

# The ABCs of Antibiotic Stewardship

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Rural Quality Improvement Technical Assistance



# Stratis Health

- Independent, nonprofit, Minnesota-based organization founded in 1971
  - Lead collaboration and innovation in health care quality and safety, and serve as a trusted expert in facilitating improvement for people and communities
- Work at intersection of research, policy, and practice



Rural Quality Improvement Technical Assistance



# Rural Quality Improvement Technical Assistance Center (RQITA)

- Three-year cooperative agreement awarded to Stratis Health from Health Services and Resources Administration (HRSA) Federal Office of Rural Policy (FORHP), 2015 – 2018
- Improve quality and health outcomes in rural communities through technical assistance to beneficiaries of FORHP quality initiatives
  - Flex/Medicare Beneficiary Quality Improvement Project (MBQIP)
  - Small Health Care Provider Quality Improvement Grantees (SHCPQI)



# Objectives

- Explain the importance of antibiotic stewardship for critical access hospitals (CAHs) and the related Medicare Beneficiary Quality Improvement Project (MBQIP) measure
- Describe a range of state Flex approaches for supporting CAHs with antibiotic stewardship
- Identify opportunities for enhancing state Flex support around antibiotic stewardship in your program



# Goals of MBQIP

- CAHs report common set of rural-relevant measures
- Measure and demonstrate improvement



# Why Antibiotic Stewardship?

- Antibiotic use has well known unintended consequences (e.g. *Clostridium difficile*)
- Inappropriate antibiotic use is contributing to a growing crisis of antibiotic resistance
- Antibiotic stewardship programs have been proven effective to mitigate these threats
  - Improve infection cure rates
  - Reduce *C. difficile infection rates*
  - Reduce adverse events from antibiotics
  - Reduce antibiotic resistance

Centers for Disease Control and Prevention, Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals - <https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements-small-critical.pdf>



# Antibiotic Stewardship in MBQIP

- Patient Safety measure (Activity 1.01b)
- CAHs to fully implement an antibiotic stewardship program by August 31, 2022
- Implement seven core elements of antibiotic stewardship
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) Annual Facility Survey will be used for evaluation



# Core Elements of Hospital Antibiotic Stewardship

- Leadership Commitment
- Accountability
- Drug Expertise
- Action
- Tracking
- Reporting
- Education



## Leadership commitment

Demonstrate support and commitment to safe and appropriate antibiotic use in your facility



## Accountability

Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility



## Drug expertise

Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility



## Action

Implement **at least one** policy or practice to improve antibiotic use



## Tracking

Monitor **at least one process** measure of antibiotic use and **at least one outcome** from antibiotic use in your facility



## Reporting

Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff



## Education

Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

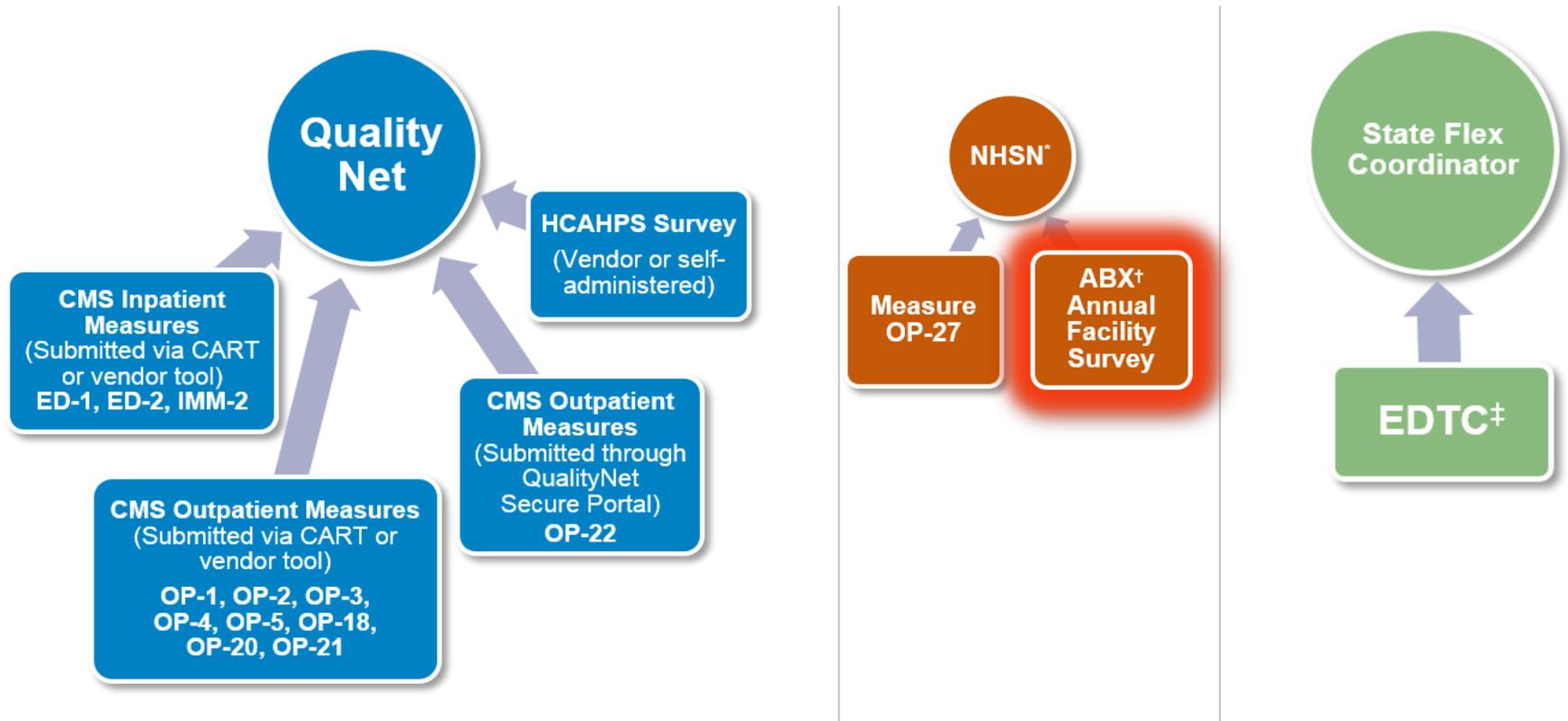


# NHSN Annual Facility Survey

- Facilities must be enrolled in NHSN  
<https://www.cdc.gov/nhsn/enrollment/index.html>
- Add Patient Safety Component  
<https://www.cdc.gov/nhsn/pdfs/ps-analysis-resources/add-edit-psc-survey-508.pdf>
- Complete annual facility survey in the first few months of each calendar year (ideally by March 1)



# Quality Data Reporting Channels for MBQIP Required Measures



\*National Healthcare Safety Network †Antibiotic Stewardship ‡Emergency Department Transfer Communication



# Antibiotic Questions

## Leadership

- Does your facility have a **written statement** from leadership that supports efforts to improve antibiotic use (antibiotic stewardship)?
- Does your facility provide any **salary support** for dedicated time for antibiotic stewardship leadership activities?

## Accountability

- Is there a **leader responsible** for stewardship activities at your facility?

## Drug Expertise

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



# Antibiotic Questions, cont.

## Action

- Does your facility have facility-specific **treatment recommendations**, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions?
- Does a physician or pharmacist **review courses of therapy** for specified antibiotic agents and communicate results with prescribers at your facility?
- Do any specified antibiotic agents need to be **approved** by a physician or pharmacist prior to dispensing at your facility?
- Does your facility have a policy that requires prescribers to document an **indication** for all antibiotics in the medical record or during order entry?
- Is there a formal procedure for all clinicians to review appropriateness of all antibiotics at or after 48 hours from initial orders (e.g. **antibiotic time out**)?



# Antibiotic Questions, again

## Tracking

- Does your facility **monitor antibiotic use** (consumption) at the unit, service, and/or facility wide?
- (If your facility has facility-specific treatment recommendations based on national guidelines and local susceptibility to assist with antibiotic selection for common clinical conditions...) Has adherence to facility-specific treatment recommendations been **monitored**?
- (If your facility has a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry...) Has adherence to the policy been **monitored**?



# Antibiotic Questions, final

## Reporting

- Does a physician or pharmacist **review courses of therapy** for specified antibiotic agents and communicate results with prescribers at your facility?
- (If your facility monitors antibiotic use) Are the facility- and/or unit- or service-specific **reports on antibiotic use** shared with prescribers?

## Education

- Has your facility provided **education to clinicians and other relevant staff** on improving antibiotic use?



# Hospital Report Example

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Report Run Date: 06/15/2018



## MBQIP Patient Safety and Inpatient/Outpatient Care Quality Report: Improving Care Through Patient Safety and Inpatient/Outpatient Measures

Reporting Period: First Quarter 2017 through Fourth Quarter 2017 Discharges

NHSN Patient Safety Component: Annual Facility Survey							
	Your Hospital's Performance for Previous and Current Survey Years		CAH State Percentage for Current Survey Year		CAH National Percentage for Current Survey Year		ALL National Current Survey Year
NHSN Annual Facility Survey	Previous Survey Year: 2016	Current Survey Year: 2017	Percentage of CAHs Meeting Element	# CAHs with MBQIP MOU Submitting Data	Percentage of CAHs Meeting Element	# CAHs with MBQIP MOU Submitting Data	Percentage of ALL National Meeting Element
Element 1: Leadership	N/A	Y	100%	9	82%	1030	N/A
Element 2: Accountability	N/A	Y	100%	9	93%	1030	N/A
Element 3: Drug Expertise	N/A	Y	100%	9	94%	1030	N/A
Element 4: Action	N/A	Y	100%	9	95%	1030	N/A
Element 5: Tracking	N/A	Y	100%	9	81%	1030	N/A
Element 6: Reporting	N/A	Y	89%	9	85%	1030	N/A
Element 7: Education	N/A	Y	100%	9	83%	1030	N/A
All Elements Met	N/A	7	89%	9	57%	1030	N/A

Please direct questions regarding your MBQIP data reports to the Flex Coordinator in your State. You can find contact information for your Flex Coordinator at: <https://www.ruralcenter.org/tasc/flexprofile>

\* Reporting not required for this quarter

\*\* The 90th percentile is the level of performance needed to be in the top 10% of CAHs for a given measure (i.e. 10% of CAHs perform at or better than the 90th percentile)

N/A = the provider did not submit any data to the QualityNet warehouse

0 = the provider had no cases to submit for the measure population

D/E = data was submitted but excluded because it didn't meet the measure criteria



# Questions?



**What is your state doing  
that is similar or different  
from the state Flex programs  
that presented today?**



**What are you going to do  
to enhance your state  
Flex program support for  
antibiotic stewardship  
following this presentation?**



# Key Resources

- National Healthcare Safety Network Annual Survey Resources  
<https://www.ruralcenter.org/resource-library/national-healthcare-safety-network-annual-survey-resources>
- Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals  
<https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements-small-critical.html>
- Jump Start Stewardship Toolkit: Implementing Antimicrobial Stewardship in a Small, Rural Hospital  
<https://www.ruralcenter.org/resource-library/jump-start-stewardship-toolkit-implementing-antimicrobial-stewardship-in-a-small>



# Questions, comments?

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