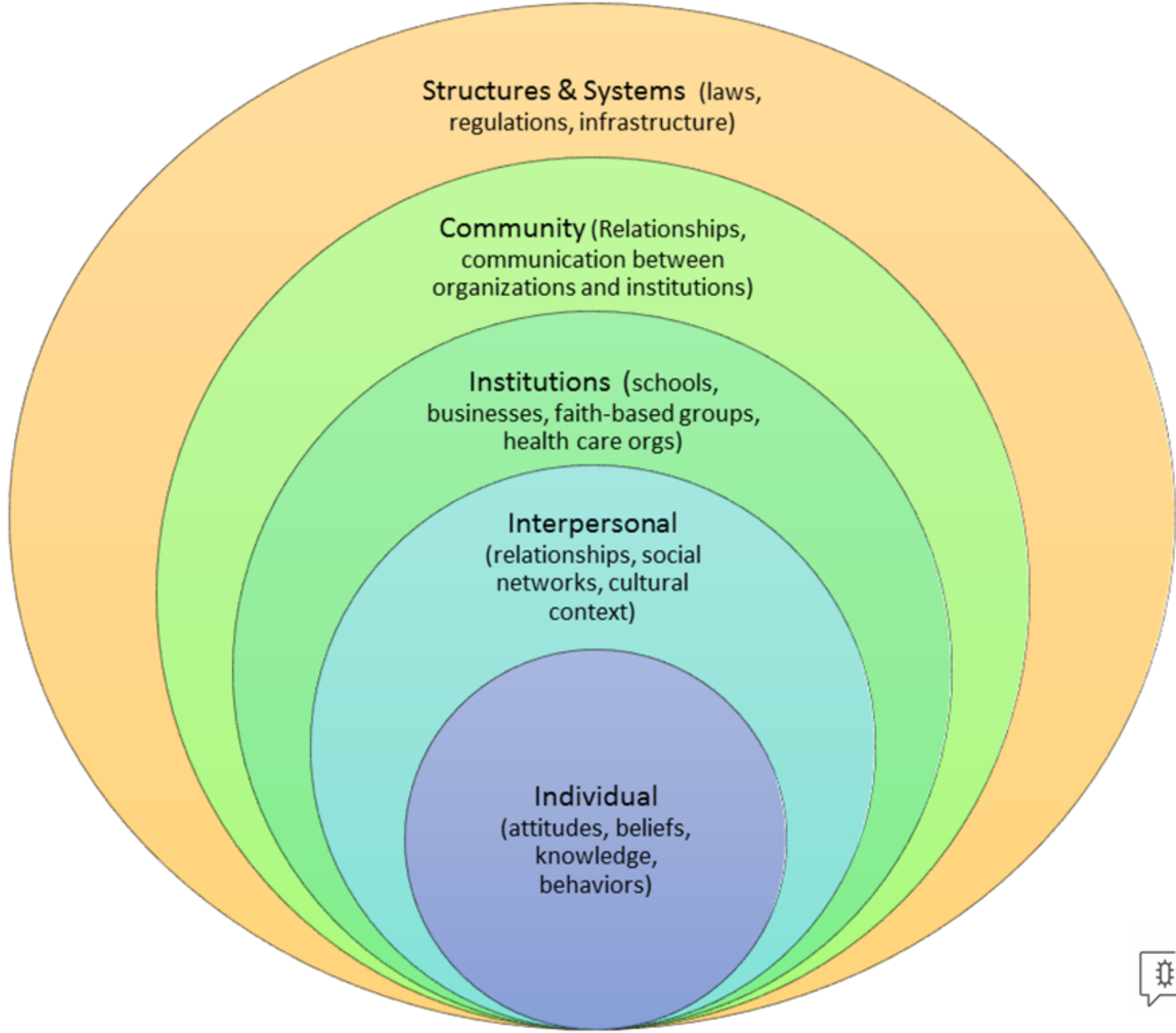




July 20, 2021

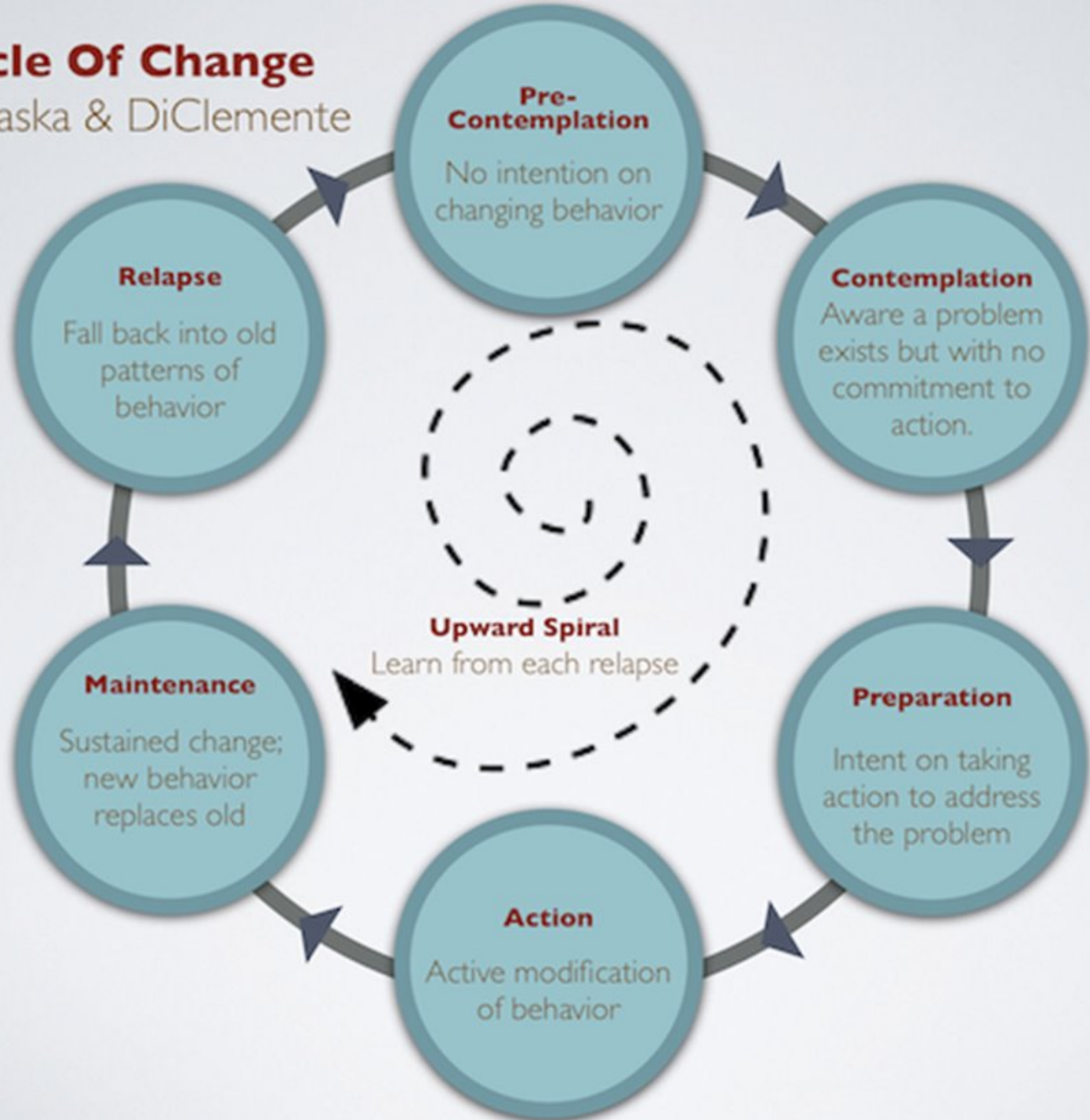
Agenda

- **Changing Behavior: Handshake Stewardship**
- Case Discussions
- Open Discussion

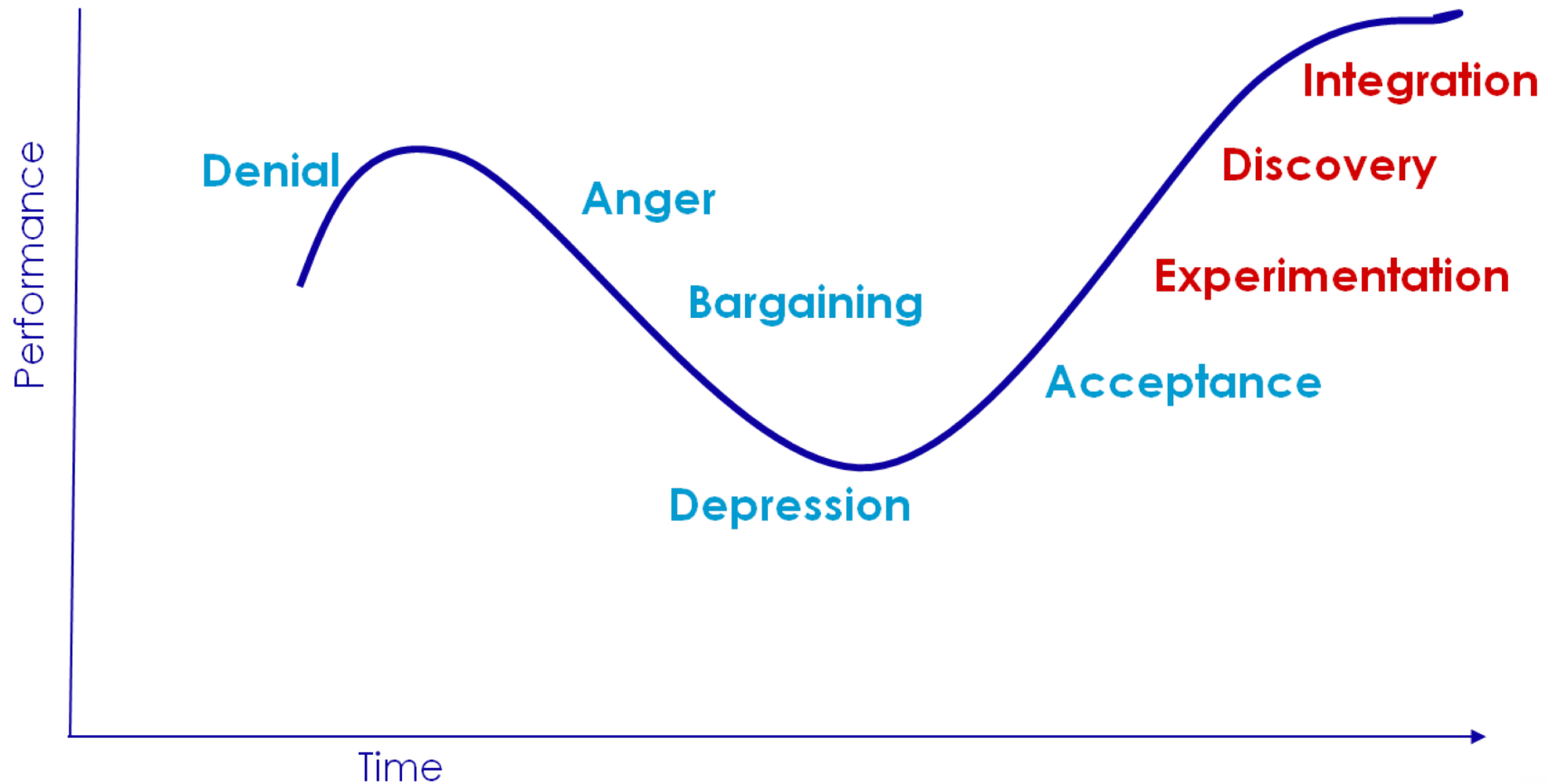


Cycle Of Change

Prochaska & DiClemente



Getting to Change



“Buy-in”

- To believe in and support an idea, concept, or system
- To agree with; to accept an idea as worthwhile
- *Change management*



Influences That Impact Physician Decision Making

- 80% of physicians feel that they have "little influence on the direction of healthcare"
- Half of all medical information is replaced every 5 years
- New information/data/interventions
- Loss of autonomy
- Habits
- Skepticism (and sometimes fear)



What Do Physicians Want?

- Autonomy
- Mastery
- Efficiency
- Good outcomes



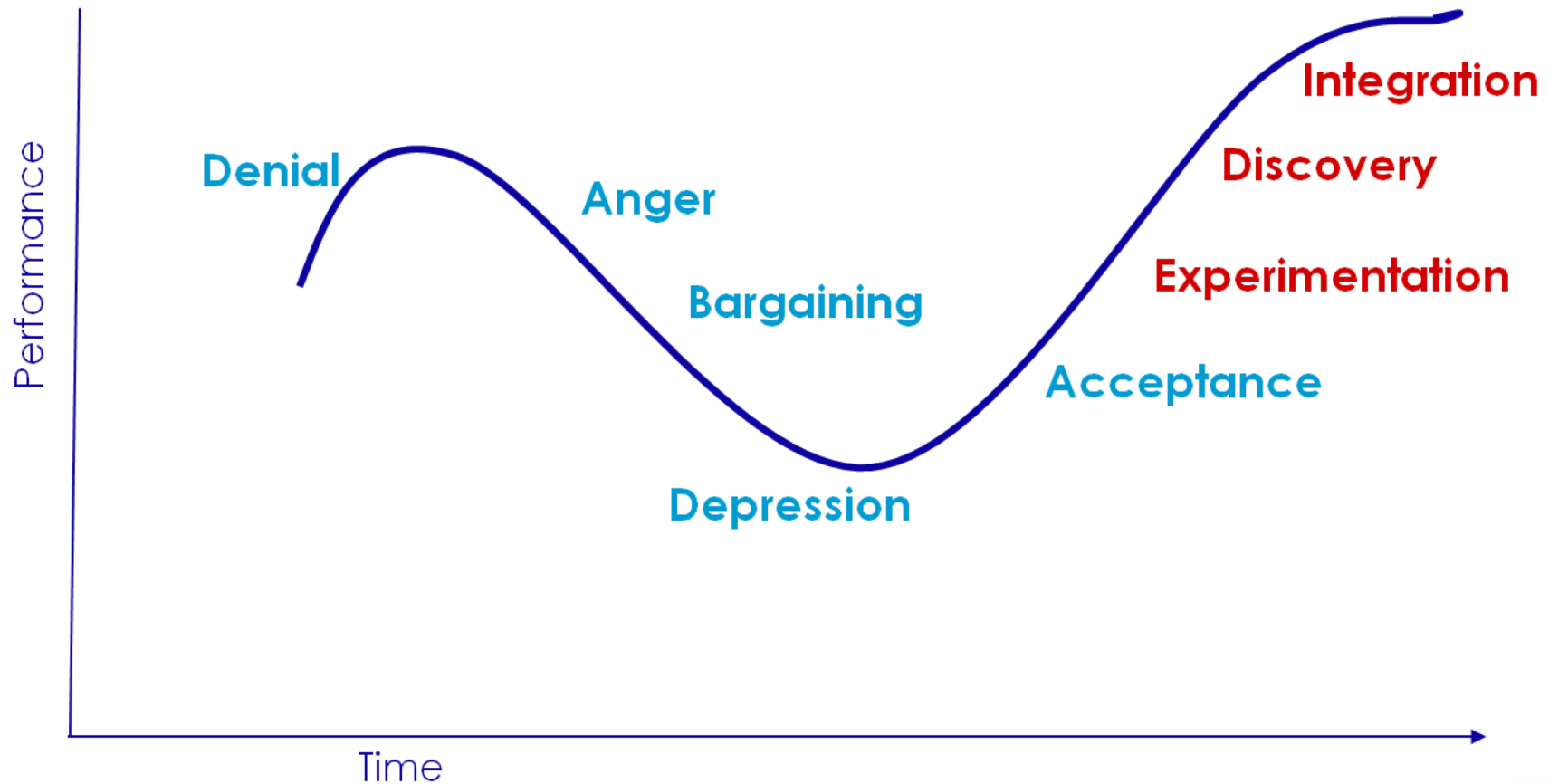
What Influences Physician Behavior?

- Data (usually)
- Ease of use
- Peers (esp. influential ones)
- Outcomes

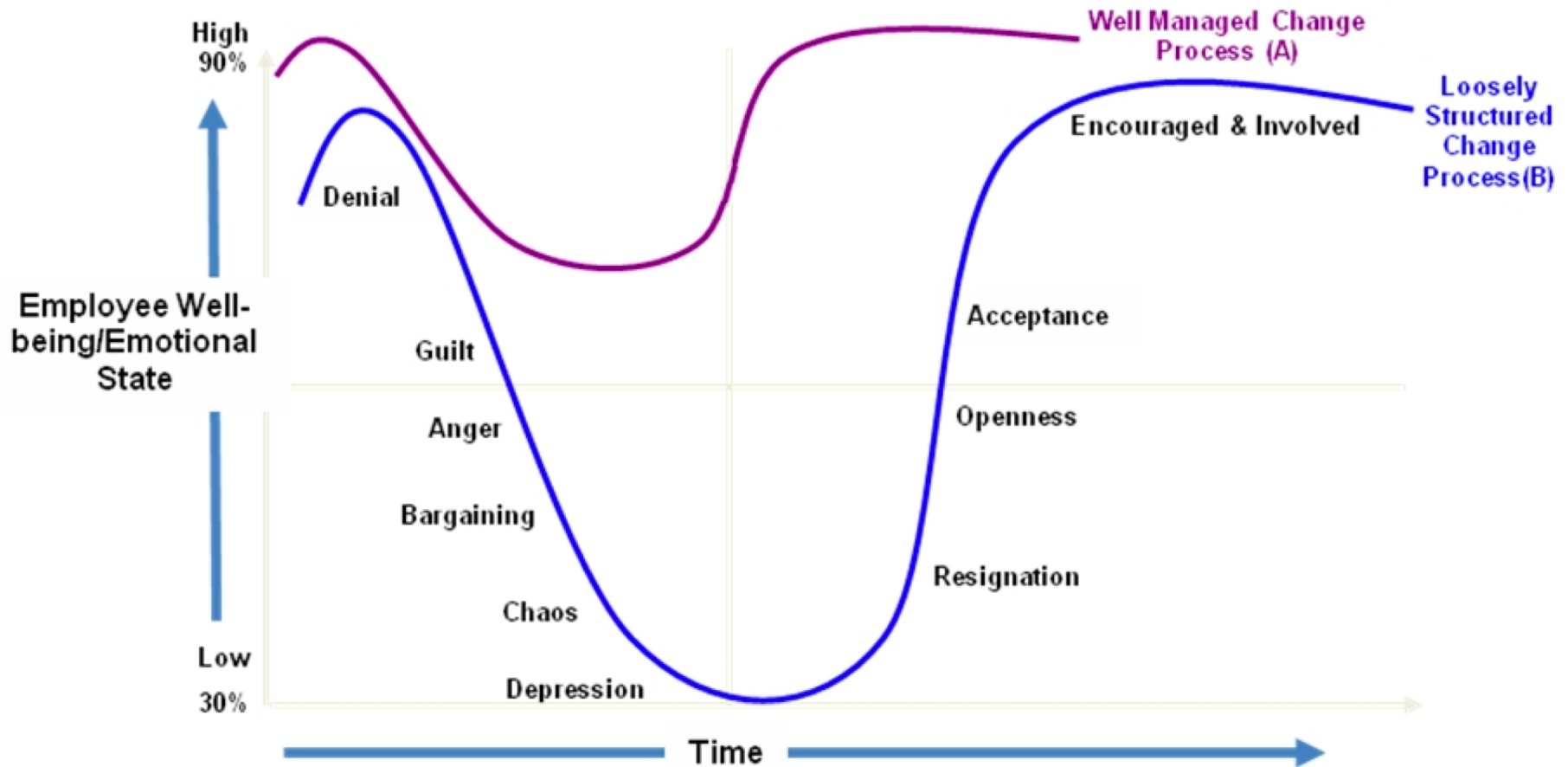
 **The heart and the head**



Getting to Change



Getting to Change



What is Handshake Stewardship

- 2016 - "handshake stewardship" introduced by the AS team from Childrens Hospital Colorado

Distinguished by:

- lack of restriction and preauthorization AND
- review of all prescribed antimicrobials AND
- in-person, rounding feedback delivered by a pharmacist–physician team



Audience Response

- How many of you are doing handshake stewardship?
 - 1) Yes, exactly like that definition
 - 2) Yes, a modified version
 - 3) No



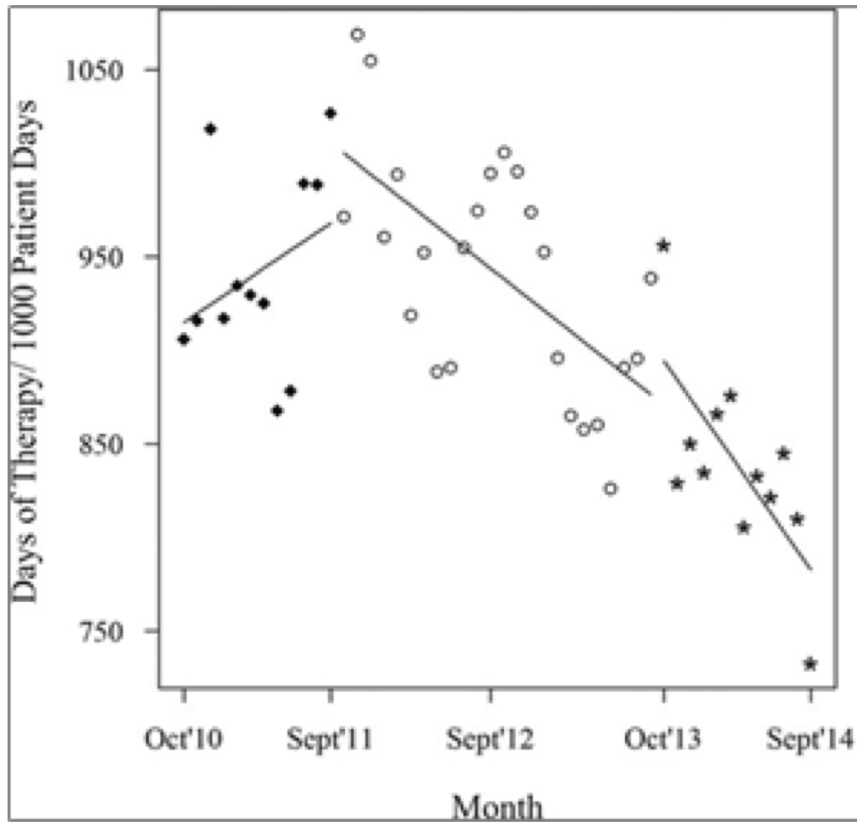
Handshake Stewardship

- Childrens Hospital Colorado AS Model:
 - 444 bed, teaching hospital (130 are ICU beds)
 - AS Team: 1 pharmacist and 1 physician
 - 1 hour/steward/day: Review customized antimicrobial report including antimicrobial information, team, attending
 - Identify interventions
 - 1-2 hours/steward/day: Jointly communicate recs in-person to providers on the units during clinical rounds and elicit questions
 - Locate all teams, even if there are no specific interventions
 - Initially 3 times per week -> 5 times per week

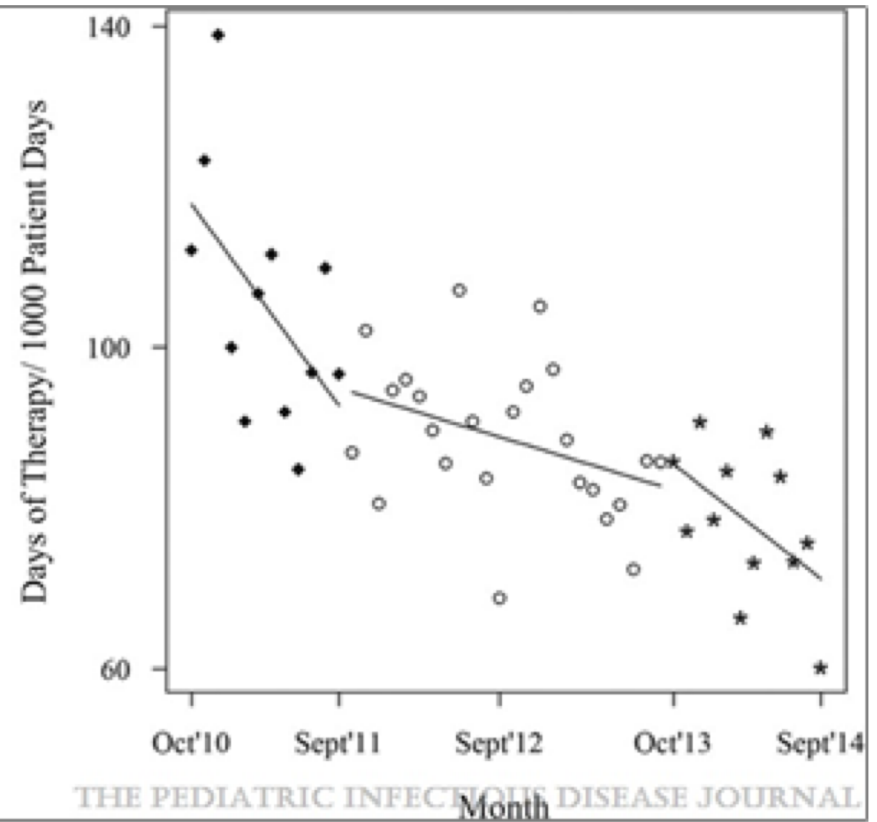


Handshake Stewardship

All Antibiotics



Vancomycin



THE PEDIATRIC INFECTIOUS DISEASE JOURNAL



Data on Interventions

19 months of study

10% of interventions involved uncommonly reviewed abx in ASPs

Pharmacist was alone rounding 25% of the time

-Acceptance rates similar

-With the physician, more interventions were done (education and ID consult)

-Without the physician, more change to cost-effective regimen, escalation of therapy, and increase duration or dose

INTERVENTION	NO. OF INTERVENTIONS (%)	PERCENT ACCEPTED
D/C or de-escalation	1508 (49)	78%
Education	741 (24)	97%
Prolong duration/escalation	544 (18)	88%
Intervention based on test	187 (6)	90%
Intervention based on toxicity/cost	98 (3)	89%



Leading Practices in AS

- TJC & Pew Charitable Trusts Joint Conference 2019
- Highlighted 2 practices to go beyond current AS work (PAF, institutional guidelines)
 - Diagnostic Stewardship
 - Handshake Stewardship



Handshake Stewardship in a Pandemic

The Challenges

- Loss of previously established relationships & trust
- Loss of educational opportunities for the team
- Stewards pulled to steward COVID too

The Benefits

- More flexible
- Potentially more efficient
- Parts of this model are sure to stay



**Would love to hear your
experience with
handshake stewardship**

