



Today's webinar will begin in a few minutes.

Please press ***6 to mute your line** or use the “mute” button on your phone.

If you have questions for the presenter or need to contact TCPS staff, type your comments into the chat box.

Lines will be opened during the call, so attendees may ask questions.

Please do not put the conference on hold.

Thank you for your patience.

Tennessee Pharmacists Coalition



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





Meeting The Joint Commission Standard for Antibiotic Stewardship: A Practical Approach

Faculty:

Zina Gugkaeva, PharmD, ID Pharmacist, Maury Regional Medical Center

Christopher Evans, PharmD BCPS, Pharmacist Healthcare Associated Infections and Antimicrobial Resistance Program, TN Department of Health

Brooke Stayer, PharmD BCPS, Antimicrobial Stewardship Coordinator, Holston Valley Medical Center

Christopher Edwards, MD, Chief Medical Officer, Maury Regional Medical Center



CE Credit



- Information regarding continuing education credit



Conflict of Interest Disclosure

- The authors have no actual or potential conflict(s) of interest/relevant financial relationship(s) with any commercial interests in relation to this CE activity

Objectives

1. Secure leadership commitment for an antimicrobial stewardship team in the institutional setting
2. Develop a multidisciplinary antimicrobial stewardship team, focusing on engaging Infectious Disease physicians and other providers to promote stewardship practices
3. Demonstrate the value of antimicrobial stewardship programs to a leadership committee through the collection, analysis and reporting of antibiotic use data

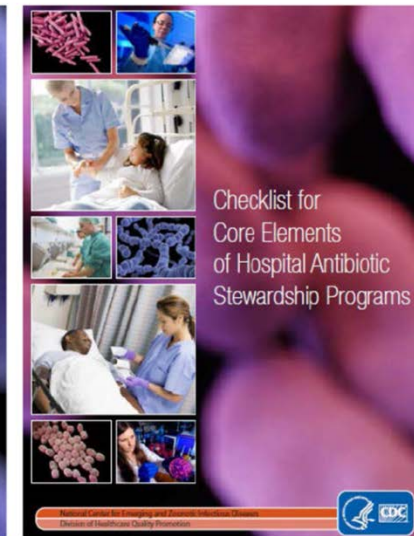
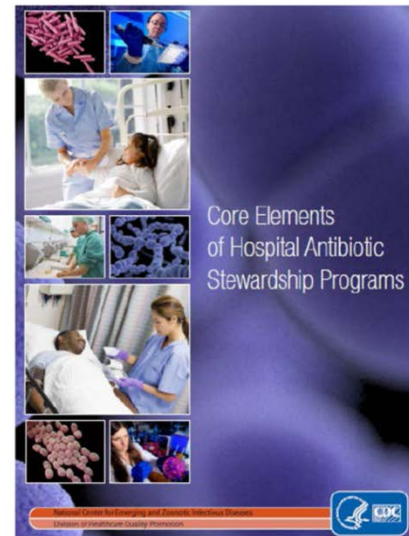


Antimicrobial Stewardship Programs

- All hospitals should have an antimicrobial stewardship program (ASP)
- Hospitals don't all look the same, and neither should stewardship programs
- There must be flexibility in how programs are implemented
- Programs need to serve the needs of the patients in the hospital
- There are certain key elements that have been strongly associated with success

CDC Core Elements

1. Leadership Commitment
2. Accountability
3. Drug Expertise
4. Action
5. Tracking
6. Reporting
7. Education



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

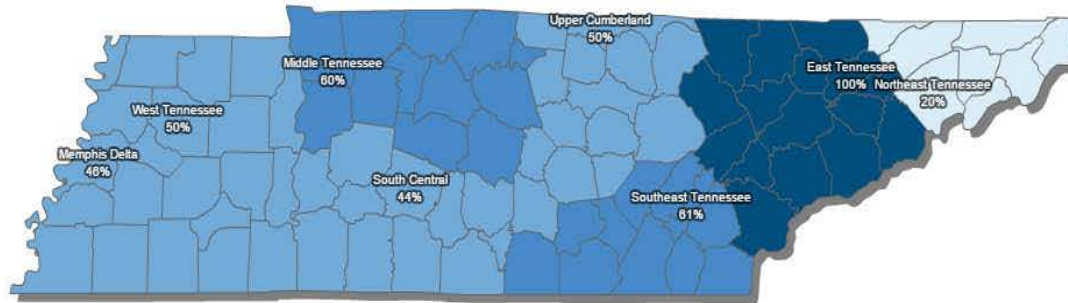
<http://www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf>

Core Element Achievement



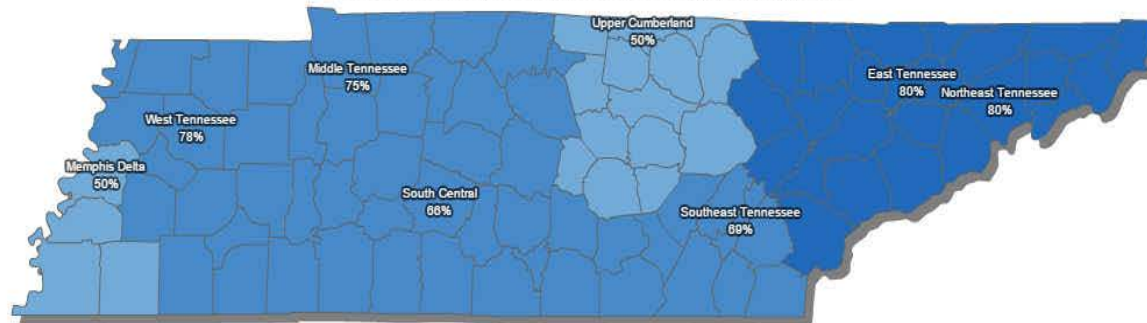
5 or more Core Elements >

Core Elements of Antibiotic Stewardship, 2014



5 or more Core Elements >

Core Elements of Antibiotic Stewardship, 2015



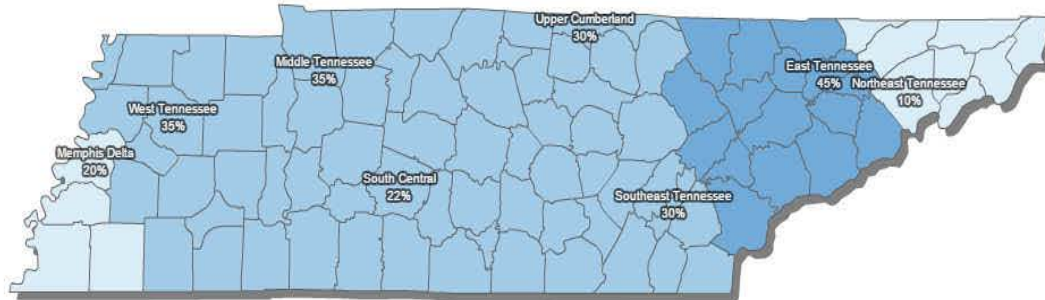
Descriptive Data on the Core Elements of Antibiotic Stewardship

Core Element Achievement



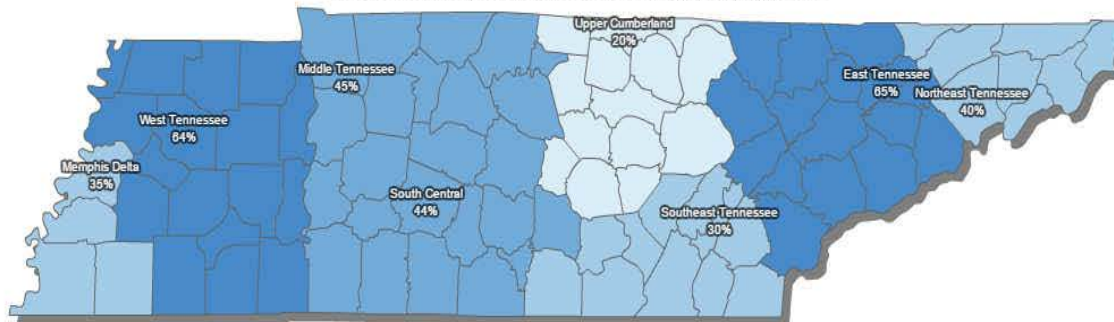
All 7 Core Elements >

Core Elements of Antibiotic Stewardship, 2014



All 7 Core Elements >

Core Elements of Antibiotic Stewardship, 2015



Descriptive Data on the Core Elements of Antibiotic Stewardship



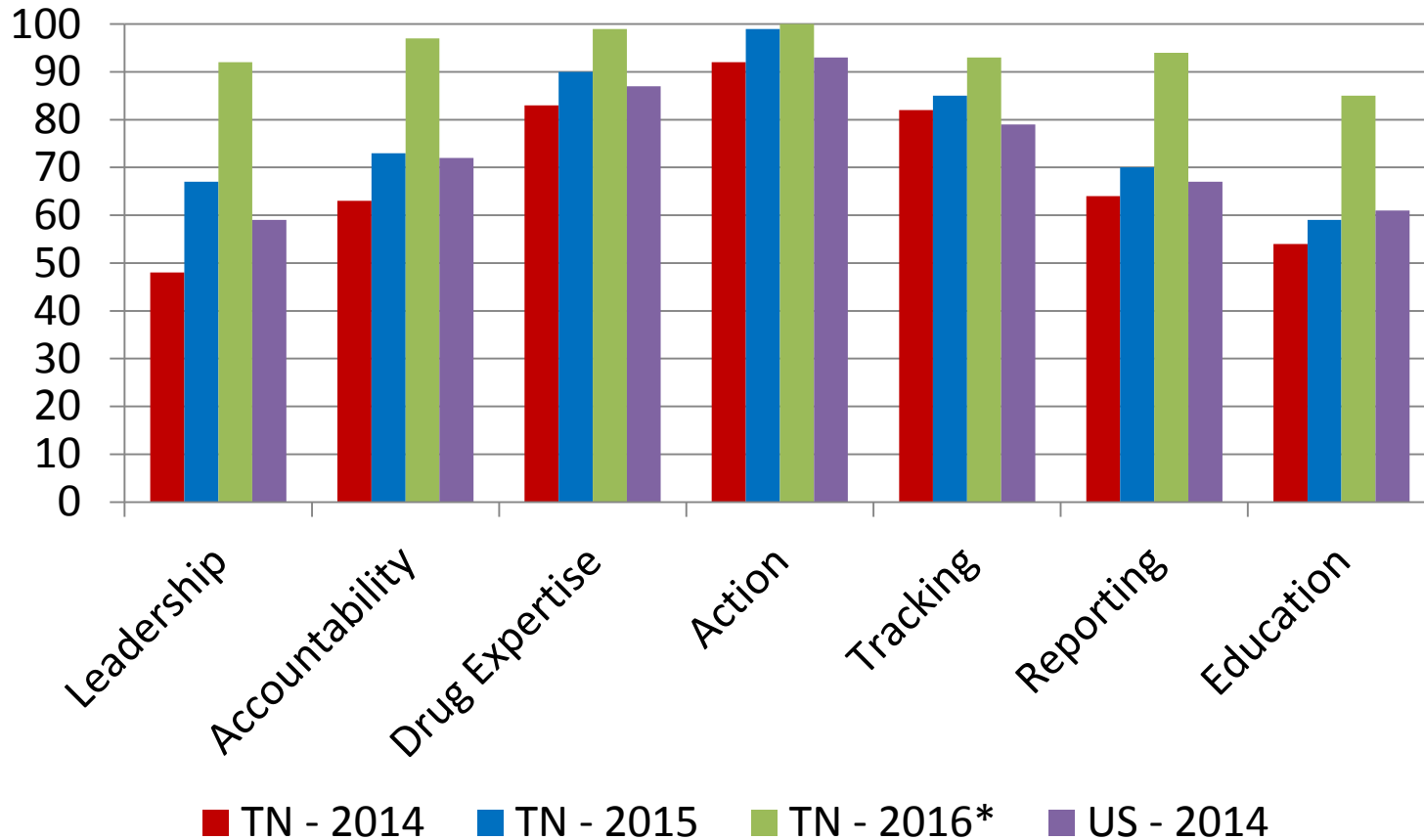
2016 Core Element Achievement



- As of 12 April 2017, 105 ACH (95%) have completed the 2016 Annual Survey
 - Hospitals Achieved 5 of more core elements
 - 2014 – 58.6%
 - 2015 – 70%
 - 2016 – 100%*
 - Hospitals Achieved all 7 core elements
 - 2014 – 30.6%
 - 2015 – 45.5%
 - 2016 – 67%*

Core Element Achievement Trends

% of Institutions Achieving Specific Elements



*Of hospitals reporting as of 4/12/2017

Acute Care Summary

TN Acute Care Hospitals, 2015

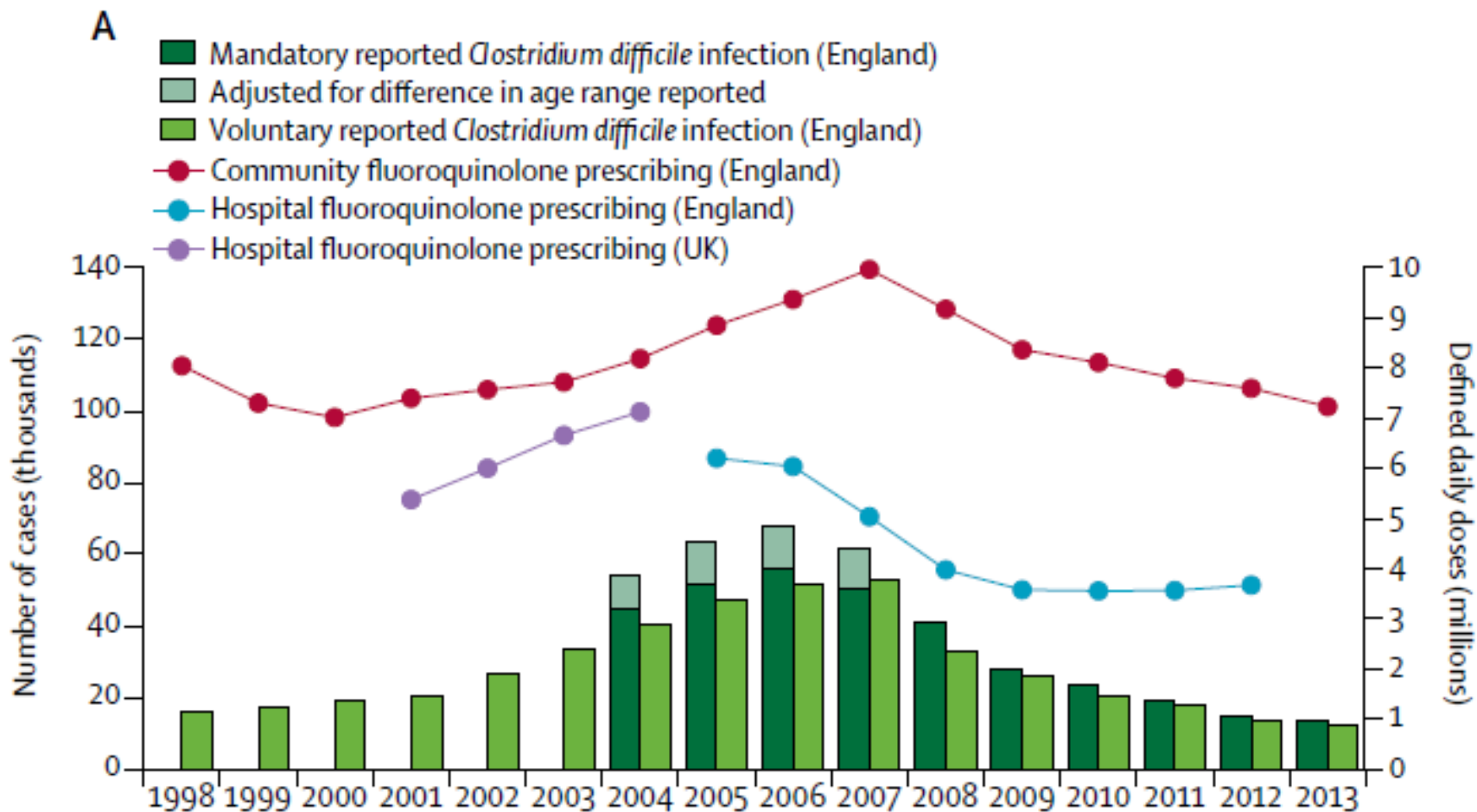
			No. of Infections		Standardized Infection Ratio (SIR) and 95% CI			Distribution of Facility-specific SIRs		
HAI	Unit/Type	No. of Facs	Obs.	Pred.	SIR	Lower	Upper	No. of Facs with ≥1 Pred. Infection	FACS WITH SIG. LOW SIR	FACS WITH SIG. HIGH SIR
CLABSI	Adult/Pediatric ICUs	87	243	262.89	0.92	0.813	1.046	40	5	5
	Adult/Pediatric Wards	106	192	239.05	0.80	0.695	0.923	47	7	1
	Neonatal ICUs	25	57	62.31	0.91	0.699	1.177	12	0	0
CAUTI	Adult/Pediatric ICUs	87	416	400.75	1.04	0.942	1.141	50	3	5
	Adult/Pediatric Wards	106	177	263.65	0.67	0.578	0.776	59	5	1
MRSA	Acute Care Hospitals	109	319	258.23	1.24	1.105	1.377	44	0	6
CDI	Acute Care Hospitals	109	2,449	2,555.7	0.96	0.921	0.997	85	11	8

Data reported as of January 24, 2017

Green highlighting indicates an SIR significantly **LOWER** than the 2015 national baseline

Red highlighting indicates an SIR significantly **HIGHER** than the 2015 national baseline

CDI Reduction from AS Efforts





New TJC Antimicrobial Stewardship Standard



- Listed as Medication Management Standard MM.09.01.01
- Effective January 1, 2017
- Affects hospitals, critical access hospitals, and nursing care centers
- Calls for antimicrobial stewardship program based on current scientific literature



TJC Standard

- Summary of Elements of Performance:
 - Leadership support
 - Education of patients and clinicians
 - Multidisciplinary team
 - Core Elements outlined by CDC
 - Hospital protocols
 - Collect, analyze, and report data
 - Take action on improvement opportunities



Today's Focus

CDC Core Elements	Joint Commission Standard
1. Leadership Commitment	Medication Management Standard (MM).09.01.01
2. Accountability	Antimicrobial stewardship program based on current scientific literature
3. Drug Expertise	<u>Elements of Performance:</u>
4. Action	<ul style="list-style-type: none"> • Leadership support
5. Tracking	<ul style="list-style-type: none"> • Education of patients and clinicians
6. Reporting	<ul style="list-style-type: none"> • Multidisciplinary team
7. Education	<ul style="list-style-type: none"> • Core Elements outlined by CDC
	<ul style="list-style-type: none"> • Hospital protocols
	<ul style="list-style-type: none"> • Collect, analyze, and report data
	<ul style="list-style-type: none"> • Take action on improvement opportunities



Leadership

1. Leaders establish antimicrobial stewardship as an organizational priority

– Examples of leadership commitment to an ASP include:

- Accountability documents
- Budget plans
- Infection prevention plans
- Performance improvement plans
- Strategic plans
- Dedicated salary support/specific time commitment for ASP leaders
- Using the electronic health record to collect AS data

Leadership



Open floor to discussion (5-10 min)



Accountability

- Who can be ASP leader?
 - Physician
 - Pharmacist
- Who provides drug expertise?
 - Infectious Disease Pharmacist
 - Infectious Disease Physician
 - Pharmacist with training/experience in Antibiotic Stewardship



Multidisciplinary Team

4. The hospital has an antimicrobial stewardship multidisciplinary team that includes the following members, when available in the setting:

- Infectious disease physician
- Infection preventionist(s)
- Pharmacist(s)
- Practitioner

Note 1: Part-time or consultant staff are acceptable as members of the antimicrobial stewardship multidisciplinary team

Note 2: Telehealth staff are acceptable as members of the antimicrobial stewardship multidisciplinary team



Core Contributors

Infection Preventionists	<ul style="list-style-type: none"> • Risk assessment & prevention planning skills • Collect, analyze, and report antibiotic-related data
Laboratory	<ul style="list-style-type: none"> • Input into specimen collection and proper use of relevant tests • Review information flow of results to clinicians • Create and interpret a facility antibiotic resistance report
Nursing	<ul style="list-style-type: none"> • Review medications as part of their routine duties • Could contribute through prompting discussions of antibiotic treatment, indication, and duration • Clarify antibiotic allergies
Information Technology (IT)	<ul style="list-style-type: none"> • Create ways to integrate guidelines and policies with decision support at point of care • Track antibiotic use through medication administration records

Accountability and Multidisciplinary Team



Open floor to discussion (5-10 min)



Tracking and Reporting

7. The hospital collects, analyzes, and reports data on its antimicrobial stewardship program.

– Examples:

- Utilization of antimicrobials within the facility (dispensing data, Days of Therapy, Defined Daily Doses)
- Cost of all antimicrobials within the facility
- Appropriateness of therapy
- Mean duration of antimicrobials over time (time to de-escalation, duration of therapy by specific infections)
- Prescribing habits
- Antimicrobial resistance trends within the facility
- Cost of dedicated time of ASP Team members
- Patient outcomes (readmission rates for specific infections, length of stay)
- Adherence to strategies recommended by ASP team

Stewardship Metrics

Ready for Immediate Use and Tracking

- *Clostridium difficile* infection incidence
 - Reported in NHSN Lab-ID Events
- MDRO incidence
- Days of therapy per admission or per patient days
- Redundant therapy events

Useful but with Questionable Feasibility

- Readmissions related to ID
- Adverse drug events/toxicities
- Days of therapy per days present
- Total duration per admission or per antimicrobial admission
- Other process measures



Reporting

- Leadership
- Clinical staff
- Individual provider feedback as needed

Tracking and Reporting



Open floor to discussion (5-10 min)



Summary

- Identify your champions
- Integrate your team with key departments
- Monitor antimicrobial usage to identify your interventions (i.e. IV to PO conversion protocols, selected antimicrobial agents listed on a dosing card)
- Track your progress
- Report your results to the leadership and clinical staff



Questions or Comments





For more information on the
Tennessee Pharmacists Coalition
and/or ACPE CE
Contact Jackie Moreland at
jmoreland@tha.com



Upcoming Webinars

“Antibiotic Stewardship: Meeting the Joint Commission Standards” (Part Two)

Wednesday, May 3rd at 12noon CT/1pm ET

Presenters:

Brad Crane, Pharm.D., BCPS

Kelley Lee, Pharm.D.

Ashley Tyler, Pharm.D., BCPS

Register at:

<https://attendee.gotowebinar.com/register/3211098801818537218>



***Application for one hour of ACPE CE has been submitted for this webinar**