

WASHINGTON STATE DEPARTMENT OF HEALTH



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TABLE OF CONTENTS

Acronym List	3
Executive Summary	4-7
Acute Care Facilities and Critical Access Hospitals	8
<u>Accomplishments</u>	8-9
<u>NHSN AUR Implementation Data</u>	10
<u>NHSN Patient Safety Hospital Survey</u>	11-14
<u>Core Elements for Acute Care Facilities and Critical Access Hospitals</u>	14-15
<u>Priorities for Hospital Core Element Implementation</u>	15-16
<u>Opportunities</u>	16-17
Nursing Homes	18
<u>Accomplishments</u>	18-19
<u>Core Elements for Nursing Homes</u>	19
<u>WA DOH's Validation Survey of Nursing Home Stewardship Programs</u>	20-22
<u>Opportunities</u>	22
Outpatient Settings	23
<u>Accomplishments</u>	23-24
<u>Medicare Part D Outpatient Prescribing Analyses</u>	24-25
<u>Opportunities</u>	26
One Health Efforts	27
<u>Accomplishments</u>	27
Antibiotic Awareness Week	28
<u>Accomplishments</u>	28



To connect with our team, please reach out to ams@doh.wa.gov

Acronym List

Acronym	Definition
AMR	Antimicrobial resistance
AMS	Antimicrobial stewardship
APIC	Association for Professionals in Infection Control and Epidemiology
AR	Antibiotic Resistance
AU	Antibiotic Use
AUR	Antibiotic Use and Resistance
CAH	Critical access hospital
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
ELC	Epidemiology and Laboratory Capacity
HAI/AR	Healthcare Associated Infections/Antibiotic Resistance
LTC	Long term care
NHSN	National Healthcare Safety Network
PAAARC	Prescribing Appropriate Antibiotics for Acute Respiratory Conditions
PCR	Polymerase chain reaction
UTI	Urinary tract infection
UW CSiM	University of Washington's Centers for Stewardship in Medicine
WA DOH	Washington State Department of Health
WA-PALTC	Washington State Society for Post-Acute and Long-Term Care Medicine

Executive Summary

Background

State and local health departments play an important role in guiding antimicrobial stewardship efforts in various healthcare settings.¹ Through the American Rescue Plan Act of 2021, the Centers for Disease Control and Prevention (CDC) provided funding to Healthcare-Associated Infections and Antimicrobial Resistance (HAI/AR) Programs in health departments to expand infection prevention and control activities to protect patients and healthcare workers from infectious disease threats.² One focus of this new funding was to increase antimicrobial stewardship (AMS) expertise in state HAI/AR Programs.

The Washington State Department of Health (WA DOH) expanded the AMS Team by hiring an epidemiologist, infectious disease pharmacist, and infectious disease physician. Our goal is to apply our specialized expertise to support WA DOH's vision of equity and optimal health by guiding AMS efforts in various settings. Our efforts align with [WA DOH's Transformational Plan](#) and the new [CDC's Core Elements of Antibiotic Stewardship for Health Departments](#). The Transformational Plan's priorities and vision are as follows:



Health and
Wellness



Health Systems and
Workforce Transformation



Environmental
Health



Emergency Response
and Resilience



Global and
One Health

This inaugural annual report provides an overview of the efforts undertaken during 2023 by this team and shares results of several data analyses. The icons next to each portion of the Executive Summary show how the described work aligns with WA DOH's Transformational Plan.



Acute Care Facilities and Critical Access Hospitals

Washington contains 39 critical access hospitals (CAHs) and 56 acute care facilities. Our team supported hospitals striving to meet the Centers for Medicare and Medicaid Services (CMS) 2024 requirement to report to CDC’s National Healthcare Safety Network (NHSN) Antibiotic Use (AU) and Resistance Module. We accomplished this through targeted outreach to non-reporters, providing two educational “how to” webinars, developing and sharing an antibiotic use dashboard for AU reporters, and hosting regular office hours.

In 2023, we began offering incentive funding to rural and critical access hospitals. Currently, 70.6% (24/34) of the eligible hospitals have applied and are pursuing this funding opportunity. In the past two years, reporting by Washington hospitals to the AU module has increased by approximately 20%.

In 2022, 98% (89/91 survey respondents) of all acute care facilities and CAHs in Washington reported meeting all seven of the [CDC’s Core Elements of Hospital Antibiotic Stewardship Programs](#) in line with the national average of 97%. In 2022, the CDC released six new [Priorities for Hospital Core Elements](#). Approximately 9% (8/91 survey respondents) of all acute care facilities and CAHs in Washington State report implementing all 6 in line with the national average of 10%. As part of our commitment to furthering health and data equity, these data are further analyzed in this report by critical access hospitals and all other acute care facilities.



Nursing Homes

Washington contains 193 nursing homes. Historically, few complete the NHSN Annual Survey. To supplement the limited knowledge available, a survey based upon the [CDC’s Core Elements of Antibiotic Stewardship for Nursing Homes](#) was conducted. This survey had a 51% response rate and provided key information to guide creation of multiple resources and educational opportunities. Our team started and currently leads a 12-month-long nursing home antibiotic stewardship collaborative that is regularly attended by 17 nursing homes. In partnership with the Washington State Society for Post-Acute and Long-Term Care Medicine (WA-PALTC) we created and co-presented a four-part continuing education series for providers and pharmacists focusing on appropriate diagnosis and management of urinary tract infections. The total attendance count for all initial live sessions of the series was 400 and the entire series has been viewed over 300 additional times since being posted to YouTube. We also created a new continuing education opportunity specifically for medical assistants and nurses entitled “[Communicating with Residents and Families About Antibiotics](#)” to empower bedside staff to communicate accurately and clearly about whether antibiotics are needed. Analysis and dissemination of relevant stewardship data were shared in multiple relevant forums to promote health and data equity.



Outpatient Settings

The term “outpatient settings” is defined in this report as all outpatient healthcare settings where antibiotics are prescribed and dispensed. This includes urgent care clinics, primary care clinics, dental clinics, outpatient pharmacies, and dialysis centers.

We performed multiple in-depth analyses of the CMS Medicare Part D dataset, which captures most antibiotic prescribing by Medicare providers to those age 65 and older. The aims were to assess overall antibiotic use and identify high prescribing patterns. To promote data and health equity, analysis findings were disseminated to partners through relevant forums. We identified the top 10th percentile of Medicare Part D antibiotic prescribers (by specialty and rate) in 2021 and sent letters and stewardship educational inserts to 1,092 high prescribers. Other efforts included a 3-part podcast series created in partnership with [Project Firstline](#), social media messaging in English and Spanish during respiratory virus season about using antibiotics only when necessary, and antibiotic awareness handouts in English and Spanish mailed to Washington parents of small children through the Watch Me Grow Program. The Project Firstline podcast series has been collectively accessed over 130 times.



One Health Efforts

In 2023, WA DOH’s HAI/AR Section received input from a wide variety of experts and partners for planning a statewide One Health collaborative to combat AMR. This collaborative began in January 2024. Other accomplishments include the development of a poster and pocket card for small animal veterinarians as part of a partnership effort and an ongoing collaboration with the University of Washington Center for One Health Research and Washington State University Animal Disease Diagnostics Laboratory on improving surveillance for antimicrobial resistance in animals.



Antibiotic Awareness Week

According to results of the 2022 NSHN Patient Safety Hospital Survey, only 29% (25/87 survey respondents) of all acute care facilities and CAHs reported having a process to assess and clarify penicillin allergies. This is below the 2021 national average of 49%.³ To promote further uptake of this best practice, our team chose to focus on penicillin allergies for Antibiotic Awareness Week 2023. We created patient educational handouts in English and Spanish and recorded four short webinars in partnership with Seattle Children’s Hospital and the University of Washington Medical Center to educate providers. The webinars shared best practices and statewide data related to this topic and have been collectively viewed over 150 times.

References:

1. CDC. Antibiotic Use in the United States, 2023 Update: Progress and Opportunities. Located at: <https://www.cdc.gov/antibiotic-use/stewardship-report/current.html>
2. CDC. Strengthening HAI/AR Program Capacity Guidance. Located at <https://www.cdc.gov/ncezid/dpei/pdf/guidance-strengthening-haiar-program-capicity-508.pdf>
3. O’Leary EN, Neuhauser MM, McLees A, Paek M, Tappe J, Srinivasan A. An Update from the National Healthcare Safety Network on Hospital Antibiotic Stewardship Programs in the United States, 2014-2021. Open Forum Infectious Diseases. 2024;11(2). doi: <https://doi.org/10.1093/ofid/ofad684>

Acute Care Facilities & Critical Access Hospitals

Accomplishments



Action and Collaboration

- Hosted quarterly National Healthcare Safety Network (NHSN) Antibiotic Use (AU) User's Group to help hospitals that are currently reporting to AU to access and understand their data (ongoing).
- Performed outreach to rural and critical access hospitals to assist with implementing the new Centers for Medicare and Medicaid (CMS) requirement that all hospitals report to NHSN AUR. Currently, 24 out of 34 eligible hospitals have applied for and are pursuing this funding opportunity.
- Co-hosted an NHSN AUR workshop for critical access hospitals at the University of Washington's Centers for Stewardship in Medicine (UW-CSiM) annual conference.
- Hosted quarterly "Getting Started with National Healthcare Safety Network (NHSN) Antibiotic Use and Resistance (AUR)" Office Hours to help hospitals begin reporting (ongoing).



Education and Communication

- Created an FAQ document to assist hospitals with interpreting and implementing the new NHSN AUR reporting requirement. (Note: This document was retired when CDC resources became available.)
- Organized and co-presented two NHSN AUR-focused webinars in collaboration with the Washington State Hospital Association and the University of Washington's Centers for Stewardship in Medicine (UW-CSiM).
- Updated the [DOH AMS webpage](#) including creating a [new subpage of the AMS website](#) specifically to share NHSN AUR resources.
- Created "[Troubleshooting Your Critical Access Hospital AMS Program FAQ](#)" for critical access hospitals, in partnership with UW-CSiM

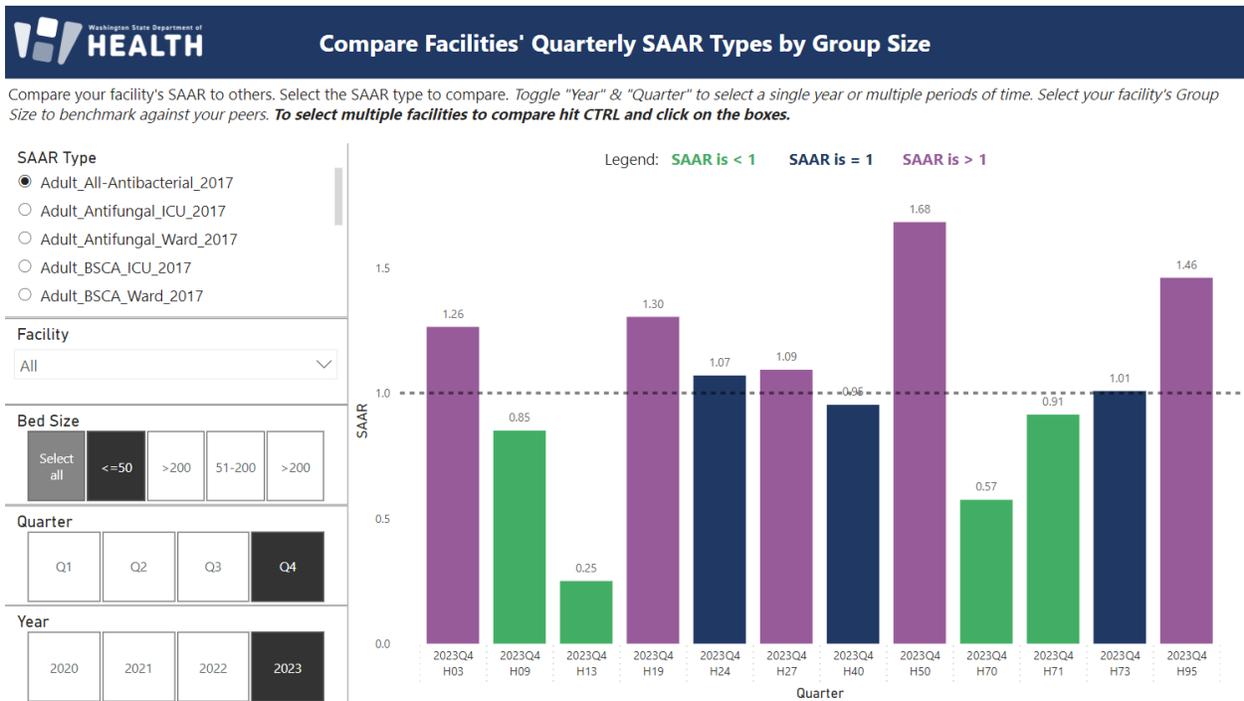
- Created “[Tips for Obtaining C-Suite Buy-in for Stewardship at a Critical Access Hospital](#)” document for critical access hospitals in partnership with UW-CSiM

Tracking and Reporting

- Created a dashboard for hospitals that are currently reporting antibiotic use to the NHSN AU Module.
- Analyzed and reported in all relevant forums NHSN Annual Survey data applicable to antimicrobial stewardship

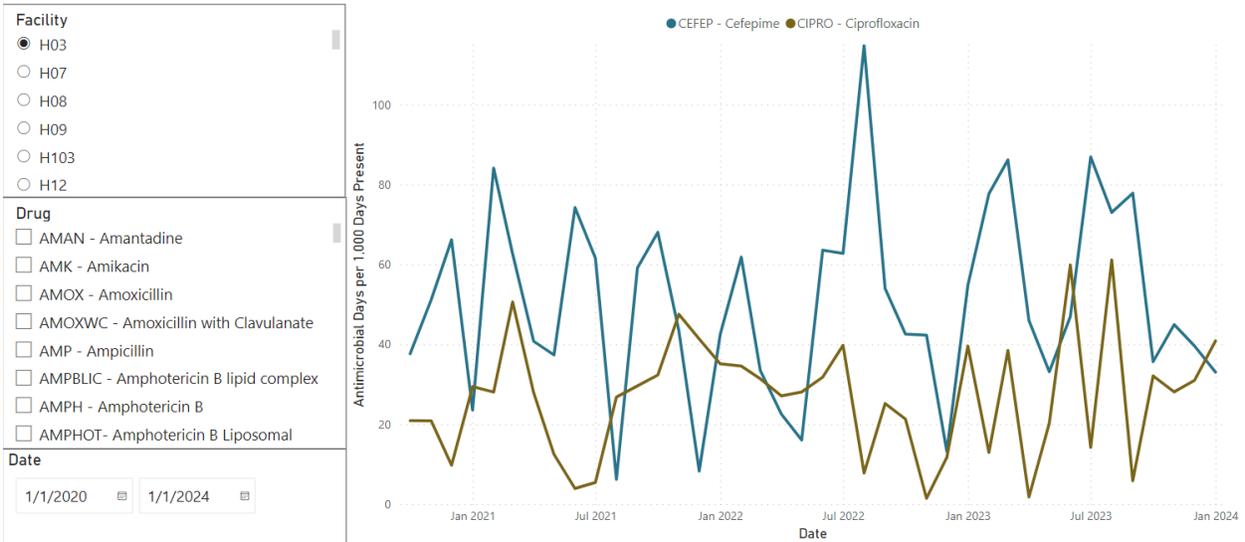
WA DOH’s NHSN Antibiotic Use (AU) Dashboard

The epidemiologist maintains a dashboard that displays antibiotic usage reported by Washington hospitals into NHSN. This dashboard, which displays anonymized hospital data, allows reports to be easily customized to the unique needs of the facility and promotes equitable data access in settings that do not always have a dedicated analyst. The images below showcase two features of the dashboard to which users have access: the ability to compare quarterly Standardized Antimicrobial Administration Ratio (SAAR) types and different antimicrobial usage rates. To obtain access, [please complete this form](#). Facilities must be currently reporting to NHSN AU to access this dashboard.



Antimicrobial Days per 1,000 Days Present - Drugs

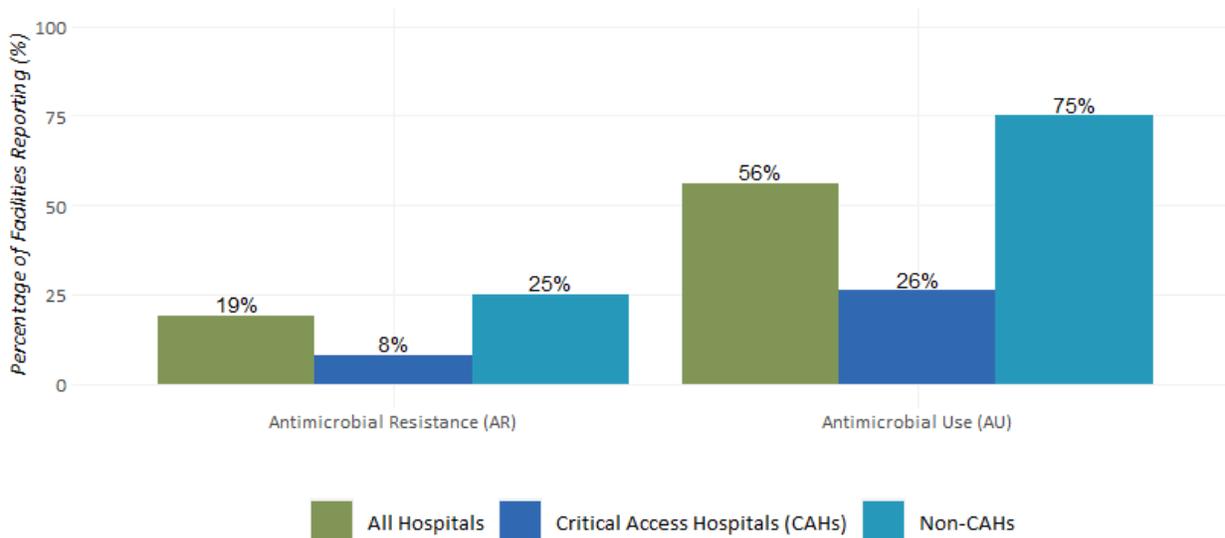
View your facility's monthly antimicrobial usage by drug agent overtime. To compare multiple drug agents *hit CTRL and click on the boxes*. **Note:** Antimicrobial Days per 1,000 days present is not equivalent to Days of Therapy per 1,000 patient days. For more information on the difference please see "[Denominator Matters in Estimating Antimicrobial Use: A Comparison of Days Present and Patient Days](#)" and the [NHSN Antimicrobial Use and Resistance \(AUR\) Module Protocol](#).



NHSN AUR Implementation Data

Beginning in 2024, the NHSN Antimicrobial Use and Resistance (AUR) Module reporting will be a required measure under the Public Health and Clinical Data Exchange objective of the CMS Promoting Interoperability Program. The breakdown of facilities reporting as of Quarter 2, 2023 is shown below. In two years, Washington has increased the number of hospitals reporting by approximately 20%. Many CAHs will be eligible for an exemption in reporting; the number of active exemption claims is not yet known.

WA Acute Care Facilities Reporting to the NHSN AUR Module



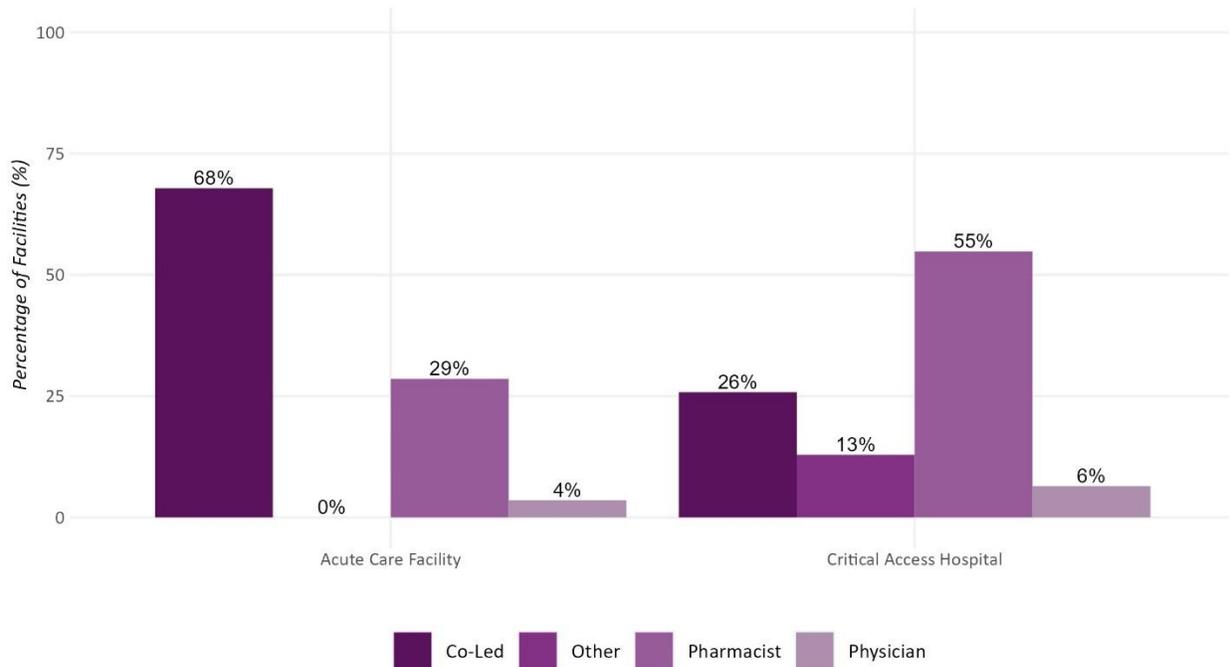
NHSN Annual Hospital Survey Data

Hospitals are required to complete the NHSN Patient Safety Annual Survey annually. The stewardship-focused questions contained in the survey are based upon the [CDC's Core Elements of Hospital Antibiotic Stewardship Programs](#). To promote health and data equity, the data shown below are further broken down by critical access hospitals compared to other acute care facilities. A summary of recommendations for facilities based upon these data are in the “Opportunities” section of this report.

In addition to state-level data, national NHSN Annual Hospital Survey data from 2021 can be found in this open access publication written by the CDC: [Update From the National Healthcare Safety Network on Hospital Antibiotic Stewardship Programs in the United States, 2014-2021.](#)

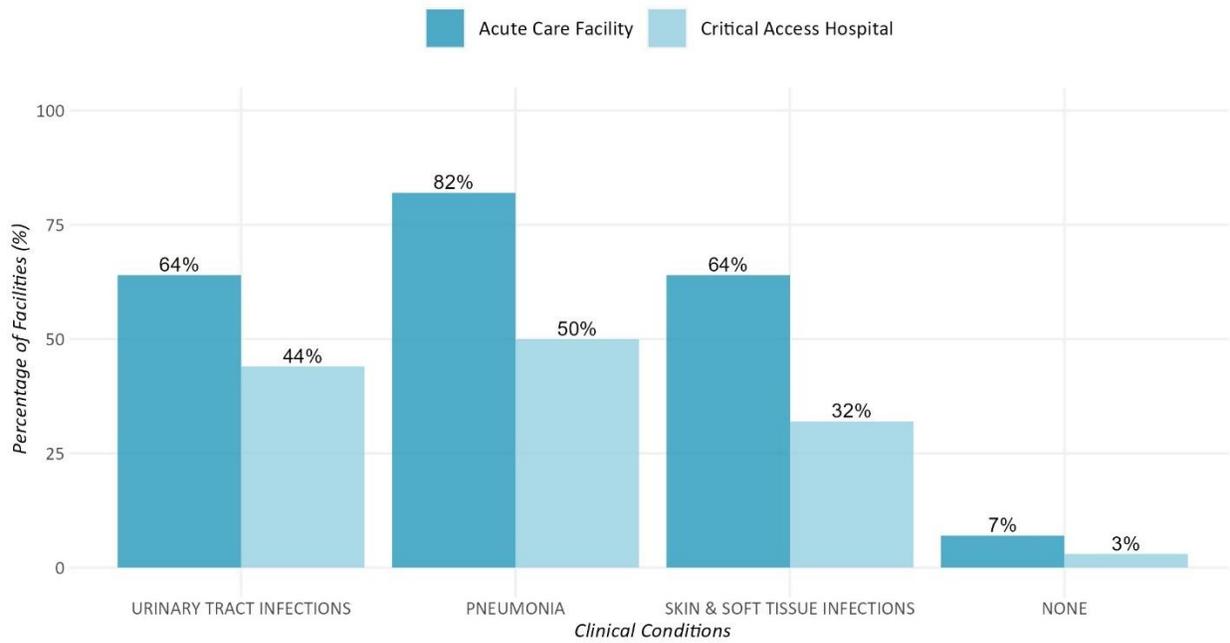
Antimicrobial Stewardship Team Led By

NHSN Annual Hospital Survey, 2022



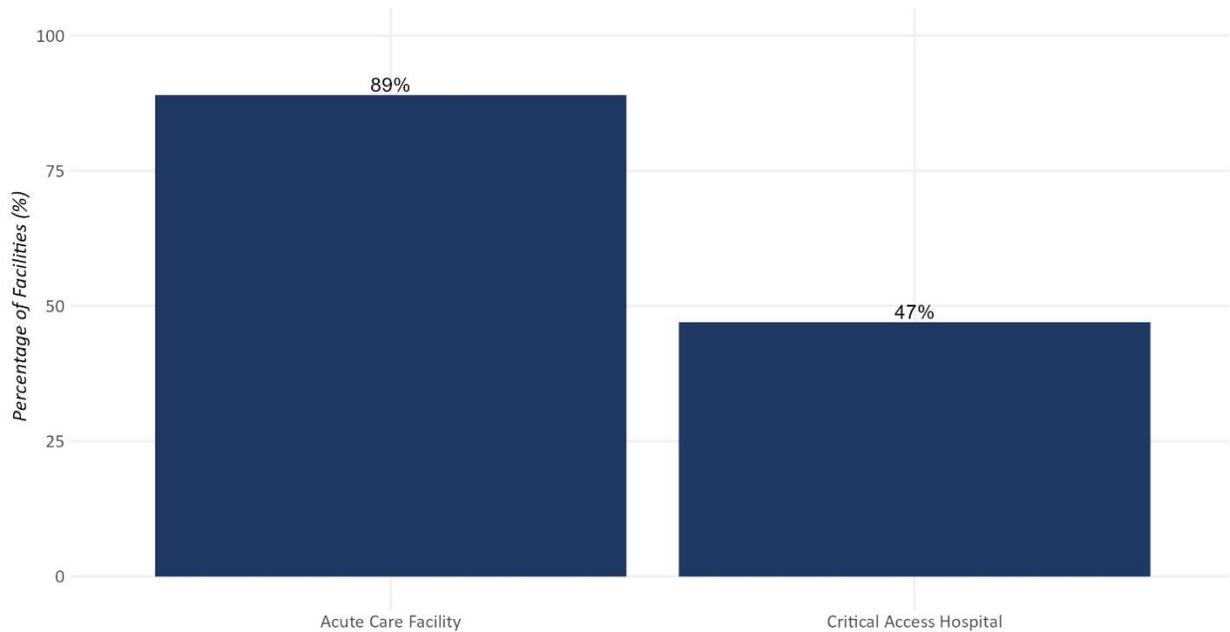
Facility has specific treatment recommendations based on national guidelines and pathogen susceptibilities for common clinical conditions

NHSN Annual Hospital Survey, 2022



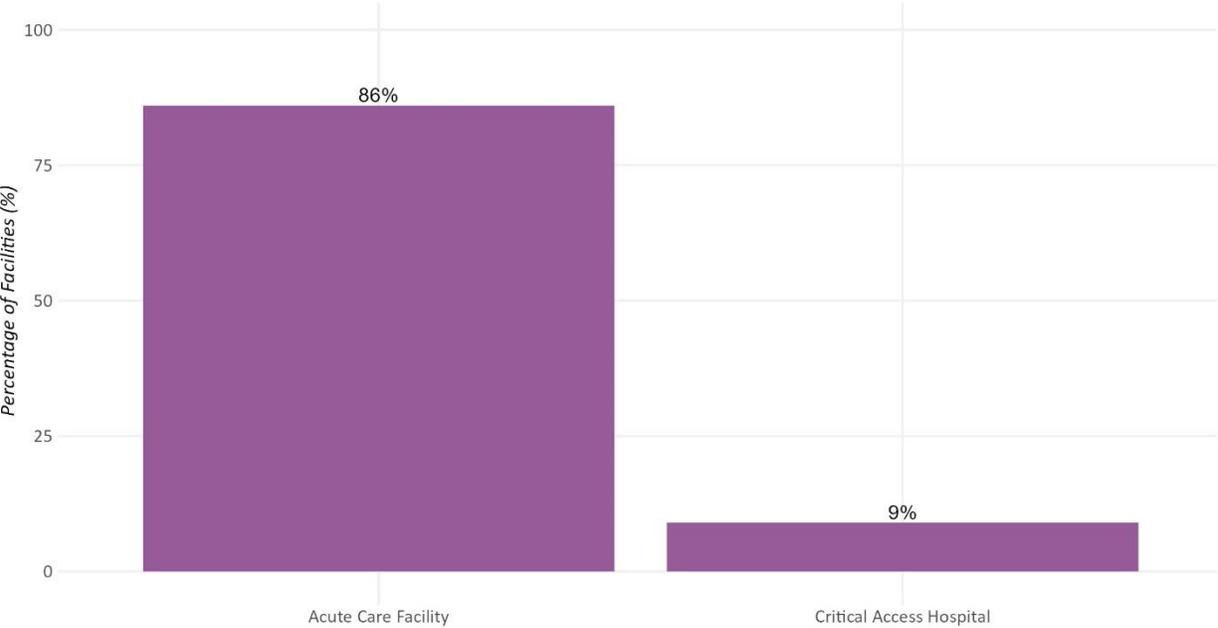
Facility has a priority interventions for prospective auditing and feedback for specific antibiotic agents

NHSN Annual Hospital Survey, 2022



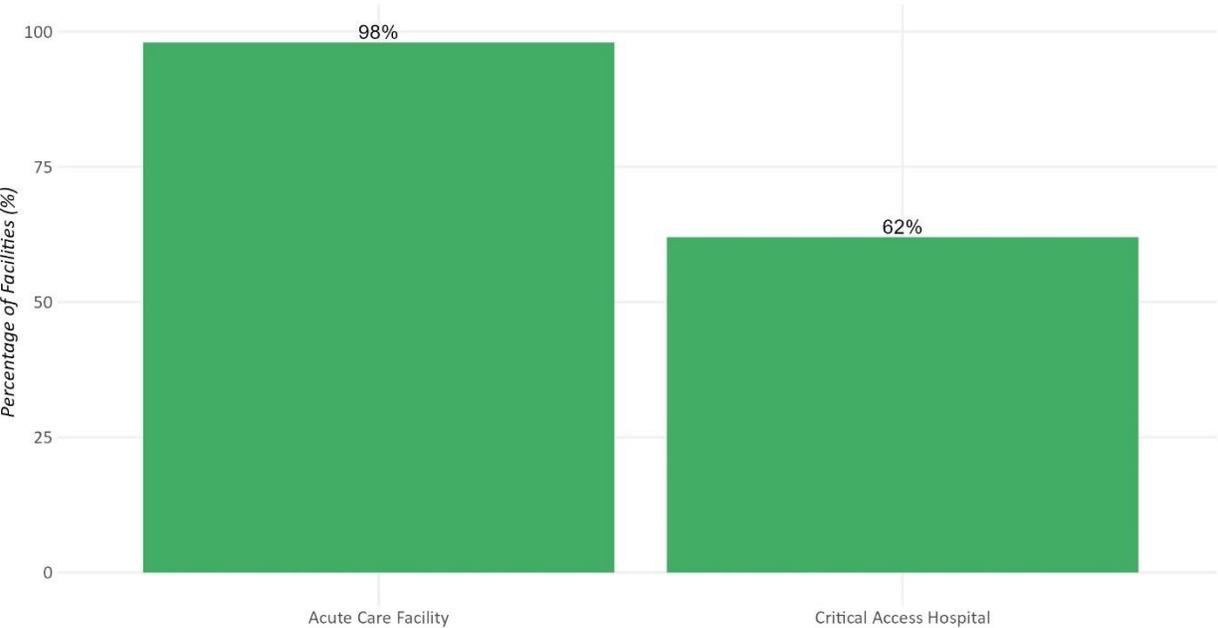
Facility has priority interventions for preauthorization of specific antibiotic agents

NHSN Annual Hospital Survey, 2022



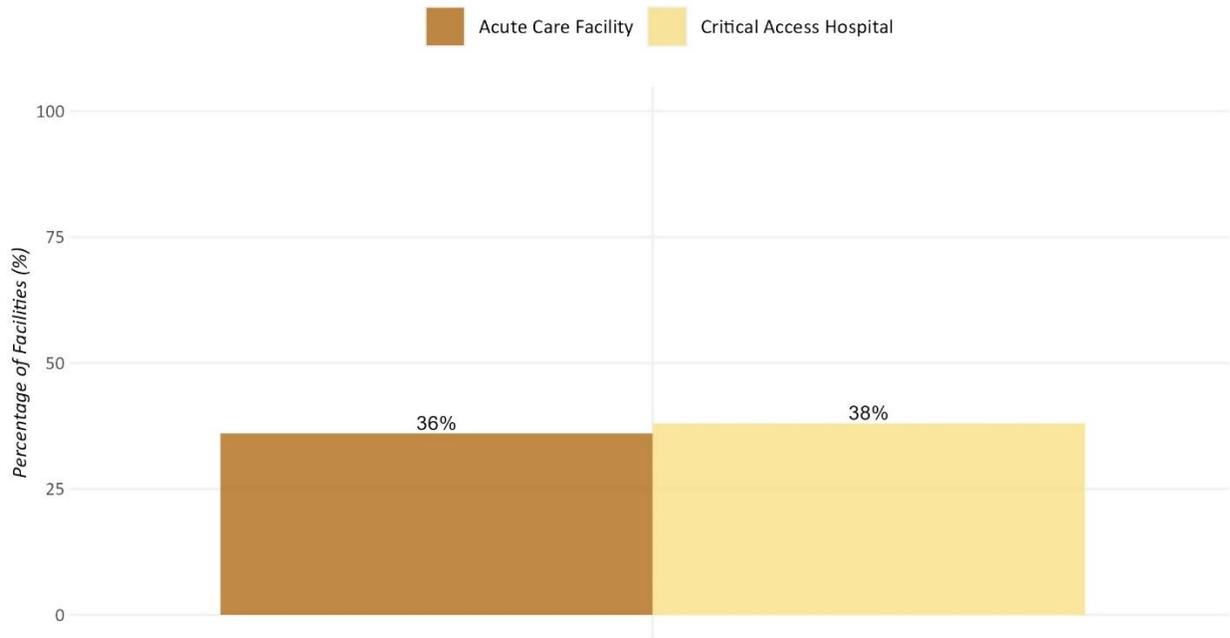
Facility provides information on antibiotic use, antibiotic resistance, and stewardship efforts to hospital staff

NHSN Annual Hospital Survey, 2022



Facility provides antibiotic use reports to prescribers at least annually

NHSN Annual Hospital Survey, 2022

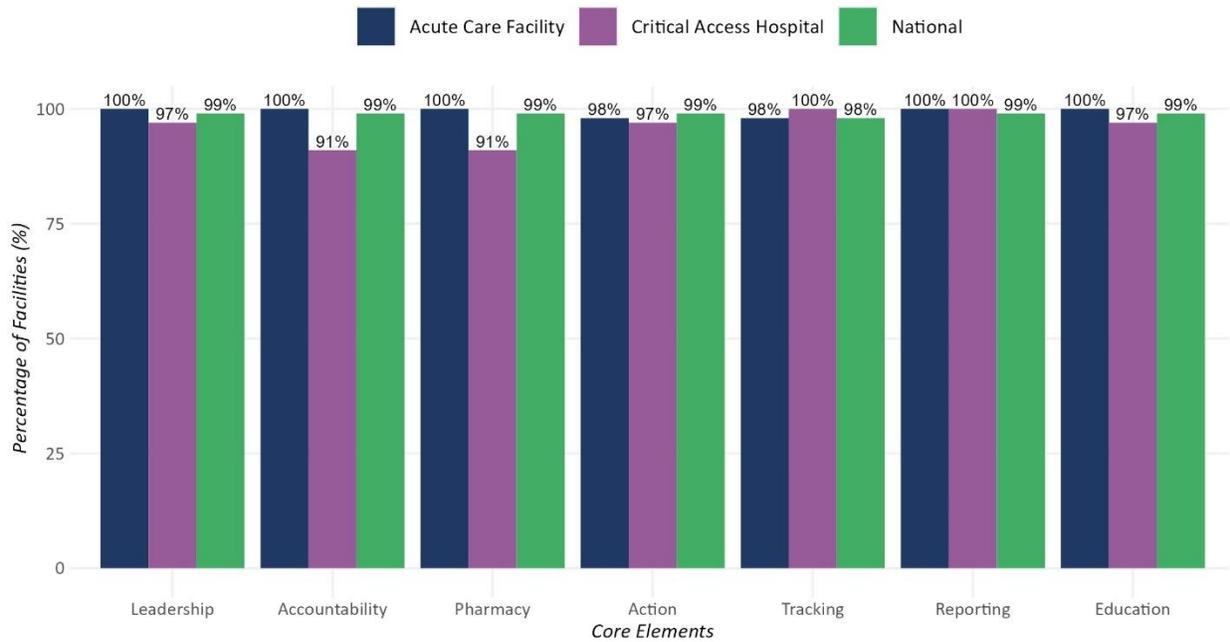


Core Elements for Acute Care Facilities and Critical Access Hospitals

In 2022, 98% (89/91 survey respondents) of all acute care facilities and CAHs in Washington reported meeting all seven of the Core Elements. This is compared to 97% nationally (National Data Source: [CDC's ARPS Portal](#)). To promote health and data equity, the data shown below are further broken down by critical access hospitals and acute care facilities and are compared to national data. A summary of recommendations for facilities and public health based upon these data are in the "Opportunities" section of this report. Note that the national averages shown in the graph are inclusive of all facility types.

Hospital Core Elements Adherence

NHSN Annual Hospital Survey, 2022



National Data received from CDC's Antimicrobial Resistance & Patient Safety Portal

Priorities for Hospital Core Element Implementation

In 2022, the CDC introduced the [Priorities for Hospital Core Elements](#). The Priorities are designed to continue enhancing hospital antibiotic stewardship programs. There are 6 Priorities identified, which are summarized below:

- **Hospital Leadership Commitment:**
 - Antibiotic stewardship physician and/or pharmacist leader(s) have antibiotic stewardship responsibilities in their contract, job description, or performance review.
- **Accountability:**
 - The antibiotic stewardship program is co-led by a physician and pharmacist.
 - For critical access hospitals, the CDC's Priorities document states that this criterion can be met if the hospital has a physician leader with a pharmacist involved in stewardship.
- **Pharmacy/Stewardship Expertise:**
 - The antibiotic stewardship physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship.
- **Action:**
 - The program has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit and feedback or preauthorization for

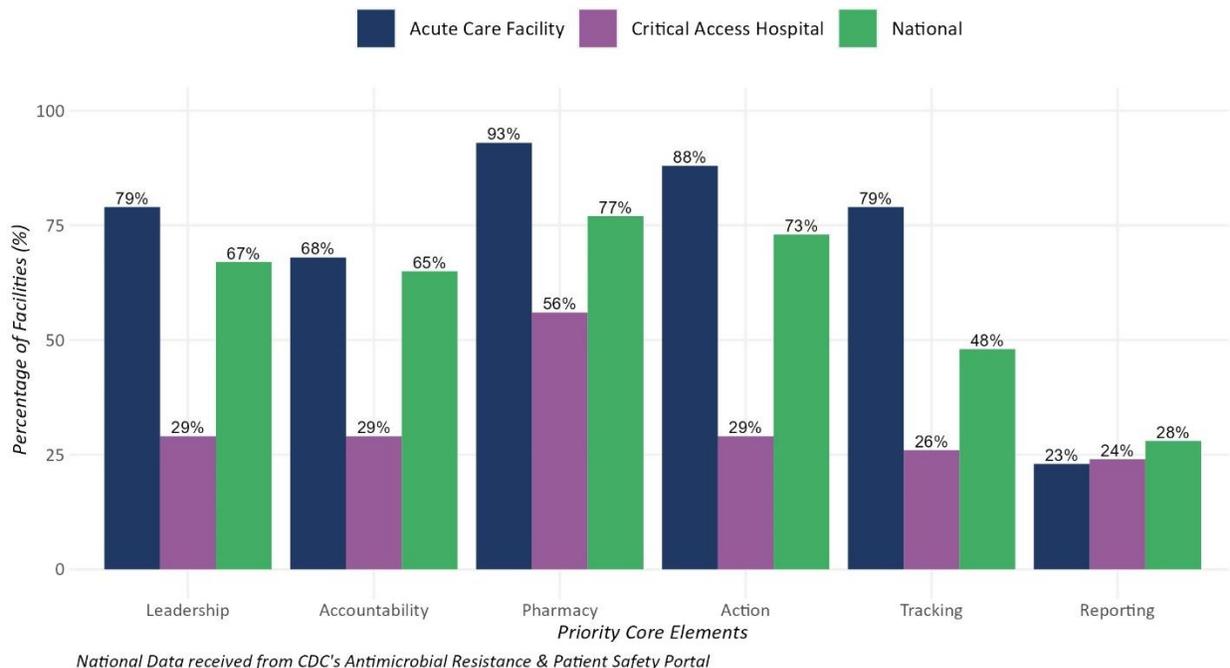
specific antibiotic agents.

- **Tracking:**
 - Hospital submits antibiotic use data to the NHSN Antimicrobial Use (AU) Option
- **Reporting:**
 - Prescriber, unit, or service-level antibiotic use reports are provided at least annually to target feedback to prescribers and the program monitors adherence to facility-specific treatment recommendations for at least one common clinical condition.

Approximately 9% (8/91 survey respondents) of all WA acute care facilities and CAHs reported implementing all 6 Priority Elements in 2022, compared to 10% of all acute care facilities in the US (National Data Source: [CDC ARPSP](#)). A summary of recommendations for facilities and public health based upon these data are in the “Opportunities” section of this report. Note that the national averages shown in the graph are inclusive of all facility types.

Priorities for Hospital Core Elements Implementation

NHSN Annual Hospital Survey, 2022



Opportunities

Public Health:

Raise awareness of the new Priority Elements, share relevant data in all applicable forums, provide direct technical assistance, and determine what support facilities need.

Acute Care Facilities:

Create facility-specific treatment recommendations, particularly for urinary tract infections and skin

infections. The [Core Elements of Hospital Antibiotic Stewardship Programs](#) recommend these to enhance the effectiveness of prospective audit and feedback and pre-authorization. The new Priority Core Elements should be a focus for stewardship programs in these settings.

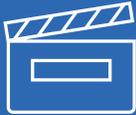
Critical Access Hospitals:

Implement co-leadership models where possible, create facility specific treatment recommendations based on national guidelines, implement prospective audit and feedback, and regularly provide information on antibiotic stewardship efforts in forums such as Pharmacy and Therapeutics Committee meetings. The new [Priorities for Hospital Core Elements](#) provides recommendations to assist small hospitals who are not able to implement a co-leadership model. Pre-authorization as a priority intervention is only performed in 9% of critical access hospitals. Pre-authorization processes require specialized expertise, which is not often present in this setting. Stewards in critical access hospitals frequently get to know their prescribers well due to the smaller size; therefore, focusing on prospective audit and feedback is recommended instead. Facilities can review and implement the new Priority Elements where possible.

Critical Access Hospitals have unique barriers that must be considered in public health stewardship efforts, including significant resource limitations, lack of specialized on-site physician expertise in-house, lack of on-site pharmacy expertise, high turnover, multiple competing priorities (e.g., one role may wear “many hats”), and financial barriers. Tele-stewardship models such as the University of Washington’s Centers for Stewardship in Medicine (UW-CSiM, formerly UW-TASP) help these hospitals access stewardship expertise.

Nursing Homes

Accomplishments



Action and Collaboration

- Started and led a 12-month nursing home antibiotic stewardship collaborative regularly attended by 17 nursing homes (ongoing until July 2024). This collaborative meets monthly, and participants are incentivized to implement an antibiotic stewardship initiative in their facilities.



Education and Communication

- Developed [an Antibiotic Stewardship Toolkit for Nursing Homes](#)
- Created the “[Medical Providers FAQs about Urinary Tract Infections \(UTIs\)](#)” document to address common drivers for inappropriate antibiotic prescribing for asymptomatic bacteriuria
- Hosted and co-presented a 4-part webinar series entitled “[Antimicrobial Stewardship of UTIs in the LTC Setting](#)” in partnership with the Washington State Society for Post-Acute and Long-Term Care Medicine. Live sessions were accredited for physicians and pharmacists.
- Created the “[Urine Polymerase Chain Reaction-Based \(PCR\) Testing Guidance](#)” document in partnership with the Washington State Society for Post-Acute and Long-Term Care Medicine to educate facilities and clinicians about pitfalls of using PCR to diagnose UTI
- Created the “[Communicating with Residents and Families About Antibiotics](#)” continuing education module based upon the [CDC’s new 4-Part Communication Strategy](#)



Tracking and Reporting

- Analyzed and reported in all relevant forums NHSN nursing homes annual survey data applicable to antimicrobial stewardship.

- Performed and analyzed a survey of nursing homes in WA to validate their AMS programs and tailor program activities.
- Created a days of antibiotic therapy monthly survey for nursing homes participating in the antibiotic stewardship collaborative with reports provided back to facilities so they can compare themselves to others.

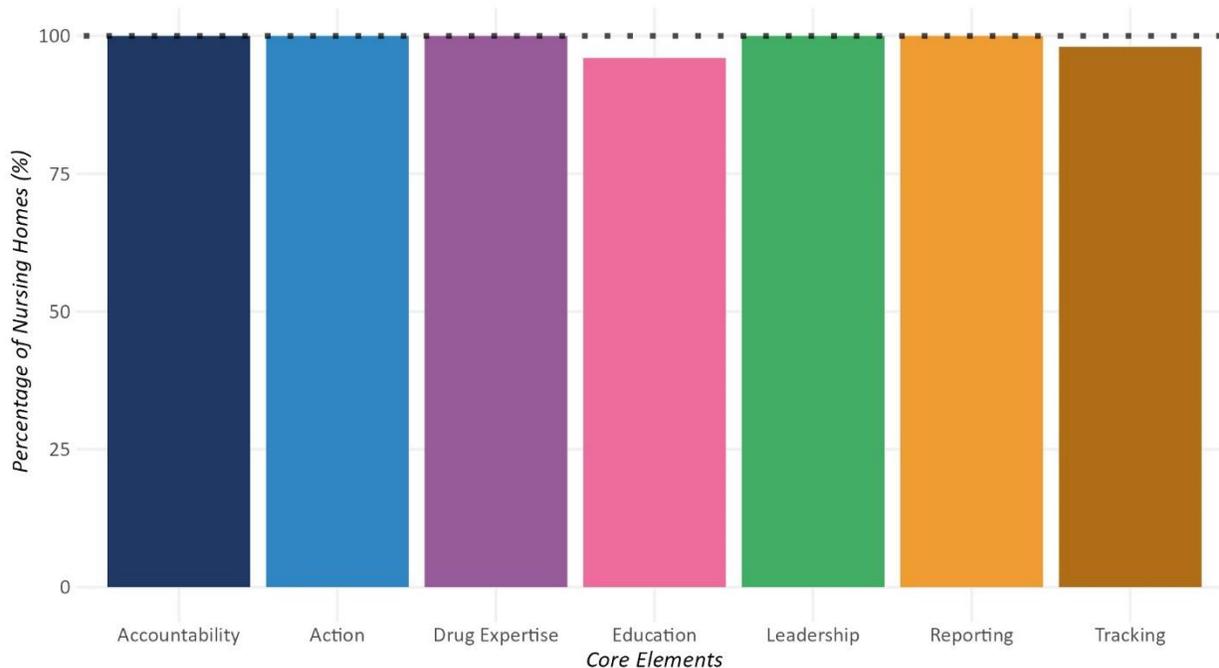
Core Elements for Nursing Homes

The NHSN Long Term Care Facility Component – Annual Facility Survey is a voluntary survey that is to be completed by March 1st annually. The stewardship-focused questions contained in the survey are based upon the [CDC’s Core Elements of Antibiotic Stewardship for Nursing Homes](#).

Among the almost 25% of Washington nursing homes that completed the Annual Facility Survey in 2022, 95% reported meeting the Core Elements, as compared to 83% nationally (National Data Source: [CDC’s ARPSP Portal](#)). Voluntary reporters may not accurately reflect actual practices in Washington nursing homes. A summary of recommendations for nursing homes and public health based upon these data are in the “Opportunities” section of this report.

Percentage of Nursing Homes Meeting Core Elements

NHSN Long Term Care Facility Component Annual Facility Survey, 2022



WA DOH's Validation Survey of Nursing Home Stewardship Programs

Almost 25% of nursing homes in WA complete the NHSN Annual Survey. To supplement the limited information available, a survey was conducted of all nursing homes in Washington State.

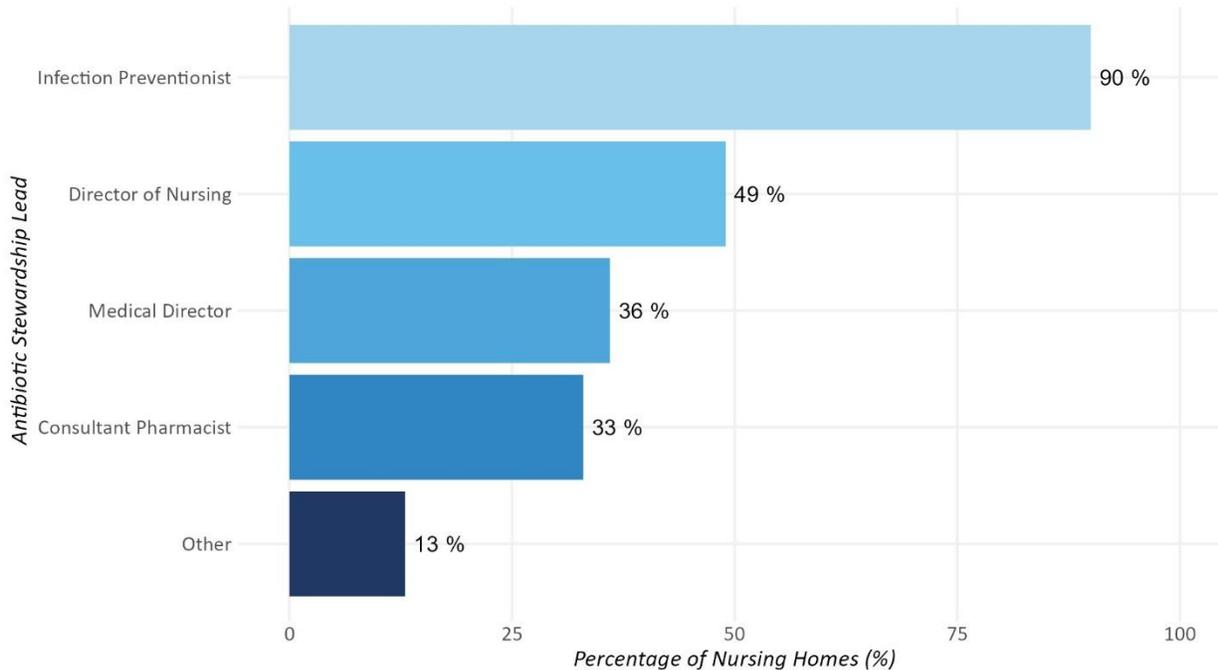
This survey was conducted between February 15th, 2022, and May 2nd, 2023. A total of 101 Washington State nursing homes out of 198 contacted (51%) responded to this survey. Of the facilities that responded:

- 16% were affiliated with a hospital
- 17% had fewer than 50 beds in their facility
- 43% had between 50 and 99 beds
- 40% had more than 100 beds

Seventy-three percent of the respondents were infection preventionists. The questions asked were detailed and based upon the [CDC's Core Elements of Antibiotic Stewardship for Nursing Homes](#). Applicable data from the survey are shown below.

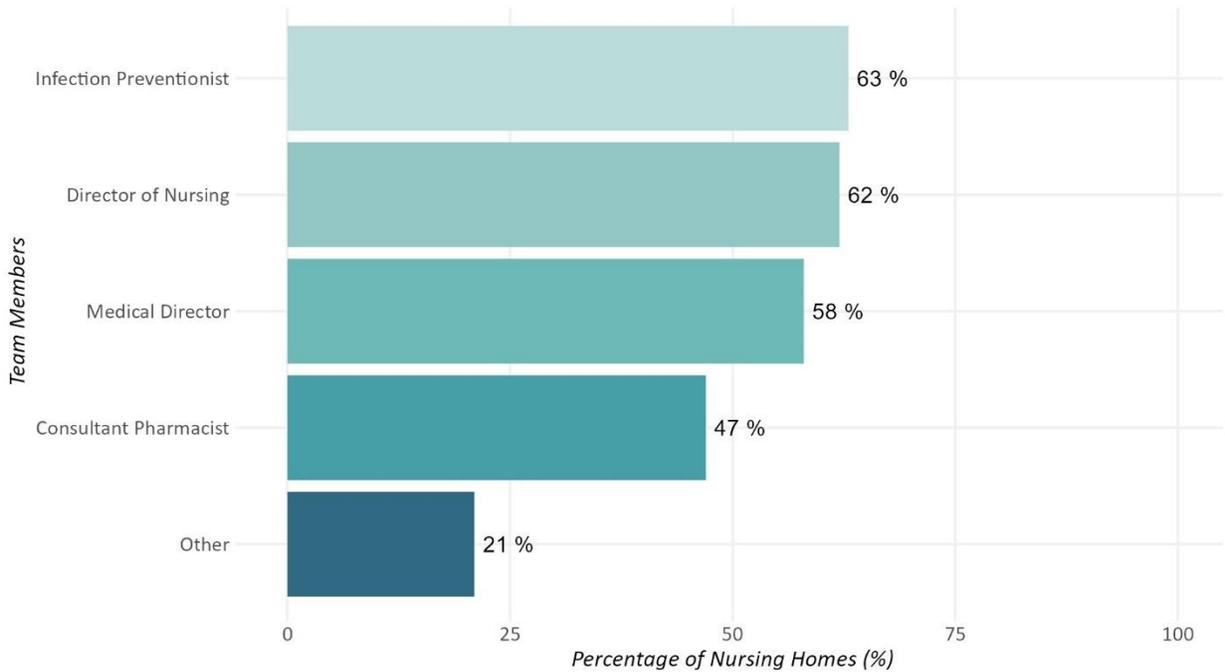
Leadership & Co-Leadership of AMS Teams in Nursing Homes

WA DOH's Validation Survey of Nursing Home Stewardship Programs, 2022-2023



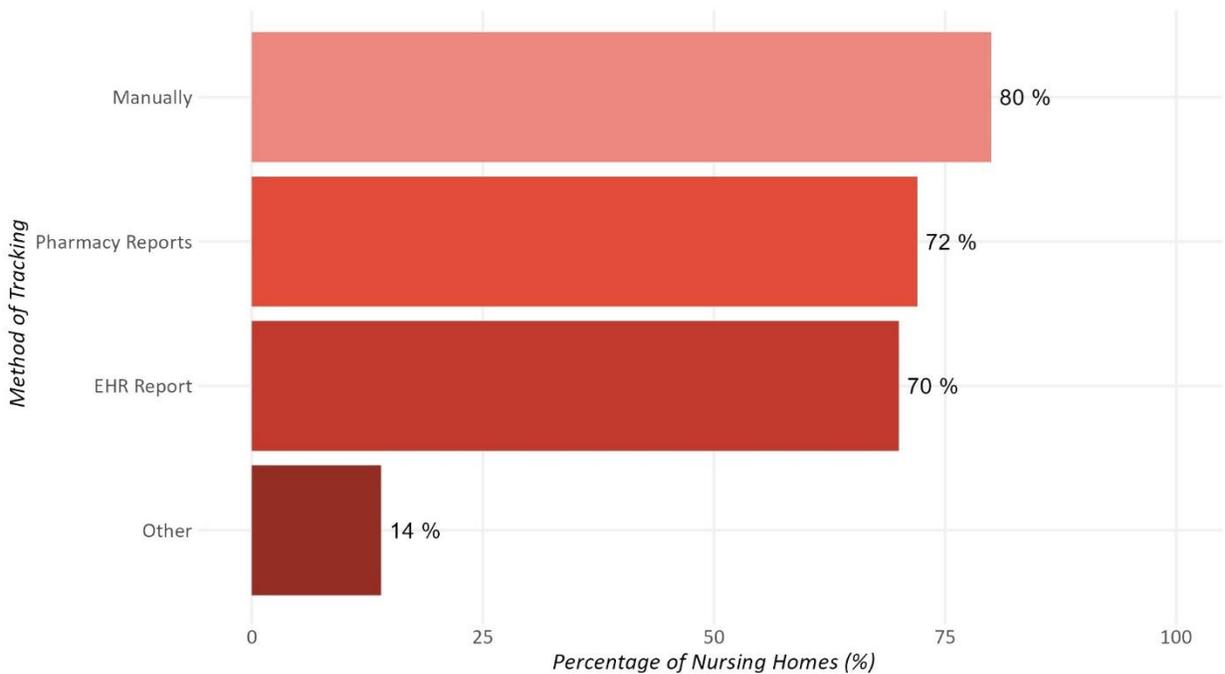
Stewardship Team Composition in Nursing Homes

WA DOH's Validation Survey of Nursing Home Stewardship Programs, 2022-2023



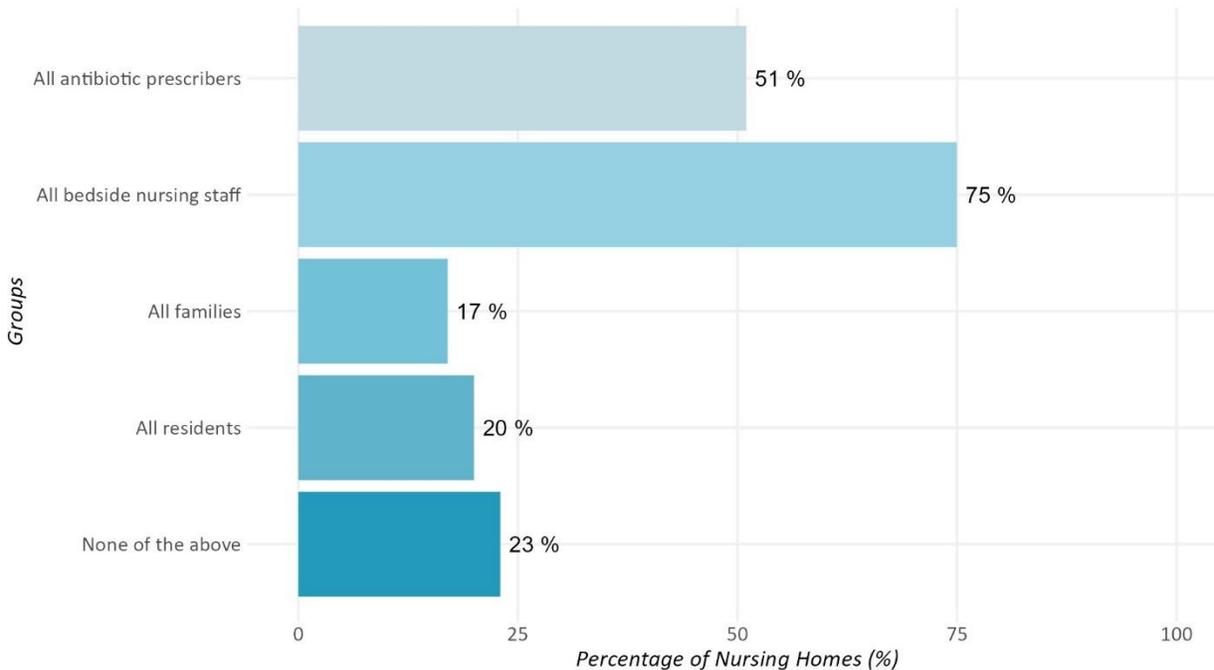
Methods Nursing Homes Use to Track Antibiotic Use

WA DOH's Validation Survey of Nursing Home Stewardship Programs, 2022-2023



Groups That Nursing Homes Provided AMS Education to During the Previous Year

WA DOH's Validation Survey of Nursing Home Stewardship Programs, 2022-2023



Opportunities

Public Health:

Promotion of the Annual Survey in all relevant forums will continue to be a priority for the stewardship team. Our team plans to recruit a new cohort of skilled nursing facilities for the LTC AMS collaborative during 2024-2025 to continue to meet the needs that were identified in our survey. Nursing homes have unique barriers that must be considered in public health stewardship efforts. These include significant resource limitations, lack of specialized physician expertise, lack of on-site pharmacy expertise, high turnover, multiple competing priorities, no dedicated stewardship personnel, and financial barriers. Intensive support strategies are needed to ensure continued stewardship success in this area.

Nursing Homes:

Significant gaps are identified in the implementation of best practice co-leadership models (director of nursing, consultant pharmacist, and medical director) and the provision of education to prescribers, residents, and family members. Strategies and tools to support facilities with these stewardship strategies are available [in our toolkit](#) and [on our website](#).

Outpatient Settings

The term “outpatient settings” is defined as all outpatient healthcare settings where antibiotics are prescribed and dispensed. This includes urgent care clinics, primary care clinics, dental clinics, outpatient pharmacies, and dialysis centers.

Accomplishments



Action and Collaboration

- Implemented a quality improvement project using SmartRx, a medication prescribing clinical decision support tool, in The Polyclinic and The Everett Clinic outpatient primary care medical clinics (ongoing) with plans to assess changes in antibiotic prescribing with use of SmartRx.



Education and Communication

- Created the “[Prescribing Appropriate Antibiotics for Acute Respiratory Conditions \(PAAARC\) Toolkit](#),” which serves as guidance for implementing antimicrobial stewardship interventions surrounding acute respiratory conditions in outpatient clinic settings.
- Developed and mailed an “Antibiotic Awareness” insert in English and Spanish to parents of young children as part of “Watch Me Grow” mailings.
- Created new subpages of the WA DOH AMS website for [dental](#) and [outpatient clinics](#)
- Created the “[Antimicrobial Stewardship Quality Measures for Healthcare Professionals in Select Outpatient Settings](#)” document.
- Partnered with Project Firstline to create a [3-part AMS podcast miniseries](#)
- Posted respiratory virus season messaging on WA DOH social media pages 2 to 3 times weekly (ongoing throughout respiratory virus season).
- Created “[Best Practices for Creating Local AMS Clinical Practice Guidelines](#)” document in partnership with the University of Washington’s Centers for Stewardship in Medicine.
- Identified the top 10th percentile of Medicare Part D antibiotic prescribers (by specialty and rate) in 2021 and sent 1,092 high prescriber letters with stewardship educational inserts.



Tracking and Reporting

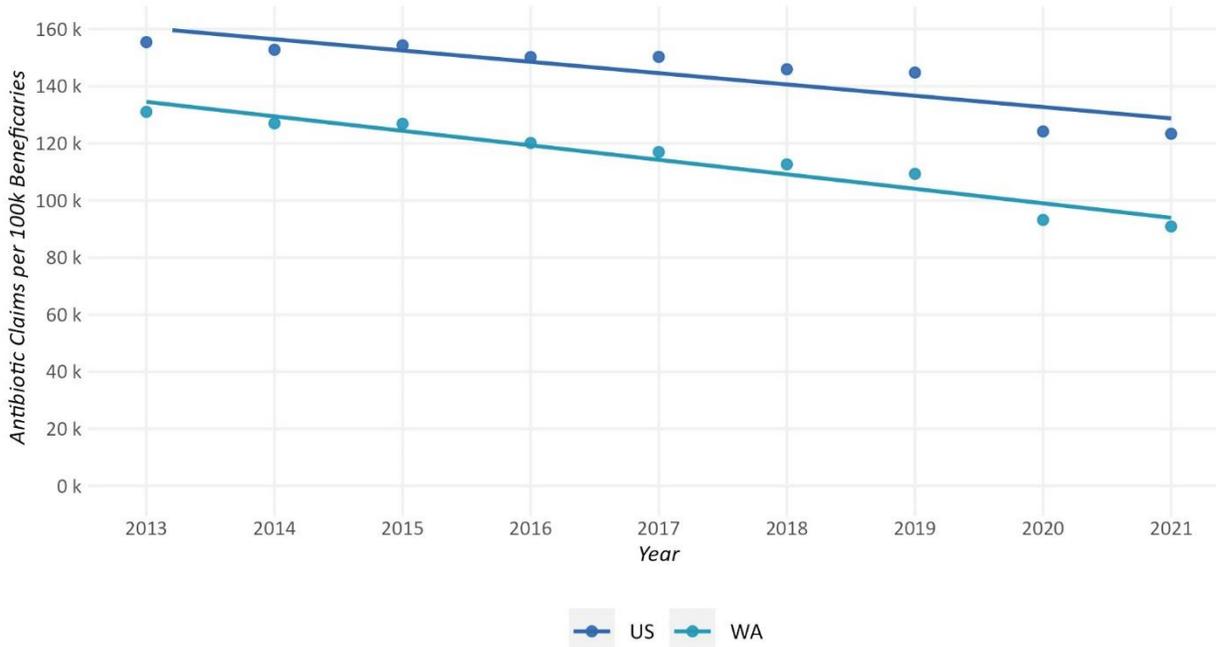
- Analyzed Medicare Part D data to guide future interventions.

Medicare Part D Analyses

Detailed and in-depth analyses focused on high prescribers, overall antibiotic claims, and fluoroquinolones were performed utilizing the Medicare Part D dataset. Washington was noted to have fewer antibiotic claims per 100,000 Medicare Part D beneficiaries than the national average. This trend applies both overall and to fluoroquinolones specifically. A summary of recommendations for outpatient settings and public health based upon these data are in the “Opportunities” section of this report.

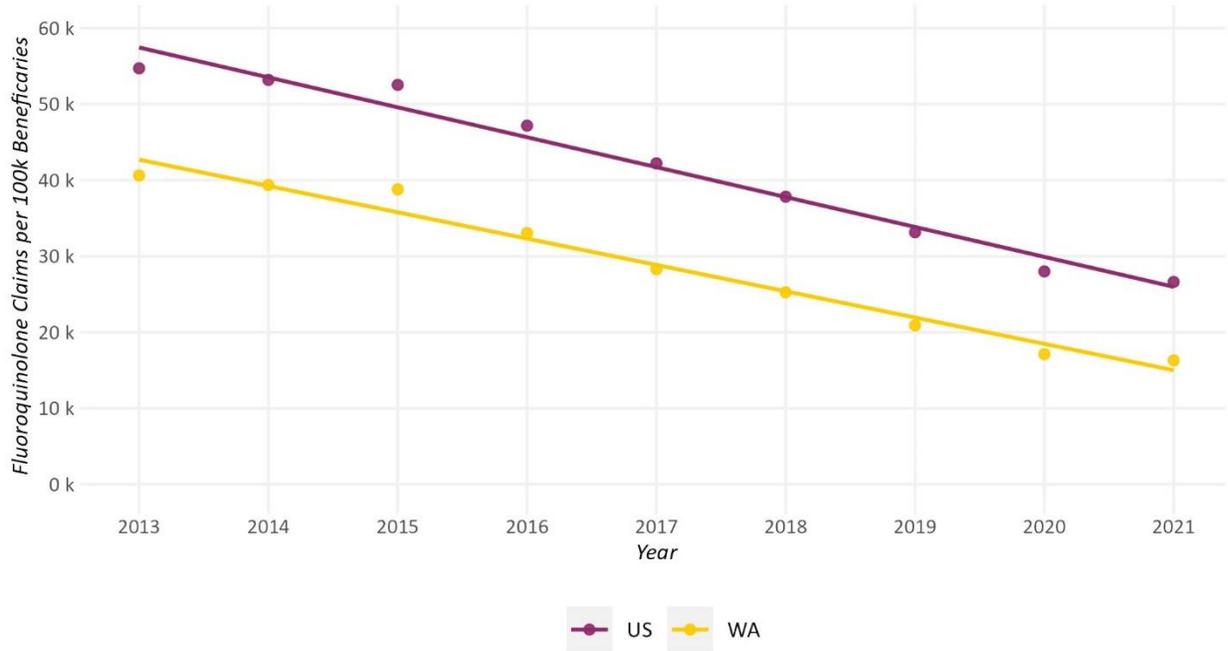
Antibiotic Claims per 100,000 Medicare Part D Beneficiaries

Washington State and the United States, 2013-2021



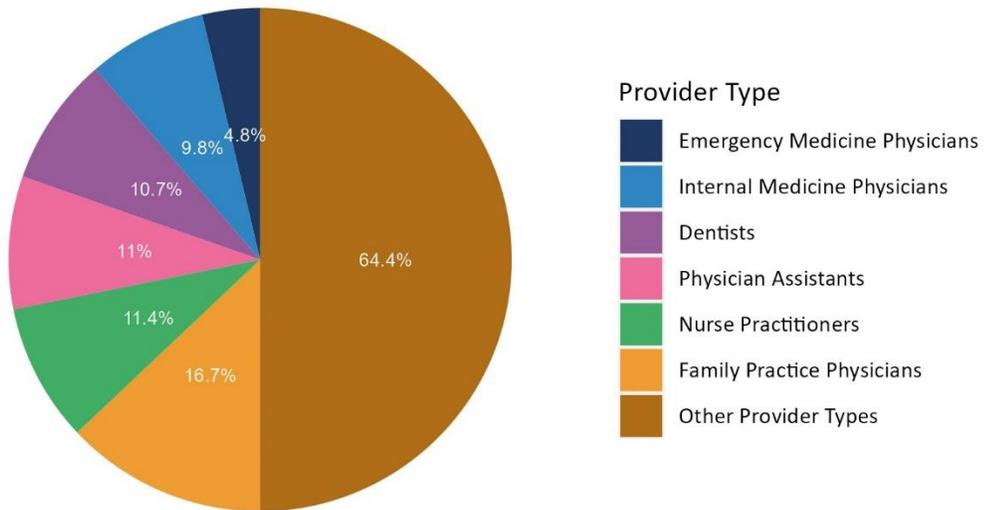
Fluoroquinolone Claims per 100,000 Medicare Part D Beneficiaries

Washington State and the United States, 2013-2021



Percentage of Antibiotic Claims Written by Provider Type

Medicare Part D Beneficiaries, WA 2021



Opportunities

Public Health:

Family medicine physicians prescribe the highest percentage of antibiotic claims, followed by nurse practitioners and physician assistants. There are opportunities for specific outreach and partnership with these groups to further understand drivers and facilitators of antibiotic use.

Barriers to be considered in support strategies for these settings include lack of detailed data regarding site of practice and specialty for nurse practitioners and physicians' assistants, significant resource limitations, lack of specialized on-site physician expertise in-house, no standardized data collection process to assess Core Elements compliance, lack of on-site pharmacy expertise, and financial barriers.

Outpatient Clinics:

Perform a gap analysis based upon the [CDC's Core Elements of Outpatient Antibiotic Stewardship](#) to assess for areas of opportunity.

One Health Efforts

“One Health” is an approach that recognizes that the health of people is closely connected to the health of animals and our shared environment. Antibiotic use anywhere, whether in humans, pets, animals raised for food, or on agricultural crops, contributes to the global burden of antimicrobial resistance.

Accomplishments



Action and Collaboration

- Received input from a wide variety of experts and partners for planning a statewide One Health collaborative to combat antimicrobial resistance. The collaborative began in early 2024.
- Provided funding to Washington Animal Disease Diagnostic Laboratory to increase the number of carbapenem antibiotics on bacterial susceptibility testing. Goal is to increase sensitivity for identifying carbapenem resistant organisms, a targeted multidrug resistant organism in Washington.
- With funding from the WA DOH Epidemiology and Laboratory Capacity (ELC) Foodborne Center of Excellence and in partnership with the University of Washington’s Center for One Health Research, surveyed veterinarians about antibiotic resistance and prescribing practices.



Education and Communication

- In partnership with our state public health veterinarian, Washington Animal Disease Diagnostic Laboratory, University of Washington Center for One Health Research, and Washington Veterinary Medical Association, we developed a poster and pocket card to guide small animal veterinarians in judicious antibiotic prescribing for common animal illnesses. These tools will be disseminated to WSU’s veterinary students and subsequently, we will assess usefulness as reported by students.



Tracking and Reporting

- We collaborate with the University of Washington Center for One Health Research on the Washington Integrated Surveillance for Antimicrobial Resistance, a multi-species antibiotic resistance database.

Antibiotic Awareness Week 2023

According to results of the 2022 NHSN Patient Safety Hospital Survey, only 29% (25/87 survey respondents) of all acute care facilities and CAHs reported having a process to assess and clarify penicillin allergies. This is below the 2021 national average of 49%.¹ To promote further uptake of this best practice, our team chose to focus on this topic for Antibiotic Awareness Week 2023.

*26% (9/35 survey respondents) of CAHs and 31% (16/52 survey respondents) of all other acute care facility types

Accomplishments



Education and Communication

- Created [a podcast mini-series focused on penicillin allergies](#) in partnership with Project Firstline.
- Created brand-new patient education handouts focused on penicillin allergies ([located here](#)).
- Launched a [new subpage of the WA DOH AMS website](#) focused on resources for penicillin allergy delabeling.
- Hosted and co-presented a four-part, short, pre-recorded webinar series focused on implementation of penicillin allergy delabeling ([located here](#)).
- Posted penicillin allergy education posts for patients on WA DOH's social media pages.
- Presented on the general topic of antimicrobial stewardship to local Association for Professionals in Infection Control and Epidemiology (APIC) chapter and to local health jurisdictions .



Tracking and Reporting

- Reviewed the Patient Safety Component of the 2022 NHSN Annual Hospital Survey to determine the percentage of facilities who had a process to assess and clarify penicillin allergies.

References

1. O'Leary EN, Neuhauser MM, McLees A, Paek M, Tappe J, Srinivasan A. An Update from the National Healthcare Safety Network on Hospital Antibiotic Stewardship Programs in the United States, 2014-2021. Open Forum Infectious Diseases. 2024;11(2). doi: <https://doi.org/10.1093/ofid/ofad684>



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