

September 28, 2023

IQIC 201 Session 1

Agenda:

- Reflect on IQIC 101
- Purpose and goals of IQIC 201
- Review RedCAP survey
- Wrap-up

The Objective of this Cohort

Hasn't changed from Year 1

To locally adapt antimicrobial stewardship strategies and optimize patient care



Reflecting on IQIC 101



What have we accomplished?

- One year of case submissions
 - Allowed us to identify opportunities to improve
 - Establish a baseline for further comparisons
- Learning quality improvement and stewardship ASB
- Work surrounding goals gathered information, set, implemented, and refined
 - Vary and are institution specific
- Established a community!



Wins from 101



Distributed education and references to staff Created provider peer comparison reports Nursing questioning utility of unnecessary urine cultures and need for abx

Hospitalist calling out ASB in assessments and plans Created urinary tract infection order set to guide treatment Surgeons removed pre-op testing on asymptomatic patients (ie. Ortho)

Added "antibiotic time out" to interdisciplinary rounds

Identified institution specific opportunities to intervene

Found allies!





Purpose of IQIC 201

Why continue with a focus on ASB?

1) Identified there is room for improvement in our cohort



High Treatment Rate of ASB at your Sites

Treatment Rate of ASB

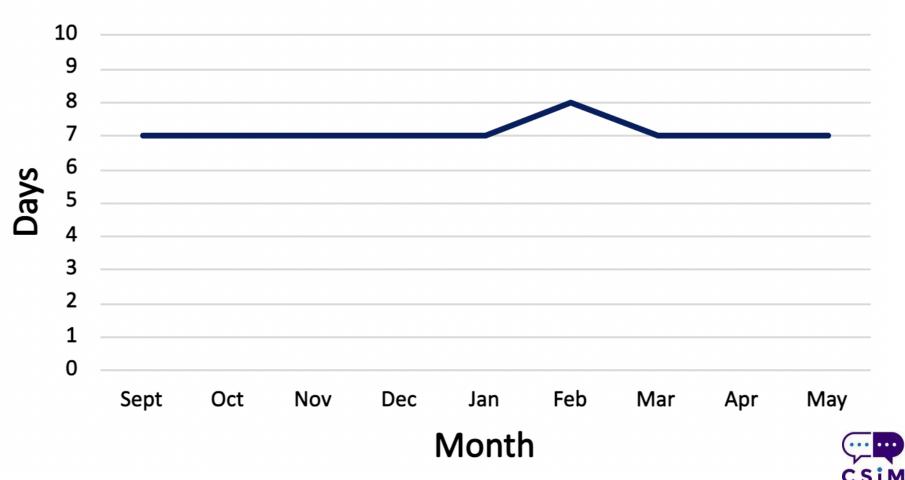
Total case submissions per site

Overall: 80% Percentage

Hospital

Long Median Duration of Therapy in Treated ASB Patients Overtime

Duration of Therapy in ASB Treated Patients



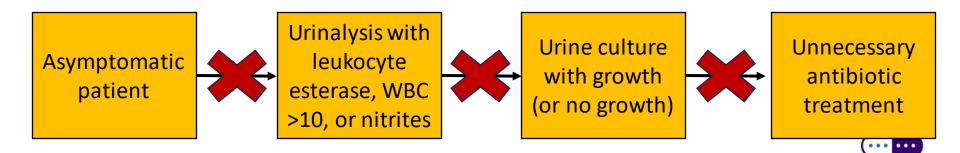
Outcome: percentage of patients treated for UTI who actually had ASB, overtime

- Upcoming NQF endorsed!
- <u>Goal</u>: lower is better
- Why use?

Number of patients treated for ASB

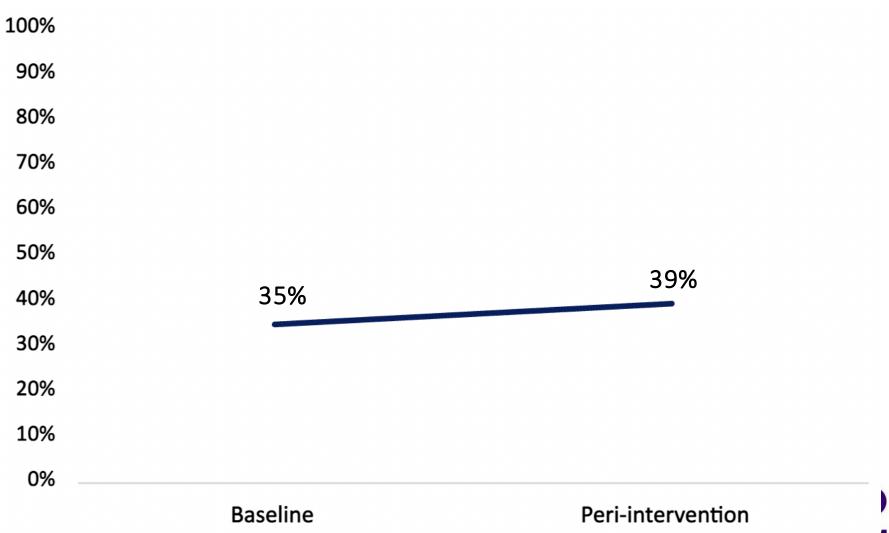
Number of patients treated for UTI/ASB

 You can lower this number by either reducing unnecessary urine cultures (diagnostic stewardship) or reducing antibiotic treatment when unnecessary cultures are obtained (antibiotic stewardship)



Metric: https://mi-hms.org/inappropriate-diagnosis-urinary-tract-infection-uti-hospitalized-medical-patients

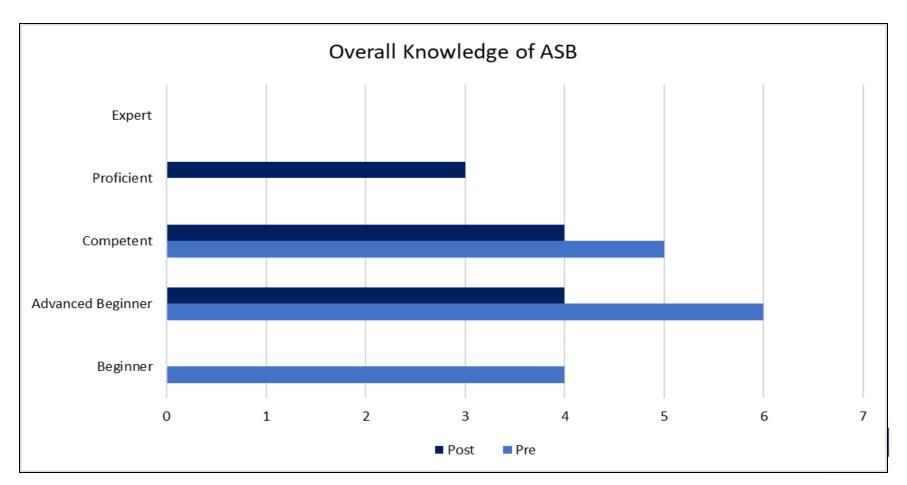
Outcome: percentage of patients treated for UTI who actually had ASB, overtime



COIM

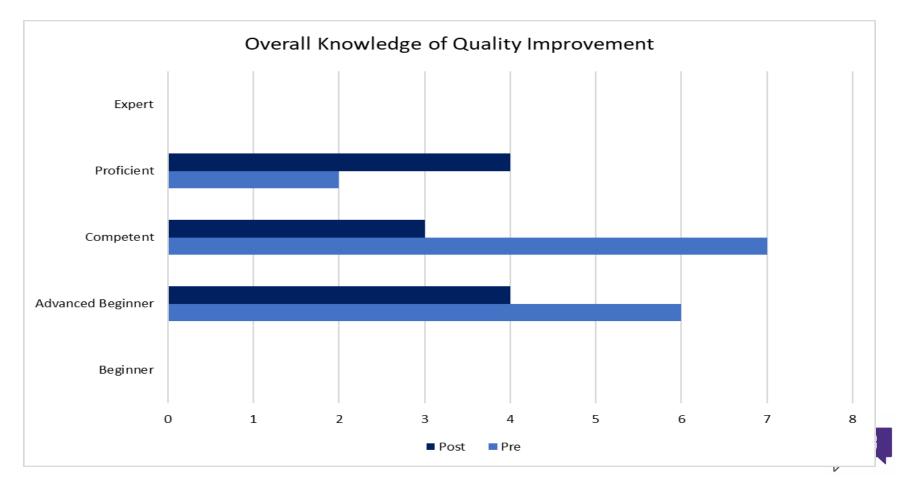
Baseline and Final IQIC 101 Survey Results Overall Knowledge of ASB

<u>Baseline</u>: 9/29/22, n=15 <u>Final</u>: 8/24/23, n=11



Baseline and Final IQIC 101 Survey Results Overall Knowledge of QI

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Why continue with a focus on ASB?

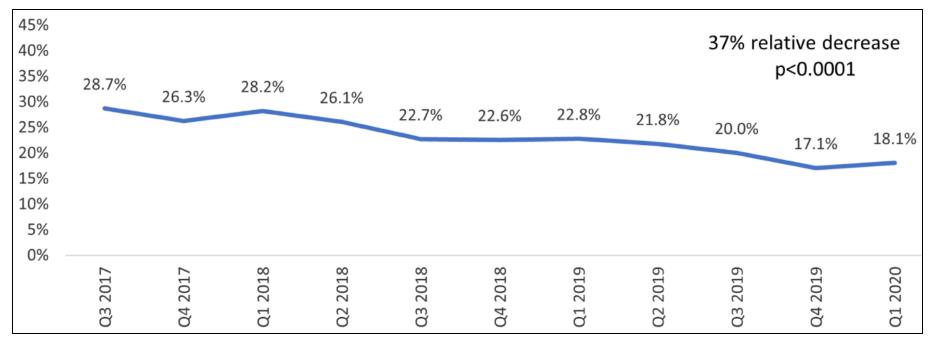
1) Identified there is room for improvement in our cohort

2) Recognize that change takes time



Recognize that change takes time

Outcome: percentage of patients treated for a UTI who actually had ASB, over time





Slide credit: Valerie Vaughn

Why continue with a focus on ASB?

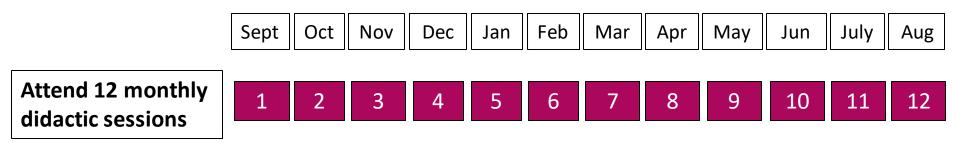
- 1) Identified there is room for improvement in our cohort
- 2) Recognize that change takes time
- 3) Just now scratching the surface of quality improvement and stewarding ASB
 - Antimicrobial and diagnostic stewardship interventions
 - Challenging populations
 - How can we maintain or support this work over time?



Goals and Deliverables of IQIC 201



Goals and deliverables



Amazing Lineup for Monthly Didactics!

Session Topics

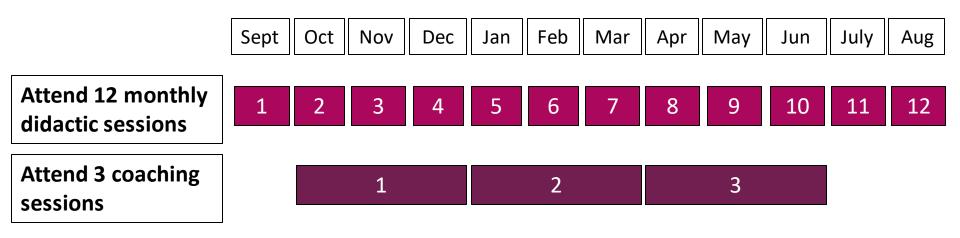
- Antimicrobial and diagnostic stewardship interventions for ASB
- □ Challenging populations
 - □ Immunocompromised
 - CA-ASB
 - □ Altered mental status changes
- Targeting different clinicians in stewardship
- Sustainability

Speakers

- Chloe Bryson-Cahn, MD
- Jeannie Chan, PharmD
- Whitney Hartlage, PharmD
- Zahra Kassamali Escobar, PharmD
- Hannah Imlay, MD
- Valerie Vaughn, MD
- Emily Spivak, MD
- Prior IQIC participants
- YOU ALL!



Goals and deliverables



One-on-one sessions

COURSE TOOLKIT

Presentations

None

Frequency	When?	How to schedule?	
Session 1: Oct-Dec Session 2: Jan-Mar Session 3: Apr-Jun	Thursdays, 9-10am PST	https://calendly.com/ta sp/asb-201-check-in	
Uwcsin	$n.org \rightarrow IQIC resources \rightarrow ASB 20$	0R	
My IQIC Cours	es		
ASB 201 20	~		
The ASB 201 dashboar Schedule one-on-one ses			

Resources & Docs

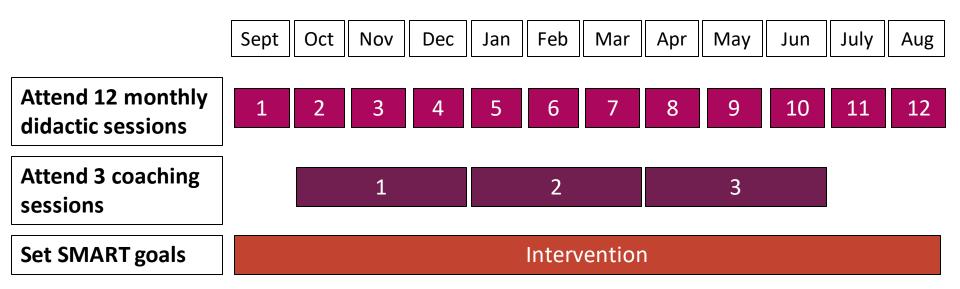
None

Tools

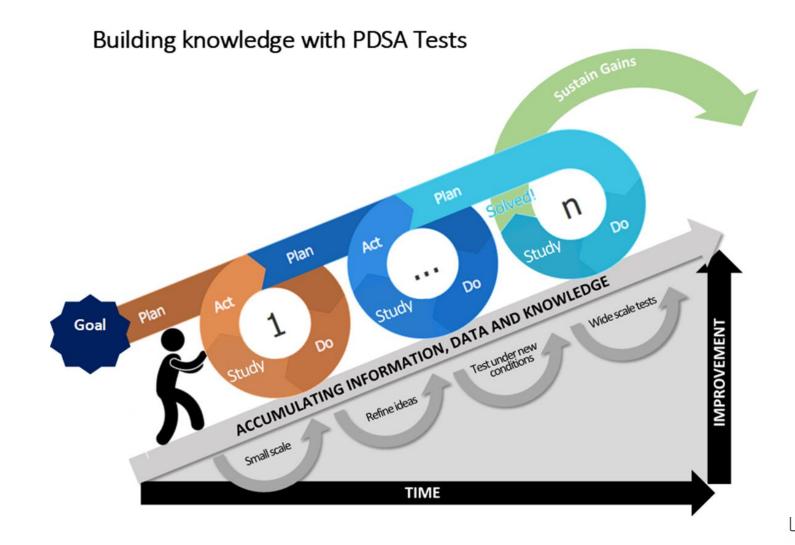
None



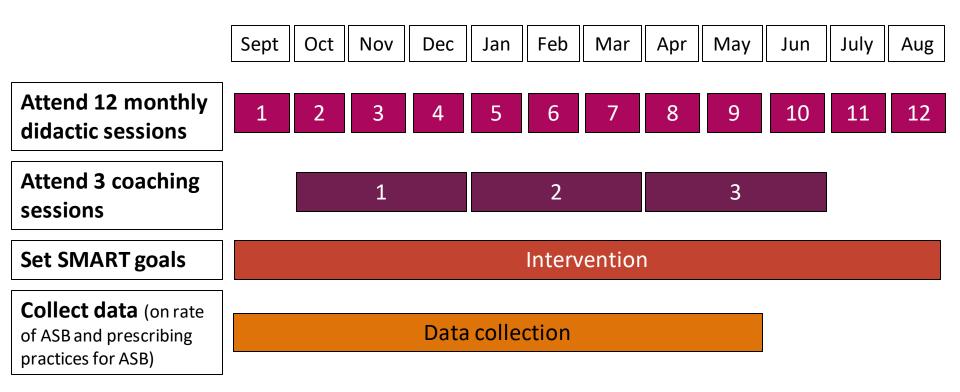
Goals and deliverables



SMART goals and PDSAs are a Process

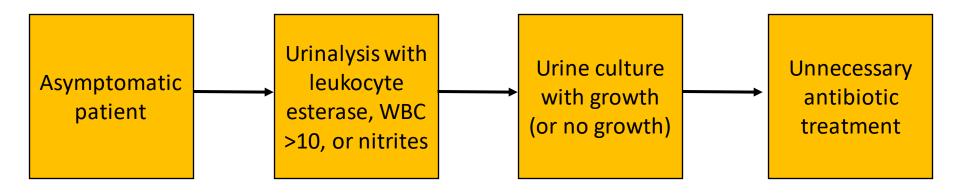


Goals and deliverables



Data Collection Goals

 Highlight the inappropriate diagnosis and prescribing of antimicrobials for non-urinary tract infections (UTIs)



Data Phase	Case Goal	Progress Goal	Start Date	Last Submission Date
Intervention	>50 cases	1-2 cases/week <u>or</u> 6 cases/month	Now	5/31/2024

What data do I collect?

NEW SURVEY! (do not use last years)

<u>SAME</u>

- Urine culture data to identify patient cases
- Submit cases into data collection survey
 - Hospitalization information
 - Demographics
 - Signs and Symptoms of UTI
 - Urine culture data
 - SIRS criteria and/or organ dysfunction
 - Antibiotic selection and duration

Changes to data collection form

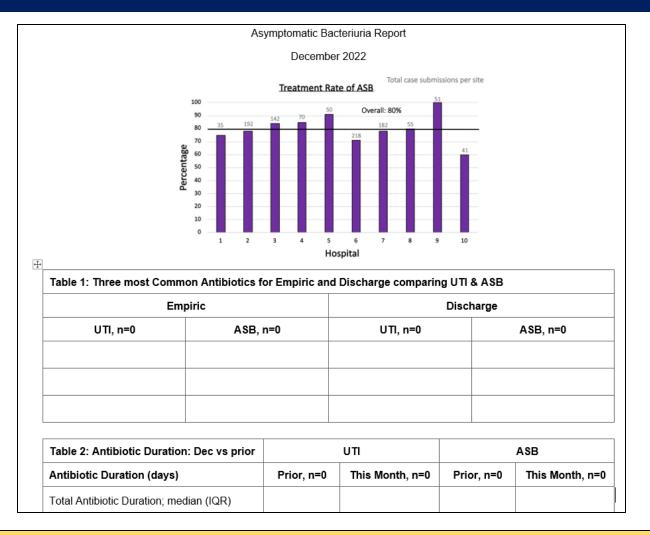
- Evaluating provider name
- Evaluating provider type and affiliation with hospital
- Other features of presentation
- Sepsis evaluation
- Simplified antibiotic selection

REDCap link: https://redcap.iths.org/surveys/?s=9M NEE8F444EMCD3K

OR Link from website!



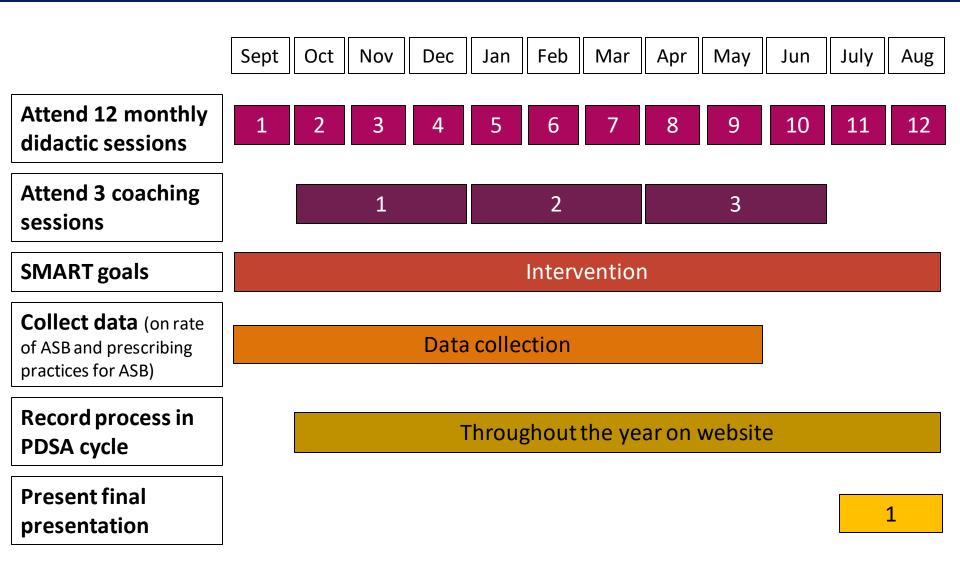
Reports will be returned **<u>quarterly</u>**!



Anything else you would like to see on report?



Goals and deliverables



Next Steps



Homework

Attend 3 check-in sessions

To-do: Schedule quarter 1 check-in (Oct-Dec) on website or using link

Data collection

□ <u>To-do</u>: submit cases; goal is at least 1-2 cases/week <u>or</u> 6 cases/month

SMART goal

<u>To-do</u>: what is your next goal? Finalize and start implementing! Will discuss progress in one-on-one sessions.

Record process in PDSA cycle on website

Continue to track progress throughout the year



The People Person's Paper People





On stewarding ASB:

"Is it easy? No. Do I like it? Eh, I don't know. But do I do it? Yeah, I do."

- Michael Scott

Next Session: Thursday, October 26





Questions?

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