



MONTANA  
HOSPITAL  
ASSOCIATION



# Montana Antimicrobial Stewardship (ABS) Collaborative

Kick Off – 4/6/2017



The University of  
**Montana**



**Quality Improvement  
Organizations**

Sharing Knowledge. Improving Health Care.  
CENTERS FOR MEDICARE & MEDICAID SERVICES

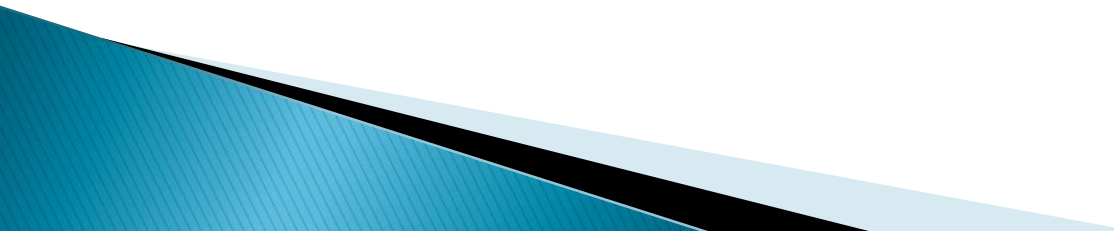


**Mountain-Pacific**  
*Quality Health*


# Welcome

- ▶ Thank you for spending your valuable time with us today.
- ▶ This webinar will be recorded for your convenience.
- ▶ A copy of today's presentation and the webinar recording will be available on our website. A link to these resources will be emailed to you following the presentation.
- ▶ All phones will be muted during the presentation and unmuted during the Q&A session. Computer users can use the chat box throughout the presentation.
- ▶ We would greatly appreciate your providing us feedback by completing the survey at the end of the webinar today.

# Presenters

- ▶ Patty Kosednar – Mountain–Pacific: MT ABS Collaborative Facilitator
  - ▶ Karl Milhon – MT DPHHS: Communicable Disease Epidemiology Program
  - ▶ Vince Colucci – U of M: Skaggs School of Pharmacy
  - ▶ Casey Driscoll – Montana Hospital Association: HIIN and STRIVE projects
  - ▶ Christy Fuller – Mountain–Pacific: QIO
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# Acronyms

- ▶ ABS – Antimicrobial Stewardship
  - ▶ APIC – Association for Professionals in Infection Control
  - ▶ ASP – Antimicrobial Stewardship Program
  - ▶ CAH – Critical Access Hospital
  - ▶ CDC – Center for Disease Control
  - ▶ CDI – Clostridium Difficile Infection
  - ▶ COP – Conditions of Participation
  - ▶ DDD – Defined daily dose
  - ▶ DOT – Days of therapy
  - ▶ DPHHS – Department of Public Health and Human Services
  - ▶ eCQI – Electronic Clinical Quality Improvement
  - ▶ FLEX – Medicare Rural Hospital Flexibility Program
  - ▶ HAI – Hospital Acquired Infections
  - ▶ HIIN – Hospital Innovation Improvement Network
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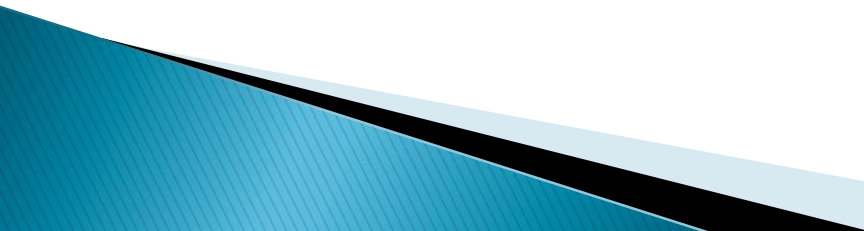
# Acronyms Cont.

- ▶ ICAR – Infection Control Assessment Tools
- ▶ IDSA – Infectious Disease Society of America
- ▶ IT – Information Technology
- ▶ MHA – Montana Hospital Association
- ▶ MP – Mountain-Pacific Quality Health
- ▶ MT – Montana
- ▶ QIO – Quality Improvement Organization
- ▶ QI – Quality Improvement
- ▶ PDSA – Plan Do Study Act
- ▶ PPS – Prospective Payment Systems
- ▶ SSOP – Skaggs School of Pharmacy
- ▶ SMART – specific, measureable, actionable (or agreed upon), realistic, time based

# MT ABS Kick Off Agenda

- ▶ Introduce members of MT ABS Collaborative
  - ▶ Overview of what an ASP is and the benefits
  - ▶ Review CDC core elements
    - MT inpatient and outpatient survey data
  - ▶ Review ASP Road map (Jumpstart Stewardship)
  - ▶ MT ABS Collaborative members
    - How the MT ABS Collaborative will work
    - Our services and what you can expect
  - ▶ Next Steps
  - ▶ MT ABS Collaborative contact info
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# MT ABS Collaborative Members

- ▶ Montana Hospital Association (MHA)
    - Flex Program
    - HIIN Program
    - Strive Program
  - ▶ Mountain Pacific (MP)
    - Quality Improvement Organization (QIO) – outpatient focus
    - ICAR Program
  - ▶ MT Department of Public Health and Human Services (DPHHS)
    - Communicable Disease Epidemiology Program
  - ▶ Montana Communicable Disease Epidemiology/Skaggs School of Pharmacy (SSOP)
    - DPHHS contract
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# MT ABS Collaborative

- ▶ Goal: Collaborate, assist facilities and offer resources, skills and tools available through the multiple programs into a combined state wide ASP implementation plan for use by MT inpatient and outpatient facilities
  - Outcomes:
    - increase effectiveness of technical assistance and educational services provided by programs, reduce redundancy between programs and improve value add program ASP services to inpatient and outpatient facilities in MT
    - Increase % of performance on CDC ASP elements for inpatient and outpatient facilities in MT
    - Optimize and reduce inappropriate antibiotic usage and infection rates in MT



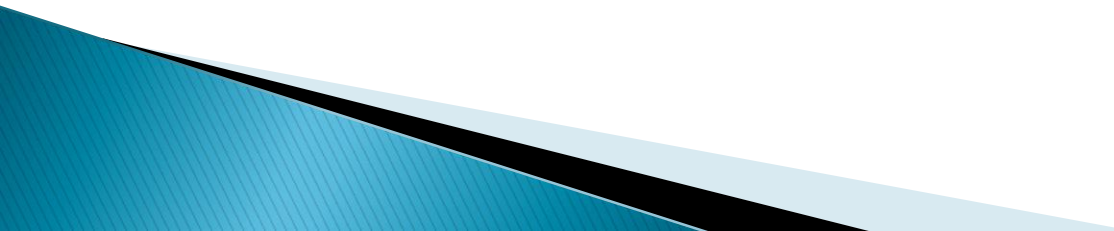
# Poll 1

- ▶ Identify your organization
  - Clinic
  - Emergency Department or other outpatient setting
  - Critical Access Hospital
  - PPS Hospital
  - other

# What Is an ASP?

The Association for Professionals in Infection Control and Epidemiology (APIC) identifies an Antimicrobial Stewardship Program (ASP) as:

“Antimicrobial stewardship is a coordinated program that promotes:

- the appropriate use of antimicrobials (including antibiotics)
  - improves patient outcomes
  - reduces microbial resistance
  - and decreases the spread of infections caused by multidrug-resistant organisms”
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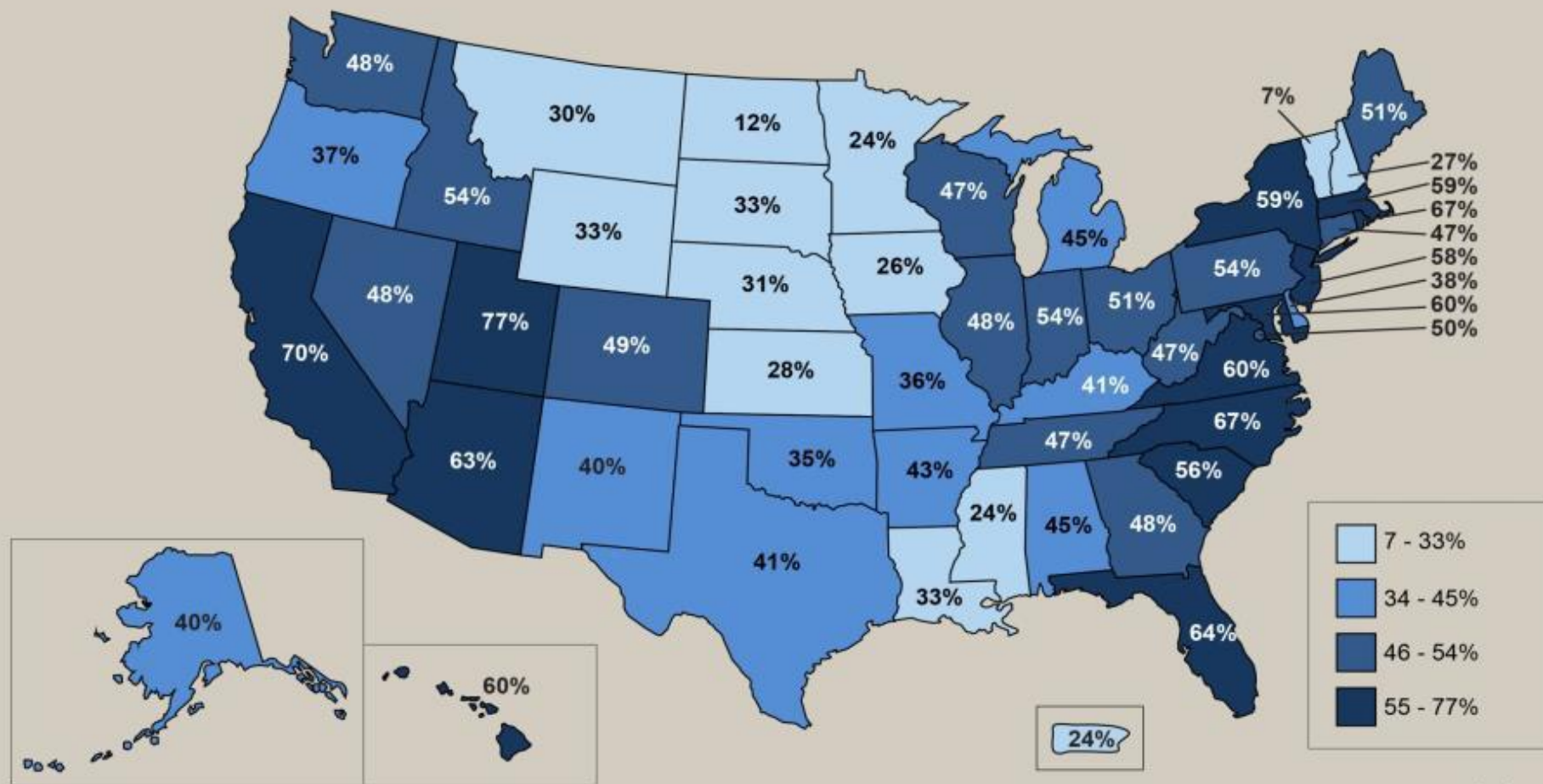
# The Benefits of an ASP

- ▶ Improved patient outcomes and safety
- ▶ Reduced adverse events including *Clostridium difficile* infection
- ▶ Improvement in rates of antibiotic susceptibilities to targeted antibiotics
- ▶ Optimization of resource utilization across the continuum of care
- ▶ Meet COP and reporting regulations
- ▶ Reduce costs

Source: CDC, IDSA and SHEA

## Percent of Hospitals with Antibiotic Stewardship Programs by State, 2015\*

Nationally, 48.1% of all hospitals have stewardship programs (2,199 of 4,549); the national goal is 100% of hospitals by 2020.



\*A hospital stewardship program is defined as a program following all 7 of CDC's Core Elements of Hospital Antibiotic Stewardship Programs.

Source: CDC's National Healthcare Safety Network (NHSN) Survey

# CDC's Core Elements of an ASP

The details of the core elements for inpatient  
and outpatient facilities align and overlap

We will review all 7 core elements



# CDC Core Elements

## ▶ Inpatient

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

## ▶ Outpatient

- Action
- Commitment
- Education/Expertise
- Tracking and Reporting

# Leadership Commitment

- ▶ Summary: Dedicating necessary human, financial and information technology resources
- ▶ Details:
  - Formal statements that the facility supports efforts to improve and monitor antibiotic use.
  - Including stewardship-related duties in job descriptions and annual performance reviews,
  - Ensuring staff from relevant departments are given sufficient time to contribute to stewardship activities
  - Supporting training and education
  - Ensuring participation from the many groups that can support stewardship activities.
- ▶ Milestone/evaluation metric: A written statement of support for ASP



# Accountability & Drug Expertise

- ▶ Summary: Appointing a single leader responsible for program outcomes. (successful programs show that a physician leader is most effective)
- ▶ Details:
  - The work of stewardship program leaders is greatly enhanced by the support of other key groups in the facility where they are available
    - Clinicians and department heads, infection preventionists and epidemiologists, QI, Lab and IT staff, nurses
- ▶ Milestone/evaluation metric:
  - Appoint a single leader to APS program
  - Appoint a single pharmacist leader to ASP program



# Action

- ▶ Summary: Implement Policies and Interventions to Improve Antibiotic Use
- ▶ Details:
  - Implement policies that support optimal antibiotic use.
  - Utilize specific interventions that can be divided into three categories: broad, pharmacy driven and infection and syndrome specific
  - Avoid implementing too many policies and interventions simultaneously; always prioritize interventions based on the needs of the hospital as defined by measures of overall use and other tracking and reporting metrics
- ▶ Milestone/evaluation metric:
  - Implement at least 1 recommended action/policy

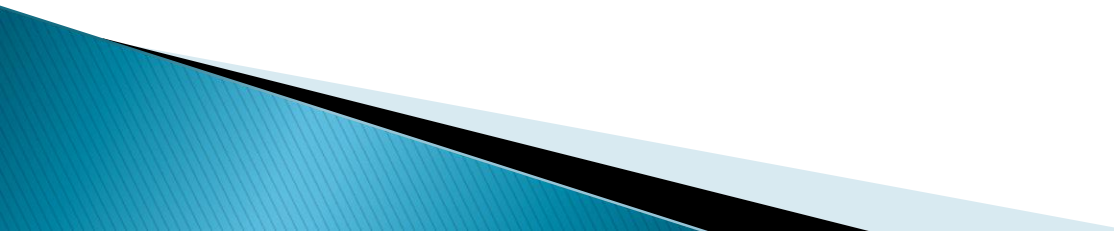
# Tracking and Reporting

- ▶ Summary: Monitor and report antibiotic use and outcomes
- ▶ Details:
  - Monitor and track
    - Antibiotic prescribing/usage (days of therapy, daily dose, costs)
    - Antibiotic use process measures (use of and quality of antibiotics, adherence to treatment/intervention policies, etc)
    - Outcome measures (CDI, MRSA, UTI rates)
- ▶ Milestone/evaluation metric:
  - Track and report antibiotic prescribing and resistance patterns to relevant staff
    - Prescribing/Usage (DOT, DDD, Costs)
    - Process Measures
    - C. Difficile Infection Rates
    - antibiogram

# Education

- ▶ Summary: Provide regular updates on antibiotic prescribing, resistance and infectious disease management
- ▶ Details:
  - Provide facility specific education to relevant staff, paired with corresponding interventions and measurement outcomes
- ▶ Milestone/evaluation metric:
  - Does your ASP provide education to clinicians and other relevant staff on improving antibiotic prescribing?

# Surveyed MT facilities on ASP core elements:

- ▶ Current data (March 2017)
  - ▶ Participants:
    - Inpatient:
      - 40 CAH
      - 11 PPS
    - Outpatient:
      - 29 CAH
      - 7 PPS
- 

# MT Inpatient Survey Results Summary

- ▶ Leadership Commitment:
  - CAH – 63%, PPS – 73%
- ▶ Accountability & Drug Expertise
  - Physician Leader: CAH – 65%, PPS – 100%
  - Pharmacist Leader: CAH – 75%, PPS – 100%
- ▶ Action
  - Implemented 1 Action
    - Treatment guidelines: CAH 25%, PPS – 100%
    - Policy to document in EHR: CAH 18%, PPS – 18%
- ▶ Education
  - CAH – 20%, PPS – 90%
- ▶ Tracking and Reporting
  - CAH – 10% – 28%, PPS 20% – 40 %

# MT Outpatient Survey Results Summary

## ▶ Core Elements:

- Action: 28% meeting requirement
- Commitment: 22% meeting requirement
- Education/Expertise: 17% meeting requirement
- Tracking and Reporting: 33% meeting requirement

# MT Roadmap for ASP

Jump Start Stewardship; Implementing  
Antimicrobial Stewardship in small, rural setting

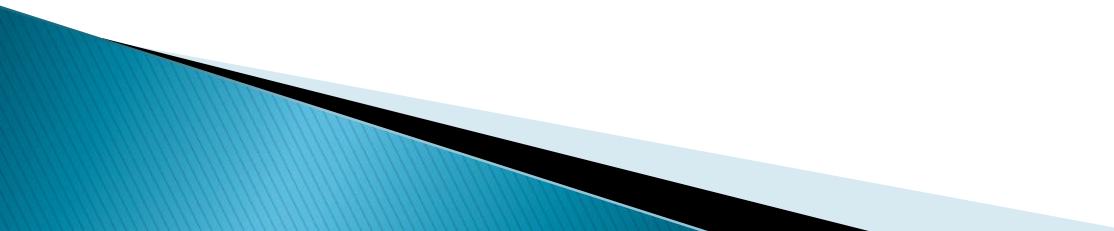
Source: EQulP Program, Washington State:

# Jumpstart Stewardship


- ▶ Jumpstart Stewardship Toolkit –
  - What it is
  - Why we choose it as a roadmap
  - How we will be using it
  
- <http://www.doh.wa.gov/Portals/1/Documents/5600/JumpstartStewardshipWorkbook.pdf>
  
- ▶ Source: EQuIP Program, Washington State:



# Jumpstart ASP Roadmap

- ▶ Assess your facility's current state:
    - Review and identify ASP activities already underway
    - Assess the resources available for ASP
    - Understand your antimicrobial use and scope or volume of resistance in your facility
  - ▶ Identify key stakeholders and build team
    - Identify and engage stakeholders
    - Identify ASP team leader (physician) and pharmacy lead
    - Identify other team members and assign roles/responsibilities
- 

# Jumpstart ASP Roadmap, cont.

- ▶ Select an intervention and targets
    - Timely and appropriate initiation of antibiotics
    - Appropriate admin and de-escalation of therapy
  - ▶ Identify key metrics and data sources
    - Antibiotic usage (volume, cost)
    - Resistance and CDI data
  - ▶ Plan mitigation strategies for potential barriers
    - Use SWOT to identify strengths/weakness/opportunities and threats
    - Create steps in ASP implementation plan to mitigate possible barriers
- 

# Jumpstart ASP Roadmap, cont.

- ▶ Create timeline for implementation
  - Set realistic goals (use SMART criteria; specific, measureable, actionable (or agreed upon), realistic, time based)
  - Break down plan into steps and graph timeline for each step
- ▶ Calculate the business case
  - Cost savings
  - Improved patient outcomes

# Jumpstart ASP Roadmap, cont.

- ▶ Write your ASP charter and strategic plan
  - Used to facilitate communication
  - States your commitment
  - Provides information and purpose of ASP, business case and impact of ASP
  - Identifies the activities and interventions and ASP's goals, metrics and milestones

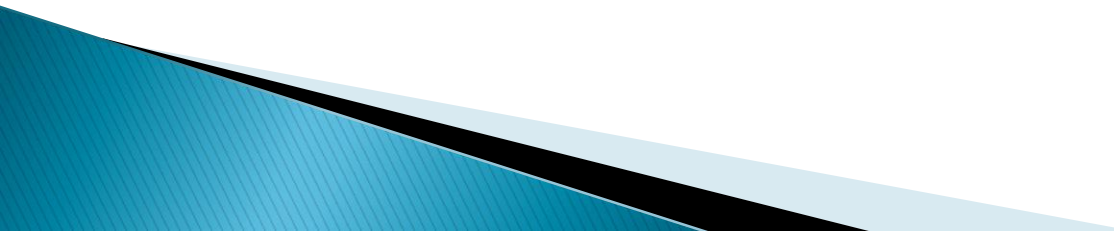
# MT ABS Collaborative, How will this work?

Three types of assistance/support

- ▶ Group educational webinars, targeting specific ASP related topics
- ▶ Affinity groups; based on current ASP status, intervention chosen, needed support, etc
- ▶ Hands on technical assistance provided by:
  - HIIN/STRIVE participant – Montana Hospital Association
  - QIO participant – Mountain Pacific
  - DPHHS participant (not also participating in HIIN/STRIVE or the QIO) – Montana Communicable Disease Epidemiology/Skaggs School of Pharmacy

Participant means a signed agreement  
between organizations has been executed

# MT ABS Collaboration; How will this work, cont.

- ▶ The program you have a signed participation agreement with (based on previous slide) will be your “account manager” and main contact.
  - ▶ They will work with you directly and also utilize the resources, tools and subject matter expertise and support vehicles of the other programs as needed to move you through the ASP roadmap.
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# MT ABS Collaboration: Other supporting programs

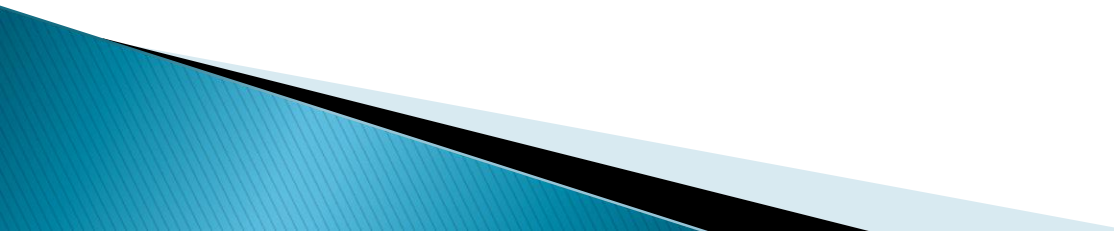
- ▶ Following are the additional programs participating in the MT ABS collaborative and will provide resources, subject matter expertise, etc:
  - FLEX program: Montana Hospital Association
  - ICAR program: Mountain Pacific/via MT DPHHS funding
  - HAI Prevention and Detection: MT DPHHS
  - HAI Coordination and Prevention: MT DPHHS

# Poll 2

- ▶ Where are you in the ASP process
  - Not started yet
  - Started but not much momentum
  - ASP is underway and moving forward
  - Have successfully implemented an ASP
  - Other



# Poll 3

- ▶ What are your immediate ASP educational needs?
    - Jumpstarting your ASP
    - Identifying the role/responsibilities of ASP physician lead and pharmacy lead
    - Reviewing and choosing interventions
    - Identifying ASP key metrics and data sources
    - Creating an ASP Plan and timeline
    - Review of Quality Improvement Methodologies (eCQI/PDSA)
    - Other – enter topic into chat box
- 

# Next Steps

- ▶ Contact the MT ABS Collaborative program that you have a signed participation agreement with to:
  - Confirm your interest in our support for your ASP
  - To discuss your overall ASP support needs
  - Communicate your immediate ASP educational needs
- ▶ Your MT ABS contact will help triage your ASP needs and assist with contract deliverables
- ▶ MT ABS will identify and communicate the ASP educational events for the next 3 months
- ▶ Jumpstart Affinity Group will begin in May (monthly meetings to help move your facility through ASP)

# CDC Core Elements

## ▶ Inpatient

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

\* DPHHS deliverables due 6/30/17

## ▶ Outpatient

- Action
- \*Commitment
- Education/Expertise
- Tracking and Reporting

\*QIO deliverables due by  
7/30/17

# ABS Collaborative Resources

## ▶ Education: Upcoming Webinars/Meetings

- Jumpstart Stewardship 4/26 1:00pm
  - Registration Link:  
<https://www.regonline.com/registration/Checkin.aspx?EventID=1980546>
- Data Tracking for your ASP – ETA early May
- Jumpstart Stewardship Affinity Group – Starting in May, ongoing monthly group meetings

## ▶ Resource links

- MT ABS Collaborative Website:  
<http://mpqhf.com/corporate/health-and-technology-services/resources/abs-collaborative-resources/>
  - Jumpstart Stewardship Toolkit
  - Other toolkits and websites
  - Leadership Commitment letter/statement templates and examples
  - Other misc resources and links

# Contacts

- ▶ HIIN and STRIVE programs: MHA – Casey Driscoll; [casey.driscoll@mtha.org](mailto:casey.driscoll@mtha.org)
- ▶ QIO– Mountain Pacific: Christy Fuller; [cfuller@mpqhf.org](mailto:cfuller@mpqhf.org); [meichler@mpqhf.org](mailto:meichler@mpqhf.org)
- ▶ DPHHS/Skaggs School of Pharmacy (but not recruited by either of the above) – Vince Colucci; [vince.colucci@mso.umt.edu](mailto:vince.colucci@mso.umt.edu)
- ▶ Or email your FLEX, ICAR or other supporting member contact; [gina.bruner@mtha.org](mailto:gina.bruner@mtha.org)  
[pwebb@bresnan.net](mailto:pwebb@bresnan.net)
- ▶ Not sure? Email Patty Kosednar, MT ABS Collaborative facilitator; [pkosednar@mpqhf.org](mailto:pkosednar@mpqhf.org)

# Q & A



Please take a minute to complete the survey after the webinar ends

