UWTASP tele-antimicrobial stewardship program | echo

May 23, 2023

Agenda

- *CSiM Annual Meeting Review*
- Case Discussions
- Open Discussion

2023 Annual CSiM conference on May 9th in Spokane

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7:45 AM:	Registration open and breakfast Provided
8:30 - 8:55 AM:	UW CSiM Year in Review
8:55 - 9:45 AM:	The Role of AMS in Addressing Health Inequities and Improving Patient Care by Dr. Sarah Kabbani, MD, Medical Officer from the CDC
9:45 - 10:40 AM:	How to Win Stewards and Influence Prescribing: Building Networks in AMS by Dr. Ryan Stevens, PharmD, ID/AMS Pharmacist from the Mayo Clinic
10:40 - 10:50 AM:	Break
10:50 - 11:20 AM:	The Rural Policy Landscape by Alan Morgan, MPA, CEO from the National Rural Health Association
11:20 AM - 12:05 PM:	Workshop 1
12:05 - 1:00 PM:	Lunch Provided
1:00 - 1:45 PM:	Workshop 2
1:45 - 1:50 PM:	Transition
1:50 - 2:35 PM:	Workshop 3
2:35 - 2:45 PM:	Break
2:45 - 3:35 PM:	Expansion of Pharmacy Pain Services and Principles of Opioid Stewardship by Dr. Mina Lee, PharmD, Pharmacy Supervisor from the VA Portland Health Care System

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(see-sim)

Learn together and educate others

Tele-Antimicrobial Stewardship Program (TASP ECHO)

- Didactics and education
- Case discussions
- Collaborative approach to learning and resource sharing

Build your team and strengthen your program

CSiM Personalized Support

- Facility assessment and review
- Grand rounds opportunities
- Interactive Quality Improvement tools and resources
- Localized antibiotic prescribing guidelines

Drive change and continuously adapt

Intensive Quality Improvement Cohort (IQIC)

- 12-month cohort lead by expert CSiM faculty
- Monthly learning labs and quarterly check-ins
- Personalized support and tailored interventions
- Individualized hospital data analysis

Vision and Mission

Our Vision

- We envision a safer world for everyone through stewardship.

Our Mission

- Our mission is to collaborate with rural healthcare communities to empower change through the equitable use of resources to improve patient outcomes and reduce harm.

Core Values

- **Empowerment:** Empowering individuals to build resilient communities that can adapt local solutions to global problems.
- **Resilience:** Engaging people in work that builds resilience and matters to themselves, their community, and the world.
- **Anti-hierarchy:** Building and supporting anti-hierarchical structures that lead to progress and more opportunities, and strive to create a culture of inclusivity.
- **Community:** We believe in the power of collective action and strive to build inclusive communities that value and uplift all members.

National AMS and Equity

Percentage of hospitals meeting all 7 *Core Elements*, 2014-2021, by hospital characteristic

Characteristic	2014	2015	2016	2017	2018	2019	2020	2021
Overall	40.9%	48.1%	64.1%	76.4%	84.8%	88.9%	90.6%	94.9%
Facility Type								
Children's hospital	50.0%	53.2%	73.9%	86.0%	91.9%	90.5%	92.2%	98.0%
General acute care hospital	44.6%	53.1%	69.5%	81.9%	88.5%	92.0%	93.2%	97.0%
Surgical hospital	33.6%	45.4%	58.1%	77.3%	79.9%	87.7%	87.2%	91.7%
Critical access hospital	**19.6%**	**26.3%**	**43.0%**	**57.8%**	**73.2%**	**79.5%**	**82.7%**	**88.9%**
Bed Size								
≤50 beds	23.6%	31.1%	46.0%	61.4%	75.4%	81.8%	84.9%	90.4%
51 - 200 beds	40.4%	49.6%	69.0%	82.5%	88.6%	91.6%	92.5%	97.1%
>200 beds	58.4%	66.1%	81.5%	90.7%	93.9%	96.2%	97.1%	99.5%
Teaching Status								
Major teaching	55.4%	63.4%	76.3%	86.4%	91.0%	93.8%	95.0%	97.7%
Non-teaching/undergrad	35.6%	42.4%	58.5%	71.4%	81.1%	85.7%	87.6%	92.9%

Sara Kabbani, CSiM Conference Presentation 5.9.23

National AMS and Equity

Priority CORE Elements	
Leadership Commitment	AMS lead has responsibilities in contract/job/review
Accountability	Co-led program (pharmacist and physician)*
Expertise	Leaders have specialty training, certificate, or other training on abx stewardship
Action	Facility-specific treatment recs for common things & does PAF or pre-auth
Tracking	NHSN AU reporting
Reporting	Use AU reports yearly to give provider feedback

*for CAH, can be met if physician leader and a pharmacist involved in stewardship

Priorities for Hospital Core Element Implementation | Antibiotic Use | CDC

National AMS and Equity

- Office of AMS conducted a narrative review

Markers and drivers of inequities in antibiotic use

Receive more antibiotics	Marker	Driver (preliminary examples)
<5 years old	Age	Implicit bias
White & non-Hispanic persons	Race, Ethnicity	Structural racism, implicit bias, differential access and expectations
Private insurance	Insurance status, SES	Structural inequities, differential access, health literacy
Seen by APP, FP	Prescriber type, specialty	Not engaged in stewardship, variability in training
South, Rural	Geography, Rurality	Cultural norms, access to expertise and healthcare, structural racism/inequities

Sara Kabbani, CSiM Conference Presentation 5.9.23

How to Win Stewards and Influence Prescribing:

Building Relationships and Networks in Antimicrobial Stewardship

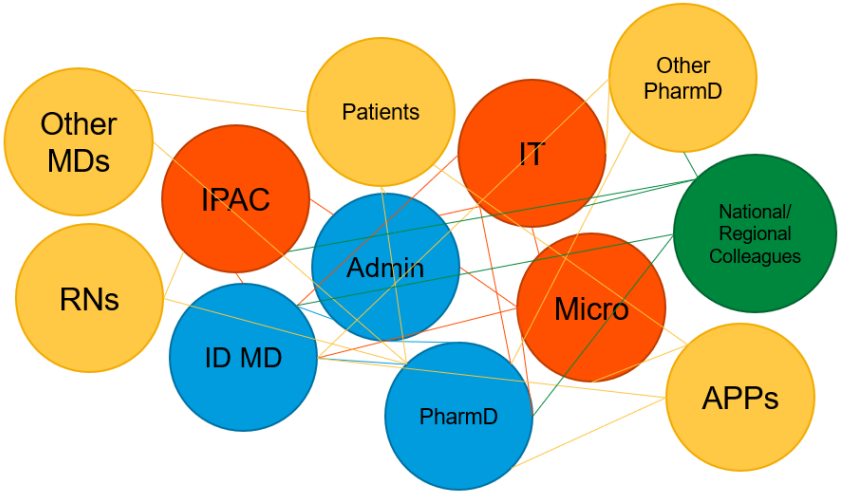
Ryan W. Stevens, PharmD, BCIDP
Infectious Diseases/Antimicrobial Stewardship Pharmacist
Mayo Clinic – Rochester, MN

May 9th, 2023

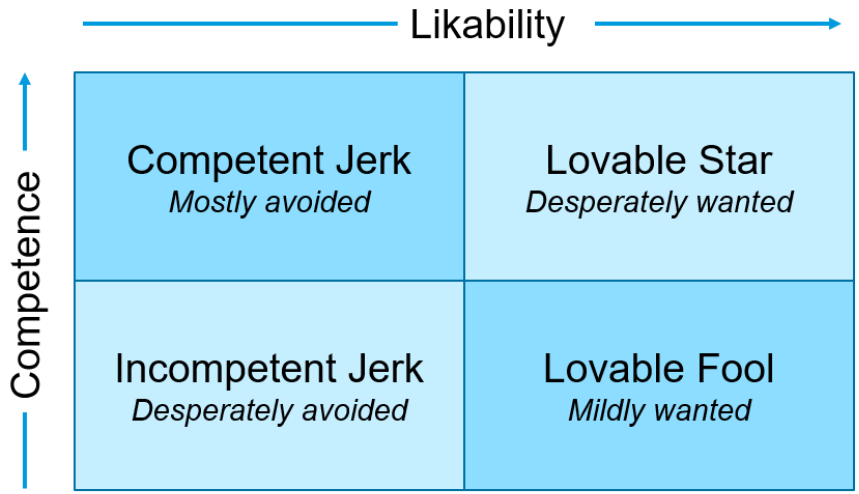
@Stevens_AK

Antimicrobial Stewardship Programs = Networks of Individuals

The network



Individual dynamics



Casciaro T, Sousa Lobo M. Competent jerks, lovable fools, and the formation of social networks. *Harvard Business Review.* June 2005.

Strategies to Build ASP Networks

1. **Zoom in:** How do individual ASP members impact your ASP team dynamics?

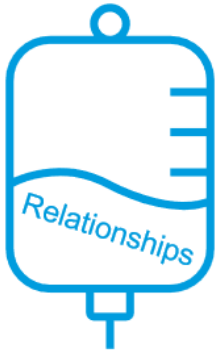
Leverage the Likable
1. Identify them (i.e., find the hub)
2. Protect them
3. Position them strategically

Work on the Jerk
1. Reassess their contribution (i.e., where does their individual performance meet the overall goal?)
2. Reinforce good behavior, but correct bad behavior
3. Socialize and coach them
4. Reposition them

2. **Zoom out:** Operational, personal, or strategic… which network is your strongest? Which is your weakest?

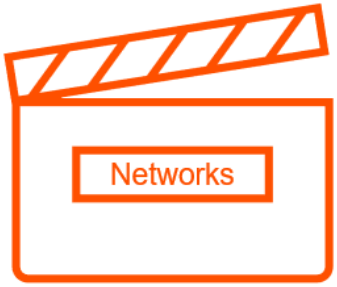
Ibarra H, Hunter ML. How leaders create and use networks. *Harvard Business Review.* January 2007.

Translating Networks into Action



Regardless of the setting… relationship building is critical to effective antimicrobial stewardship

A network is made up of individuals… take time to understand individuals and be intentional and strategic about networking



Don't separate stewardship activities from your network… find intentional ways engage and expand your network in your activities

Principles of Opioid Stewardship

Mina Lee, PharmD

Pain Statistics

Pain is one of the most common reasons adults seek medical care in the United States

1 of 5 U.S. adults had chronic pain in 2019 and 1 of 14 adults experienced "high-impact" chronic pain

Pain leads to impaired physical functioning, poor mental health, and reduced quality of life

In 2020, prescription opioids was the most commonly misused prescription drug in the United States

- However, reasons for misuse included: 64.6% - relieve physical pain
  13.6% - other (including euphoria, addiction)

Opioid Prescribing Practices

- Starting with an increase in 2006, the total number of prescriptions dispensed peaked in **2012**
  - **81.3 prescriptions per 100 persons**
  - >255 million opioid prescriptions

- Started to decrease and by **2020**
  - **43.3 prescriptions per 100 persons**
  - >142 million opioid prescriptions
  - Certain counties had rates 9 times higher than the national average

Opioid Stewardship Programs

- To optimize pain management while preventing opioid-related harm
- Identify areas of quality improvement
- Implement changes in culture/practice to improve opioid prescribing practices
- Set goals and determine how progress will be measured through metrics

Does your Institution have a Pain stewardship program?

- Yes
- No
- Not Sure

Joint Commission Updated 2018 Standards

Requirements include:

- Identifying a leader
- Involving patients
- Promoting safe opioid use by identifying high-risk patients
- Monitoring high-risk patients
- Facilitating clinician access to prescription drug monitoring program (PDMP)
- Conducting performance improvement activities

Pain Stewardship is like ID Stewardship

Hot Tip:

Check out #IDTwitter for meeting highlights when you can't attend in person

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1/6 Pain stewardship is like #antimicrobialstewardship

A thread from Dr. Mina Lee's talk at #CSiMAnnualMeeting2023

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2/6 Order set nudges for non-opioid rx and non-pharmacological treatments can help guide prescribers and patients to alternate and equally effective strategies for acute pain

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3/6 Shared decision making between patient and provider to optimize and personalize treatment

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4/6 Focus on duration of therapy. For acute pain, most patients only need 3-7 days supply (those durations sound familiar for UTI, CAP, SSTI)

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5/6 Discharge prescribing:
45% of patients receive 3x the pain medication (morphine mg equivalents) than what they used in the 24h prior to discharge

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Would you be interested in working more on Pain Stewardship with CSiM?

- Yes, sign me up!
- Maybe
- Probably not
- It's a definite no