UW TASP tele-antimicrobial stewardship program | echo

Tuesday, August 14th, 2018

Agenda

- Didactic: *AS and the C-Suite*
- Case Discussion
- Open Discussion

UW Team:

Chloe Bryson-Cahn, MD

Jeannie Chan, PharmD, MPH

Marisa D'Angeli, MD, MPH

Rupali Jain, PharmD

Zahra Kassamali Escobar, PharmD

John Lynch, MD, MPH

Natalia Martinez-Paz, MPA, MA

Michelle McIntosh, RN, CIC

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AS and the C-Suite

John Lynch, MD, MPH
Associate Professor
Harborview Medical Center &
The University of Washington School of Medicine

August 14, 2018

CEO, COO, CFO, CMO, CNO, C-ETC
aka “The C-Suite”

Look first to ensure leadership support.

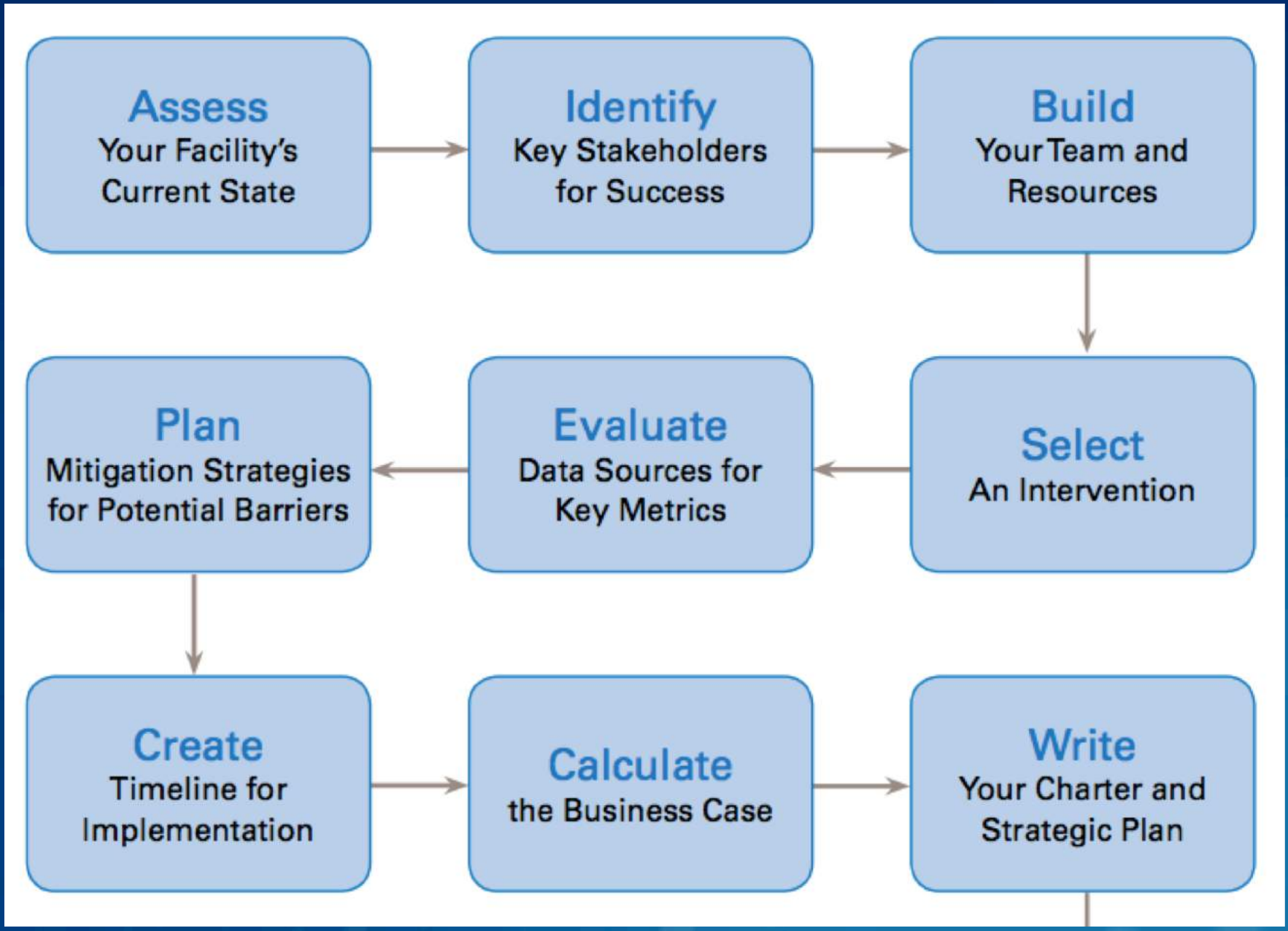
Executive backing of the antimicrobial stewardship program can be exhibited in two ways, and both are important. Generally, a written statement by leadership states that the hospital supports efforts to improve antibiotic use and encourages staff to participate in antimicrobial stewardship efforts. The rubber meets the road in the second critical step: the executive team provides funding for antimicrobial stewardship efforts that go toward salaries for the physician and pharmacist program leaders, education and IT support. If you have stated support and no budget, your antimicrobial stewardship gap analysis has revealed your first priority.

Pharmacy OneSource Blog 2/24/2015

Core Element 1: Leadership Commitment

To succeed, antibiotic stewardship programs need clear support from hospital leadership. Leadership commitment can be demonstrated in many ways, and the board, executive team, leadership, and professional staff must all clearly support that commitment. Dedicating necessary human, financial, and information technology resources is a key part of demonstrating an organization's commitment to effective stewardship. Here are examples of core actions that could be taken to demonstrate leadership commitment, examples of implementation, and identified barriers with potential solutions.

- Facility leadership should provide a visible, written statement of support for the antibiotic stewardship program (ASP). Formal statements (e.g., a policy or statement approved by the board) carry more weight with facility staff than less formal communications (e.g., a newsletter column).
- Facility leadership should provide support (financial and time) for training and education on antibiotic stewardship (AS), ensure adequate staffing, and establish a clear communication strategy on AS.
- Facility leadership should provide sustained financial support and ensure that ASP team leaders have time to perform the functions of the program.



Jump Start Stewardship Workbook, EQuIP Program

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Core Elements
Leadership Support
Does your facility have a formal, written statement from leadership supporting efforts to improve antibiotic use (antibiotic stewardship)?
Does your facility currently receive any budgeted financial support for antibiotic stewardship activities (e.g., support for salary, training, or IT resources)?

BASIC TIER

Leadership commitment and accountability, establishing AMS as priority, including P&P
*TJC *CMS *CDC

INTERMEDIATE TIER

Leadership establishing AMS Budget, Strategic, IP and Performance Improvement Plans.
*TJC

ADVANCED TIER

Leadership takes direct role in training and education of hospital personnel and staff
*CMS

Leadership takes direct role in monitoring and improving use of antibiotics
*CMS

Jump Start Stewardship Workbook, EQuIP Program and WSHA AS Tiers

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Low Support of ASP by Leaders

Suggested Solutions

- Direct leaders to statements on the importance of antibiotic stewardship programs from groups such as the American Hospital Association, the Institute for Healthcare Improvement, and The Leapfrog Group, which are recognized by hospital C-suite leaders.
- Develop and advance the business case to show that ASPs provide high value by improving patient outcomes, the patient experience, and reducing adverse effects, which in turn decreases costs and results in financial savings.
- Refer to key national reports on the importance of antibiotic stewardship and antibiotic resistance.
- Share data on hospital problem areas such as high antibiotic resistance rates, *C. difficile* infection rates, inappropriate antibiotic use, readmissions due to infections, etc. *C. difficile* rates can be especially influential since they are part of the Centers for Medicare & Medicaid Services Inpatient Quality Reporting Program.

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Low Awareness of ASP at Board/C-Suite Levels

Suggested Solutions

- Provide leaders with data, narratives, and expert-led presentations on ASP benefits (e.g., reductions in *C. difficile* infections, improved infection cure rates, and reductions in antibiotic resistance).
- Engage patients and advocates to share stories about *C. difficile* infections and antibiotic-resistant organisms and their impact on patients and families.

National Quality Partners Playbook: Antibiotic Stewardship in Acute Care

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Competing Priorities or "Initiative Fatigue"

Suggested Solutions

- Direct leaders to proposed regulatory and accreditation requirements (i.e., from The Joint Commission).
- Emphasize that ASP implementation is a workforce and patient safety issue as well as a patient experience issue.
- Discuss the potential impact on the hospital brand if AS is not prioritized.
- Gain efficiencies by incorporating stewardship efforts into other quality improvement efforts (e.g., *C. difficile*, sepsis).

Current evidence on hospital antimicrobial stewardship objectives: a systematic review and meta-analysis

Emelie C Schuts, Marlies E J L Hulscher, Johan W Mouton, Cees M Verduin, James W T Cohen Stuart, Hans W P M Overdiek, Paul D van der Linden, Stephanie Natsch, Cees M P M Hertogh, Tom F W Wolfs, Jeroen A Schouten, Bart Jan Kullberg, Jan M Prins

Summary

Background Antimicrobial stewardship is advocated to improve the quality of antimicrobial use. We did a systematic review and meta-analysis to assess whether antimicrobial stewardship objectives had any effects in hospitals and long-term care facilities on four predefined patients' outcomes: clinical outcomes, adverse events, costs, and bacterial resistance rates.

Methods We identified 14 stewardship objectives and did a separate systematic search for articles relating to each one in Embase, Ovid MEDLINE, and PubMed. Studies were included if they reported data on any of the four predefined outcomes in patients in whom the specific antimicrobial stewardship objective was assessed and compared the findings in patients in whom the objective was or was not met. We used a random-effects model to calculate relative risk reductions with relative risks and 95% CIs.

Findings We identified 145 unique studies with data on nine stewardship objectives. Overall, the quality of evidence was generally low and heterogeneity between studies was mostly moderate to high. For the objectives empirical therapy according to guidelines, de-escalation of therapy, switch from intravenous to oral treatment, therapeutic drug monitoring, use of a list of restricted antibiotics, and bedside consultation the overall evidence showed significant benefits for one or more of the four outcomes. Guideline-adherent empirical therapy was associated with a relative risk reduction for mortality of 35% (relative risk 0·65, 95% CI 0·54–0·80, p<0·0001) and for de-escalation of 56% (0·44, 0·30–0·66, p<0·0001). Evidence of effects was less clear for adjusting therapy according to renal function, discontinuing therapy based on lack of clinical or microbiological evidence of infection, and having a local antibiotic guide. We found no reports for the remaining five stewardship objectives or for long-term care facilities.

Interpretation Our findings of beneficial effects on outcomes with nine antimicrobial stewardship objectives suggest they can guide stewardship teams in their efforts to improve the quality of antibiotic use in hospitals.

Lancet ID, 2016

The View from the C-Suite

- Hospital margins are thin
- More needs to be done better with less, i.e. increase quality, cost-effective care and increase revenue
- It is easier to figure out the definite cost of an AS program than to figure out the potential savings

Gary Kravitz, St. Paul Infectious Disease Associates,

The View from the C-Suite

- Hospital margins are thin
- More needs to be done better with less, i.e. increase quality, cost-effective care and increase revenue
- It is easier to figure out the definite cost of an AS program than to figure out the potential savings
- **So:** “What are you going to do to cut costs or to increase revenue?”

Gary Kravitz, St. Paul Infectious Disease Associates,

The View from the C-Suite

- Hospital margins are thin
- More needs to be done better with less, i.e. increase quality, cost-effective care and increase revenue
- It is easier to figure out the definite cost of an AS program than to figure out the potential savings
- **Or better yet:** “What are you going to do to cut costs **and** to increase revenue?”

Gary Kravitz, St. Paul Infectious Disease Associates,


Proposal
Evidence
Buy In
ASP
Needs

Potential AS Impacts on Revenue

- Fewer *C. difficile* cases and MDROs:
  - Better reputation
  - Happier patients
  - Happier docs/providers
  - More open beds
  - Decreased penalties a/w P4P
- HAI = 10% ↑ mortality, +14d LOS, up to $150K

Gary Kravitz, St. Paul Infectious Disease Associates,

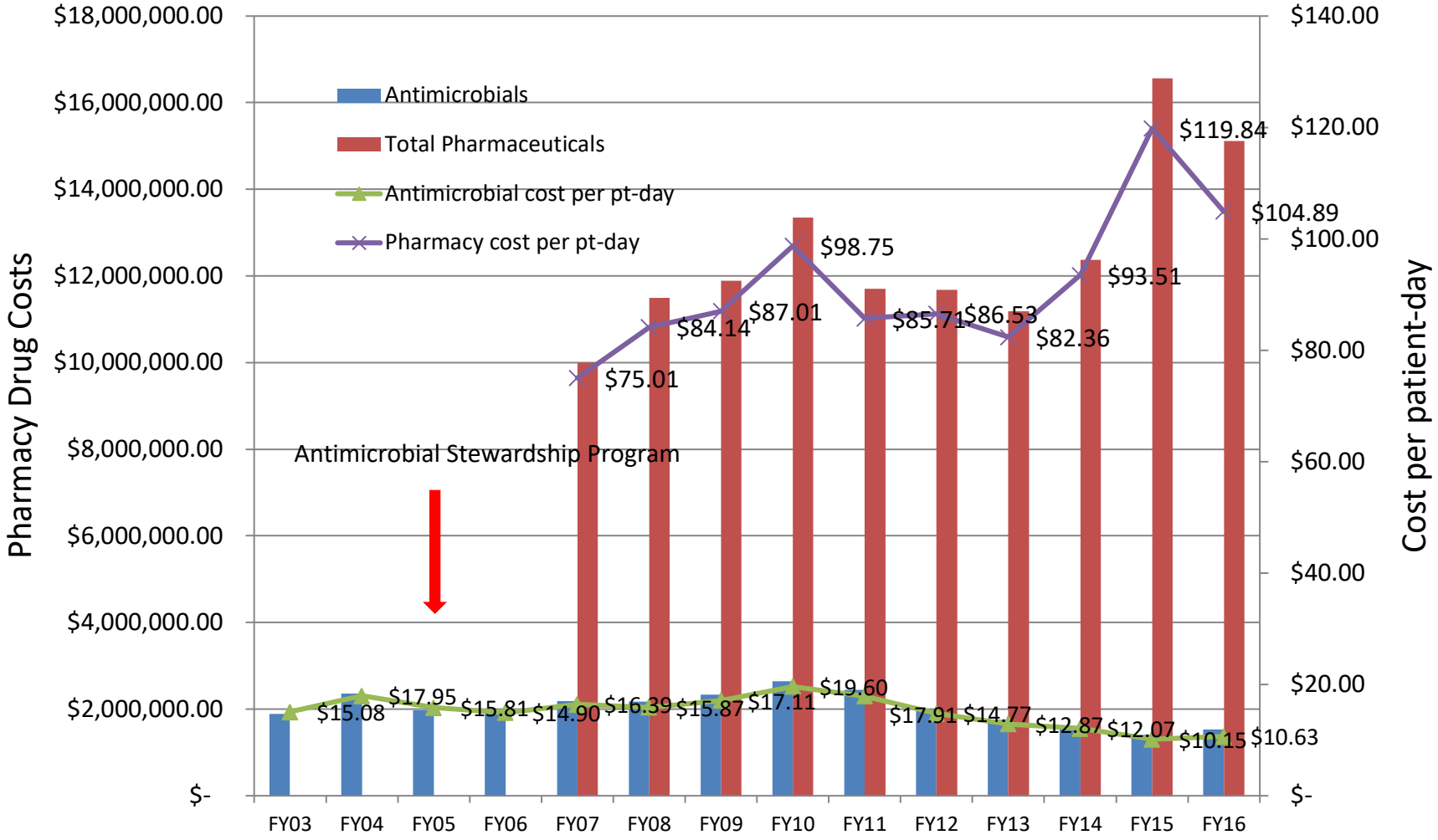
Potential AS Impacts on Revenue

- MDRO infections = 24% increase LOS and 29% increase cost compared to susceptible infections
- In the US, antimicrobial resistance leads to ~8 million additional patient days/year

Gary Kravitz, St. Paul Infectious Disease Associates,

HMC Pharmacy Costs: Overall vs. Antimicrobials

Confidential QI Information



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Key Drivers of Success in Negotiation

- It is all about relationships
- Good relationships are based on trust
- Trust has to do with credibility

Gary Kravitz, St. Paul Infectious Disease Associates,

What Does the CEO Want to See?

- Does this synch with the hospital's goals and inititatives
- What is the evidence for this program
- Are there other, more important priorities
- How will we know if the program is successful? – outcomes, satisfaction, patient safety goals, efficiency

Gary Kravitz, St. Paul Infectious Disease Associates,

Once You have Their Ear!

- Make the business case
  - Data from similar or nearby hospitals
  - Results from an AS project with excellent outcomes
- Clearly delineate the mechanics of the ASP including
- Delineate exact times of effort/program

Gary Kravitz, St. Paul Infectious Disease Associates,

Negotiating an AS Contract

- Make/adjust/amend your contract
- Hospital pays at “fair market value”
- Then perform to the full extent of the contract

Gary Kravitz, St. Paul Infectious Disease Associates,


Proposal
Evidence
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