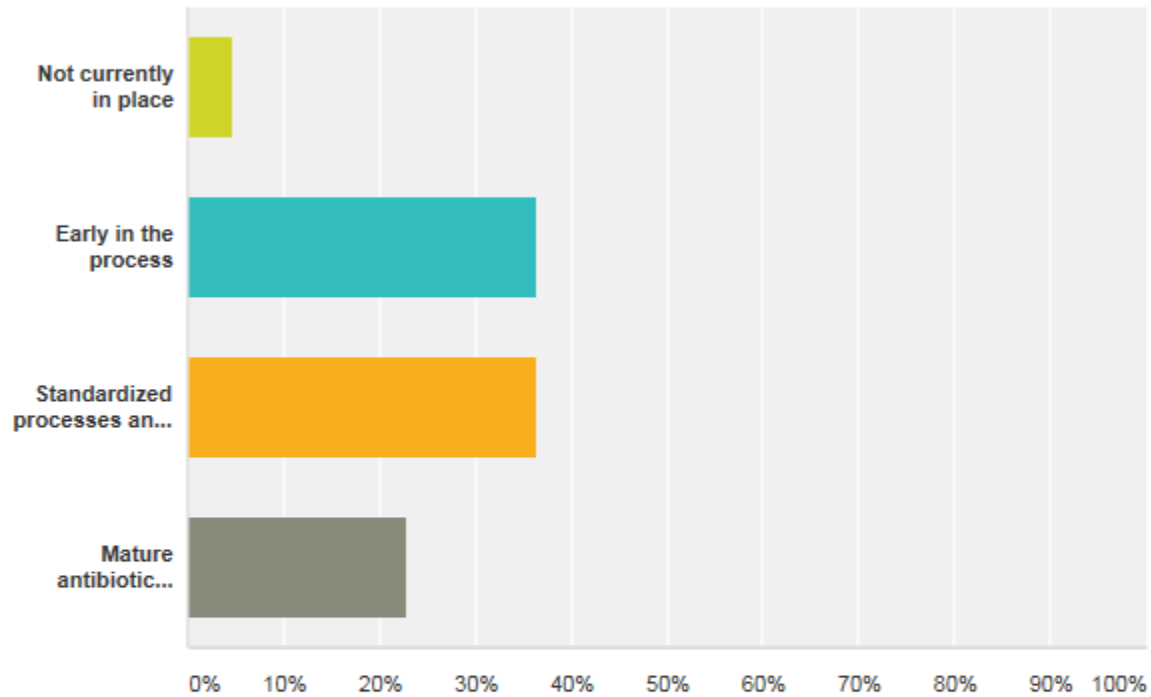
# Antibiotic Stewardship Survey

Fall, 2016

Preparation for Medication Safety  
Summit on Antibiotic Stewardship

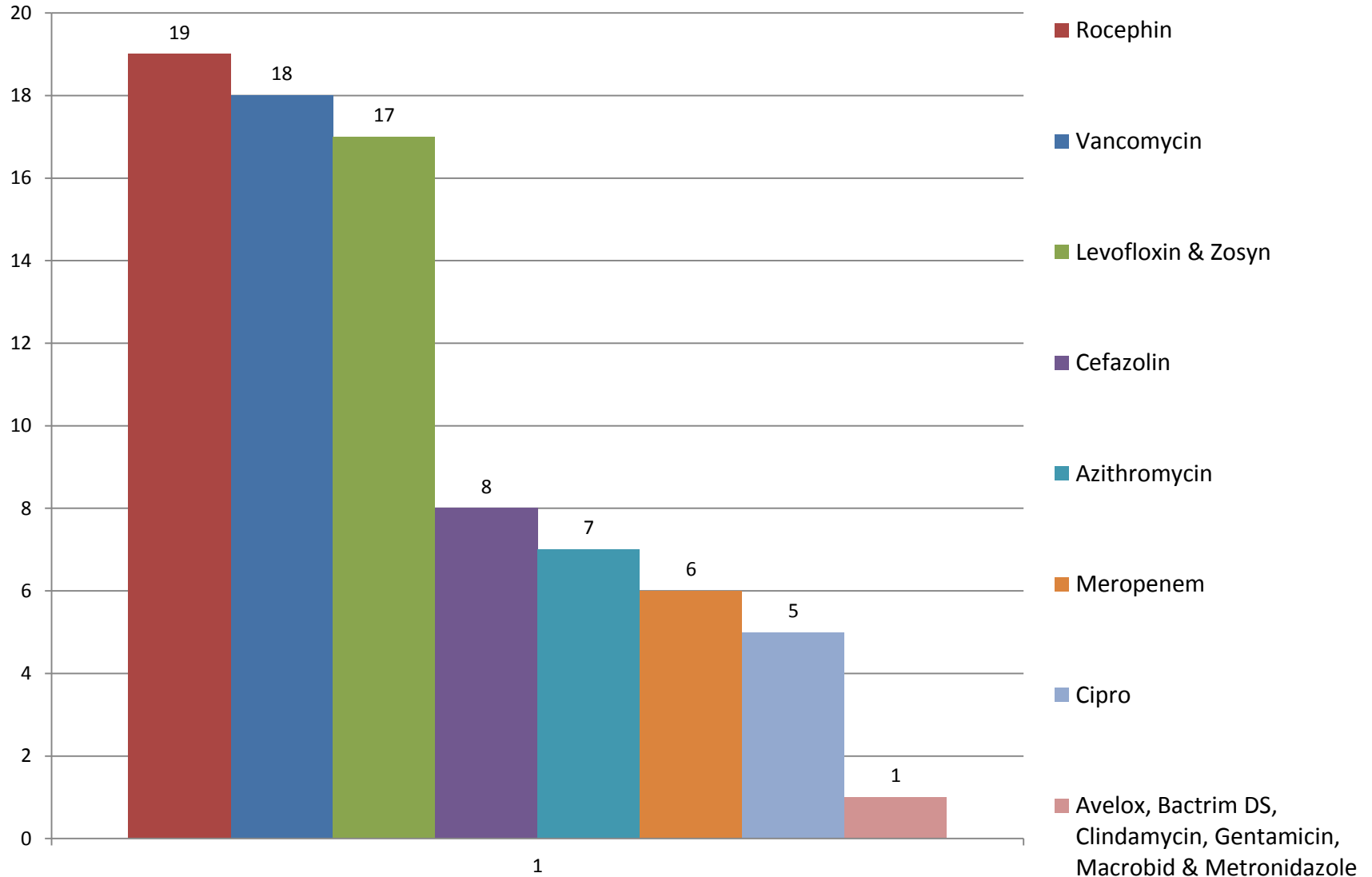
## Where is your facility in regards to implementation of an Antibiotic Stewardship Program?

Answered: 22 Skipped: 0

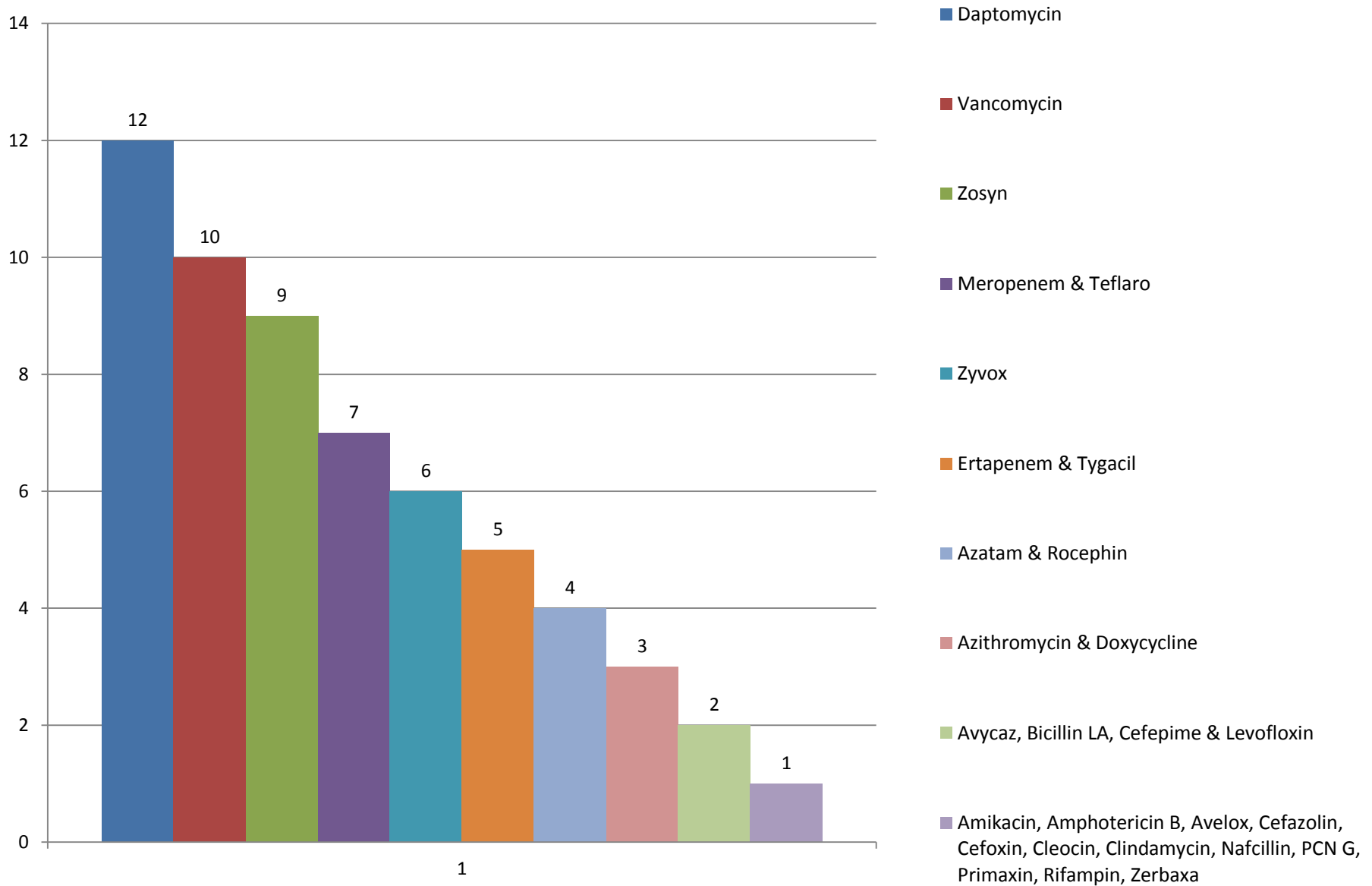


Answer Choices	Responses
Not currently in place	4.55% 1
Early in the process	36.36% 8
Standardized processes and ASP team in place, but not yet meeting all of the measures outlined by the Centers for Disease Control, the Joint Commission, and CMS	36.36% 8
Mature antibiotic stewardship program in place	22.73% 5
Total	22

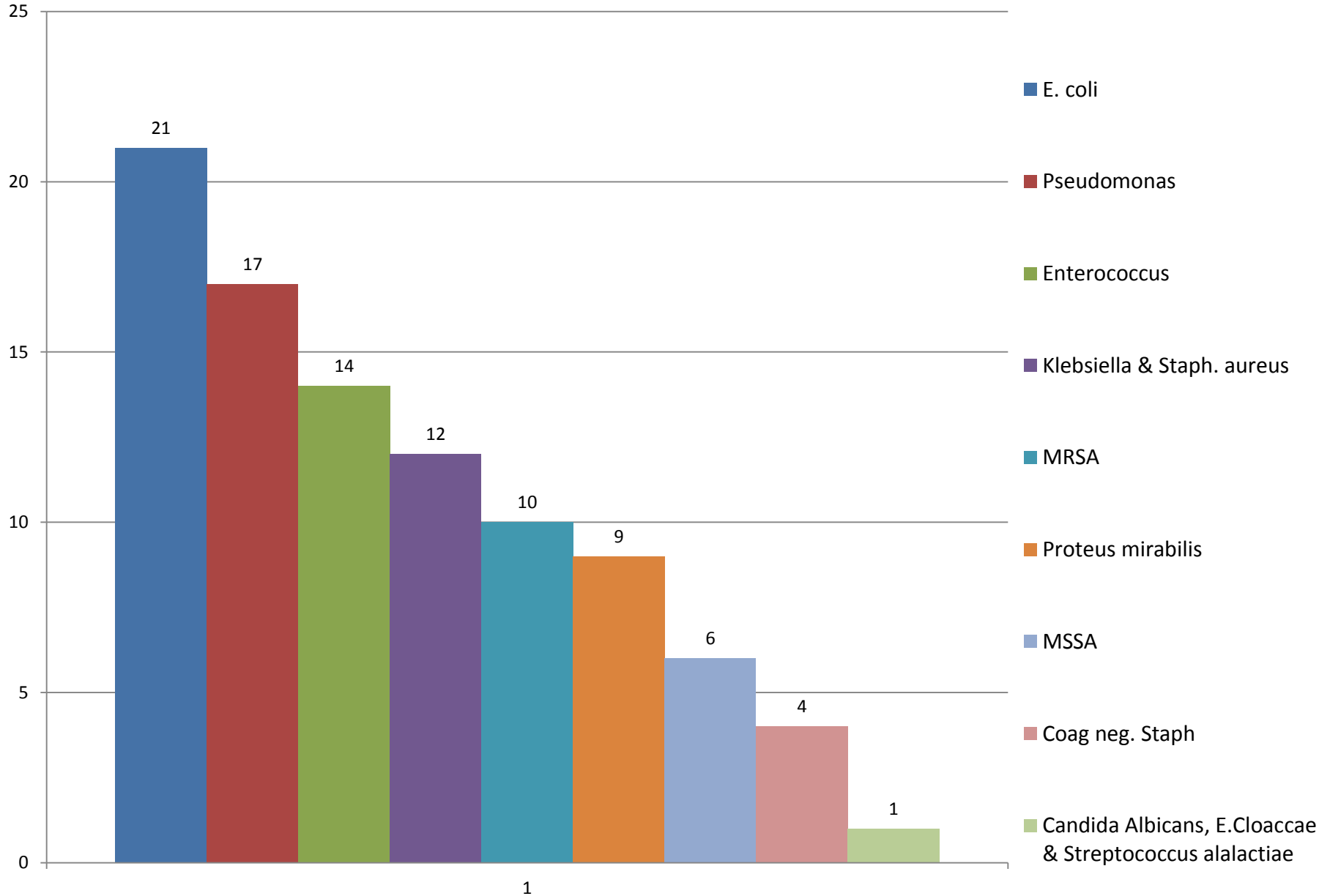
# Top 5 Antibiotics by Use



# Top 5 Antibiotics by Cost

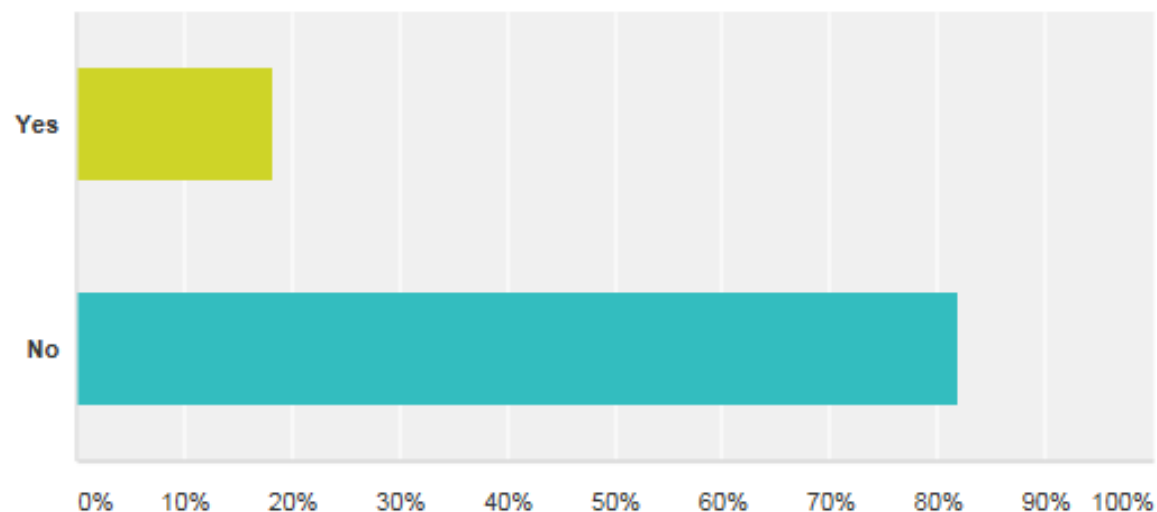


# Top 5 Organisms Encountered



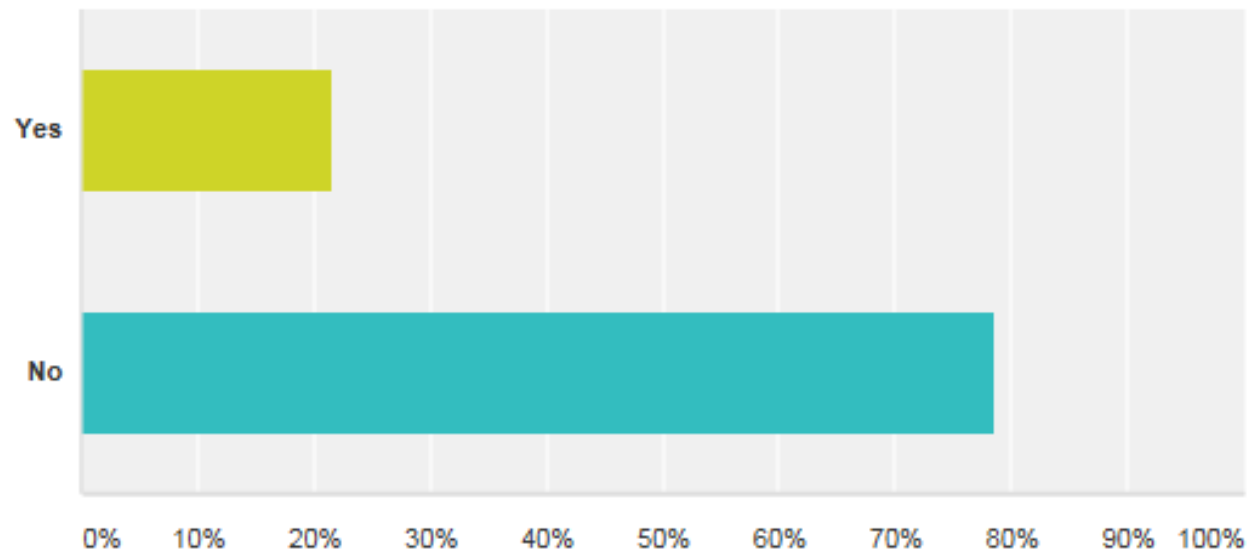
**Does your facility have a successful credentialing process in place to answer the Joint Commission's new antibiotic stewardship standard MM.09.01.01 #2? This Joint Commission standard reads: "The [critical access] hospital educates staff and licensed independent practitioners involved in antimicrobial ordering, dispensing, administration, and monitoring about antimicrobial resistance and antimicrobial stewardship practices. Education occurs upon hire or granting of initial privileges and periodically thereafter, based on organizational need."**

Answered: 22 Skipped: 0



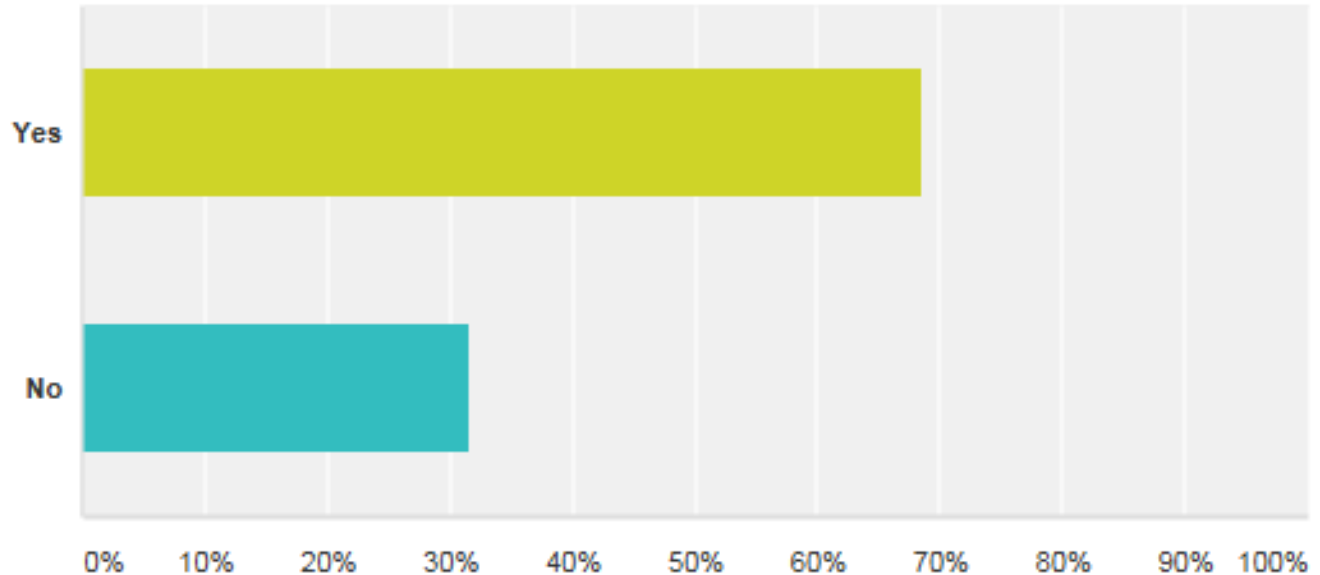
If your facility has an antibiotic stewardship program in place with a successful process related to standard #2 noted above, would you be willing to share your checklist and/or policy via the pharmacy resources page on the THA website at <http://www.tnpatientsafety.com/SafetyQualityInitiatives/AdverseDrugEventsADE/PharmacyResources/tabid/312/Default.aspx> ? Any shared documents would be de-identified prior to posting on the THA website.

Answered: 14 Skipped: 8




## Would you be willing to share your current practices related to your Antibiotic Stewardship Program?

Answered: 19 Skipped: 3



Answer Choices	Responses
Yes	68.42% 13
No	31.58% 6
Total	19

# Antibiotic Stewardship: New Standards

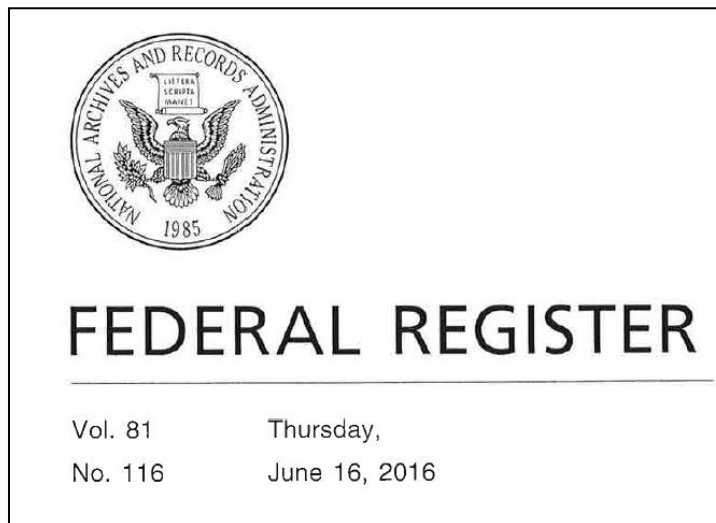


Joint Commission  
Requirement

Official Publication of Joint Commission Requirements  
**New Antimicrobial Stewardship Standard**

APPLICABLE TO HOSPITALS AND CRITICAL ACCESS HOSPITALS  
**Effective January 1, 2017**

Joint Commission Perspectives®, July 2016, Volume 36, Issue 7  
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Core Elements  
of Hospital Antibiotic  
Stewardship Programs

National Center for Emerging and Zoonotic Infectious Diseases  
Division of Healthcare Quality Promotion

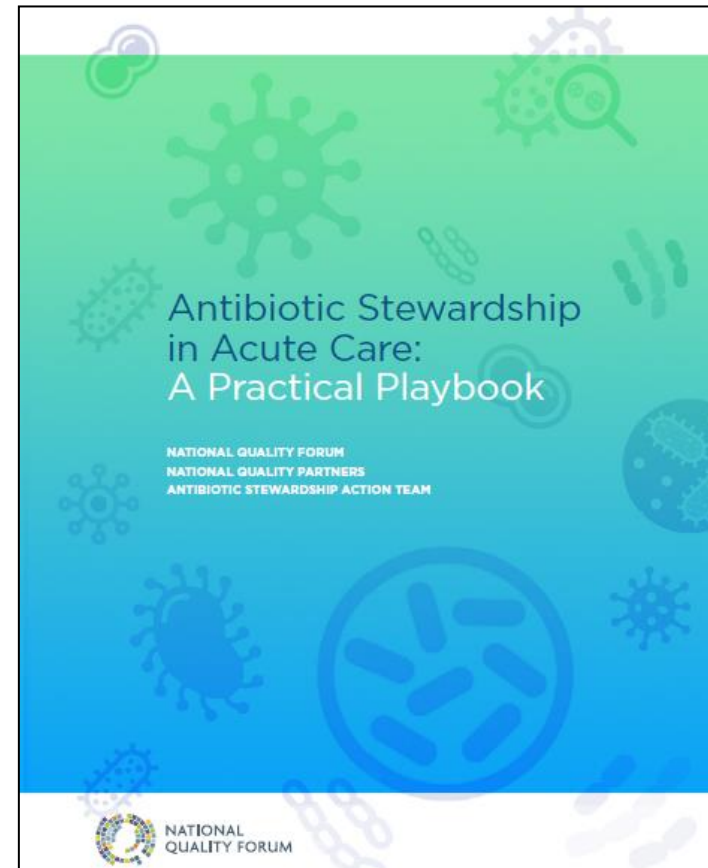
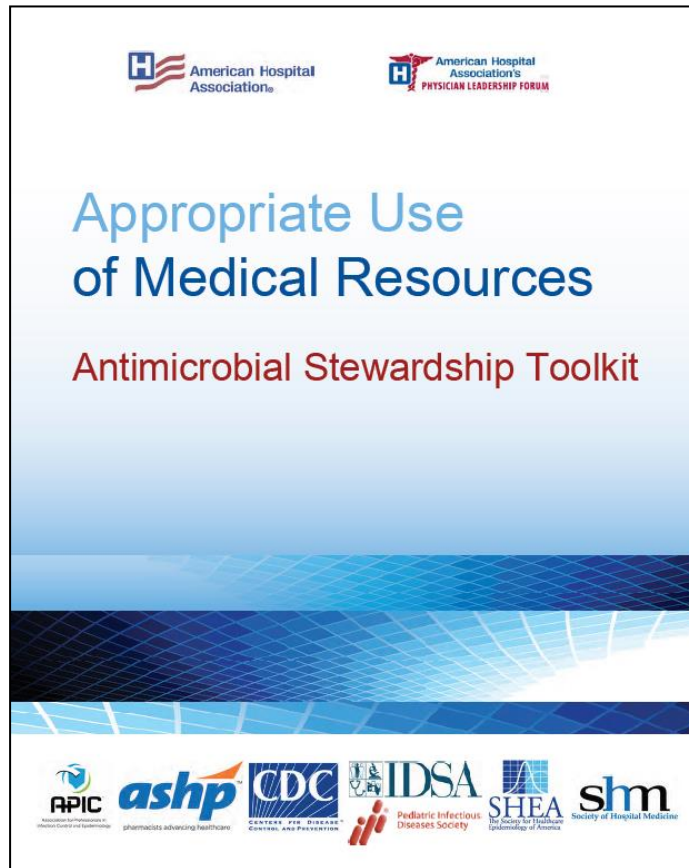
Checklist for  
Core Elements  
of Hospital Antibiotic  
Stewardship Programs

National Center for Emerging and Zoonotic Infectious Diseases  
Division of Healthcare Quality Promotion

<http://www.cdc.gov/getsmart/healthcare/implementation/core-elements.html>

<http://www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf>

# Antibiotic Stewardship: Resources



National Quality Partners  
Launch of "Antibiotic Stewardship in Acute Care: A Practical Playbook"  
May 25, 2016