

January 21st, 2020

Announcements

• 2nd TASP Conference, Tuesday 4/28/20



January 21st, 2020

Agenda

- Didactic: Core Elements Update
- Case Discussions
- Open Discussion

• 2014:

- CDC sets expectation that all hospitals establish ASPs
- CDC 7 Core Elements published to help achieve this goal
- 41% of US hospitals met all Core Elements

2015:

- The United States National Action Plan for Combating Antibiotic Resistant Bacteria
- The Core Elements of Antibiotic Stewardship for Nursing Homes

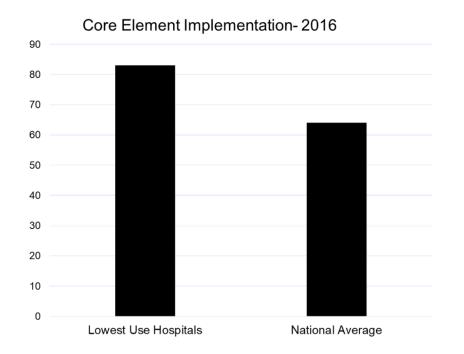
2016:

- National Quality Partners Playbook: Antibiotic Stewardship in Acute Care
- Core Elements of Outpatient Stewardship



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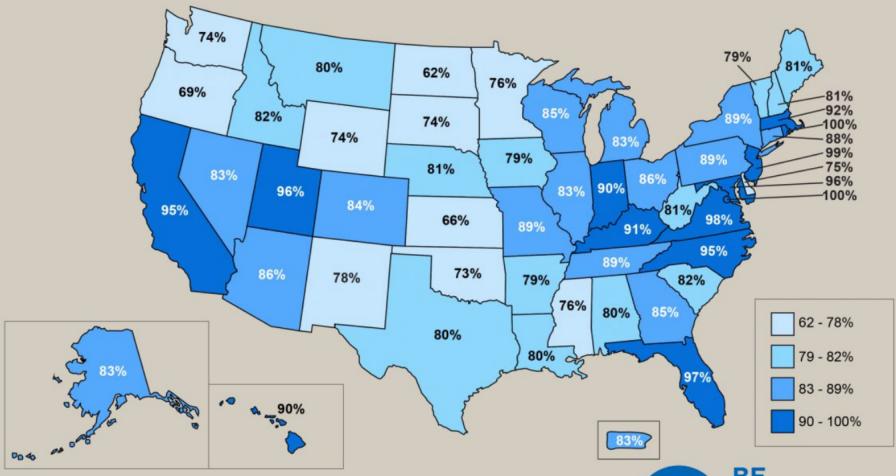
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• 2017:

- Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals published
- The Joint Commission and DNV require ASPs in acute care hospitals, critical access hospitals and nursing care centers

Percentage of Hospitals Meeting all 7 Core Elements of Hospital Antibiotic Stewardship Programs* by State, 2018

Nationally, 84.8% of hospitals have met all 7 Core Elements (4,233 of 4,989); the national goal is 100% of hospitals by 2020.



*More information on CDC's Core Elements of Hospital Antibiotic Stewardship Programs can be found at:

https://www.cdc.gov/antibiotic-use/core-elements/hospital.htm

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



- 2018: Core Elements of Human Antibiotic Stewardship Programs in Resource-Limited Settings
- 2019:
 - CMS Conditions of Participation updated to require all hospitals receiving Medicare funds to have an ASP based on Core Elements (by March 30th, 2020)
 - Core Elements for Hospital Antibiotic Stewardship Programs Update published



2014 Core Elements

- Leadership commitment
- Accountability
- Drug expertise
- Action
- Tracking
- Reporting
- Education



 Leadership commitment: Dedicate necessary human, financial and information technology resources



- Leadership commitment
- Accountability: Single leader for program outcomes. A physician leader is effective



- Leadership commitment
- Accountability
- Drug expertise: Single pharmacist leader working to improve antibiotic use



- Leadership commitment
- Accountability
- Drug expertise
- Action:Implement at least one recommended action



- Leadership commitment
- Accountability
- Drug expertise
- Action
- Tracking: Monitor process measures, impact to patients, antibiotic use, and resistance



- Leadership commitment
- Accountability
- Drug expertise
- Action
- Tracking
- Reporting: Report the tracking information regularly to doctors, nurses and relevant staff



- Leadership commitment
- Accountability
- Drug expertise
- Action
- Tracking
- Reporting
- Education: Educate clinicians about disease state management, resistance and optimal prescribing



Changes to CE 1-3



Leadership Commitment: Priority examples including dedicated time and resources to operate effectively and reporting to administration



Accountability: Highlights the effectiveness of physician and pharmacy co-leadership (59% of hospitals in 2019 NHSN survey)



Pharmacy expertise



Changes to CE 4 and 5



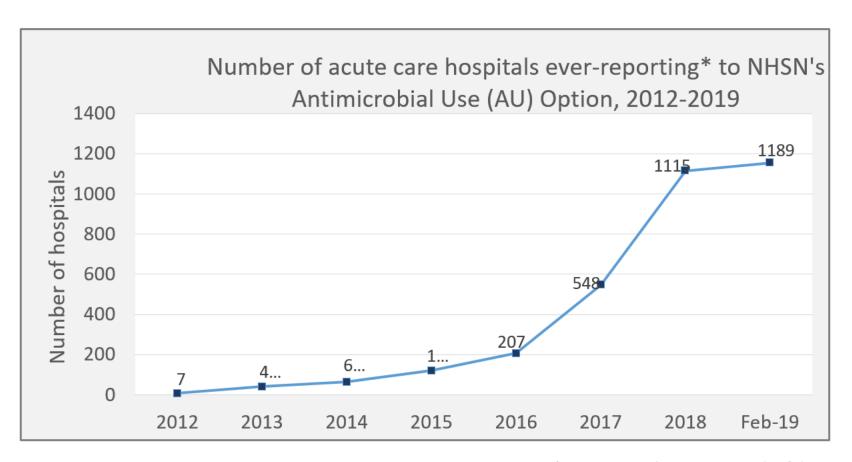
Action: Focus on <u>priority</u> activities, like prospective A&F, pre-authorization, facility-specific treatment recommendations (UTI, PNA, SSTI) and nursing action



Tracking: NHSN AU module, prioritize process measures to reflect actions



NHSN AU Reporting







Changes to CE 6 and 7



Reporting: Provide information on use and resistance to prescribers, pharmacists, nurses and hospital leadership



Education: Prospective A&F/handshake stewardship = education, include nurses



Update complete.

Questions?

