Making the Most of ASP Interventions

MARSHA CRADER, PHARMD
ASSOCIATE PROFESSOR OF PHARMACY PRACTICE
UAMS COLLEGE OF PHARMACY
Disclosures

The following speaker has financial relationships with commercial interests to disclose:

Marsha Crader, PharmD
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Learning Objectives

1) Summarize guideline supported antimicrobial stewardship interventions

2) Discuss solutions to barriers with implementing antimicrobial stewardship interventions

3) Describe ideas for engaging prescribers in antimicrobial stewardship
Polling Question #1

Which of the following practice area(s) are you affiliated with?

- Acute care
- Critical access
- Long-term acute care
- Long-term care
- Clinic
- Department of Health
- Other
Polling Question #2

Which of the following is your specialty?

- Physician
- Nurse practitioner
- Physician assistant
- Pharmacist
- Nurse
- Infection Preventionist
- Laboratory technician/microbiologist
- Department of Health
- Other
How to Approach Interventions

• Where should I start with interventions?
  • CDC core elements for regulatory compliance, publically reported data, low hanging fruit, improved patient care while taking work load off of physicians, etc.

• Address facility wide vs. patient specific interventions?
  • Both needed

• Which healthcare worker is targeted for interventions?
  • Physician, pharmacist, nurse, infection preventionist, microbiology laboratory technician, etc.
Intervention Examples

FACILITY AND PATIENT SPECIFIC LITERATURE EXAMPLES
IDSA/SHEA Guidelines for Implementing an Antibiotic Stewardship Program

- **Strong recommendations with moderate-quality evidence**
  - Preauthorization and/or prospective audit and feedback
  - Interventions designed to reduce usage of antibiotics with a high risk of CDI
  - Pharmacokinetic monitoring and adjustment programs for aminoglycosides
  - Programs to increase appropriate usage of oral antibiotics for initial therapy and timely transition from IV to PO antibiotics
  - Guidelines and strategies to reduce antibiotic therapy to the shortest effective duration

https://academic.oup.com/cid/article/62/10/e51/2462846
CDC Core Elements and National Quality Partners Playbook Intervention Examples

• **Facility-specific interventions**
  • Restricted/prior approval antimicrobials
  • Documentation of DDDD (drug, dose, diagnosis, duration)
  • Antibiotic allergy assessments
  • Standardized order sets

https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements.pdf
https://store.qualityforum.org/collections/antibiotic-stewardship
CDC Core Elements and National Quality Partners Playbook Intervention Examples

• **Patient-specific interventions**
  • Antibiotic time-outs
  • Automatic IV to PO
  • Dose optimization
  • Automatic alerts for duplicative antimicrobials
  • Automatic-stop orders
  • Rounding

[https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements.pdf](https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements.pdf)

[https://store.qualityforum.org/collections/antibiotic-stewardship](https://store.qualityforum.org/collections/antibiotic-stewardship)
CDC Core Elements and National Quality Partners Playbook Intervention Examples

- **Diagnosis- and infection-specific interventions**
  - Rapid diagnostics
  - Timely and appropriate culture collection/transport
  - Opportunities for improvement with any infection

https://www.cdc.gov/antibiotic-use/healthcare/pdfs/core-elements.pdf
https://store.qualityforum.org/collections/antibiotic-stewardship
National Quality Partners Playbook: Suggested Solutions to Barriers

- **Overwhelmed by scope of interventions**
  - Meet with stakeholders
  - Develop priorities based on local needs and guidance in literature
  - Assess where improvement is clearly needed
  - Engage bedside nurses to expand reach

https://store.qualityforum.org/collections/antibiotic-stewardship
National Quality Partners Playbook: Suggested Solutions to Barriers

- **Resistance from providers to proposed interventions**
  - Provide provider-specific dashboards with peer group comparisons
  - Partner with physicians to determine most helpful interventions
  - Work with physicians to identify best way to implement interventions
  - Participate in stewardship collaboratives for peer comparison

[https://store.qualityforum.org/collections/antibiotic-stewardship](https://store.qualityforum.org/collections/antibiotic-stewardship)
National Quality Partners Playbook: Suggested Solutions to Barriers

- **Providers not aware of treatment recommendations**
  - Implement clinical decision support and embed in EHR when possible
  - Educate staff regularly
  - Provide feedback on compliance with recommendations

https://store.qualityforum.org/collections/antibiotic-stewardship
National Quality Partners Playbook: Suggested Solutions to Barriers

• **Alert fatigue**
  • Select and cascade alerts carefully at the point of care
  • Filter alerts to ensure only most important “fire”
  • Work with EHR/clinical decision support to increase sensitivity and specificity of alerts

[https://store.qualityforum.org/collections/antibiotic-stewardship](https://store.qualityforum.org/collections/antibiotic-stewardship)
Polling Question #3

Which ASP intervention has a strong recommendation to perform (from the IDSA/SHEA antimicrobial stewardship guidelines)?

A. Cycling antibiotic selection
B. Didactic education
C. Prospective audit and feedback
Polling Question #4

Which is **NOT** a recommendation to overcome being overwhelmed by the scope of interventions?

A. Promote inclusion of inpatient and outpatient efforts
B. Develop priorities based on local needs and guidance in literature
C. Engage bedside nurses to expand reach
How to Be Successful with Interventions

REAL WORLD CONSIDERATIONS TO BE MORE SUCCESSFUL WITH PRESCRIBERS
Prescriber Engagement: Initial and Ongoing Efforts

• **Belief in the need for change**
  • Local resistance data
  • Prescriber report cards
  • Comparison antibiotic usage/resistance data with similar facilities/regions

• **Common goal(s)**
  • Primary goal is improving patient care and outcomes
  • Efforts must impact patient throughout transitions of care
Prescriber Engagement: Initial and Ongoing Efforts

• **Shared vision**
  • Participation with initial planning
  • Goals should incorporate prescriber actions

• **Early and ongoing successes**
  • Low-hanging fruit targeted first
  • Improvements communicated
    • Patient care (e.g., individual stories, resistance rates)
    • Process improvements without patient harm (e.g., less antibiotics without increased re-admissions)
Prescriber Engagement: Key Essentials

• **Communicate relevant information**
  • Be up front and explain the “why’s” (e.g., documentation of diagnosis and duration)
  • Provide initial and ongoing education
  • Keep messages concise and deliver them often
  • Make progress and results visible and audible
  • Generate light, not heat, with data
  • Find out what prescribers want and need to know/understand
• Provide real-time patient-specific education
  • Prospective audit and feedback
Prescriber Engagement: Key Essentials

- **Change the culture**
  - Identify prescriber champions throughout departments and specialties of the facility
  - Increase awareness of resistance and changing antibiotic prescribing practices
    - Instruct prescribers that antimicrobial stewardship is needed in every facet of health care
  - Guide CME choices
  - Make the right thing easy to try and to do... hardwire what you can
Prescriber Engagement: Key Essentials

• **Change the culture (cont)**
  • Communicate, communicate, communicate
    • Know your audience
  • Be a physician partner
    • Do not just state the problems but also...
      • Provide solutions
      • State what is being done correctly
  • Leaders and day-to-day staff need to be available and gain the confidence of prescribers
Prescriber Engagement: Key Essentials

- Never give up
  - Change takes time
Nonprescriber Engagement

Although prescribers are key players in practice change, do not exclude engagement of pharmacists, nurses, infection preventionists, lab/microbiology personnel, etc.
How to Engage the Healthcare Worker

CONSIDERATIONS TO BE MORE SUCCESSFUL WITH INDIVIDUALS AND THE TEAM
Why Do I Keep Intervening with the Same Healthcare Workers?

“Information is not knowledge.”
-- Albert Einstein

“Data is not information, information is not knowledge, knowledge is not understanding, understanding is not wisdom.”
-- Clifford Stoll
Considerations for Engaging Any Healthcare Worker

- Generational differences between Baby Boomers, Gen Xers, and Millennials
  - Mentorship
  - Work-life balance
  - Technology
  - Teamwork
  - Purpose
  - Feedback

https://www.aafp.org/fpm/2013/0500/p29.html
Considerations for Engaging Any Healthcare Worker

- **Personality differences**
  - Introvert vs. extrovert
  - *Strengths Finder*

- **Learning differences**
  - VARK®
    - V - visual
    - A - auditory
    - R - read/write
    - K - kinesthetic

http://vark-learn.com/introduction-to-vark/the-vark-modalities/

https://www.gallupstrengthscenter.com/home/
Stay Motivated

“Nothing is particularly hard if you divide it into small jobs.”
-- Henry Ford

“You’ve got to think about big things while you’re doing small things, so that all the small things go in the right direction.”
-- Alvin Toffler

“A goal without a plan is just a wish.”
-- Antoine de Saint-Exupery
Polling Question #5

Which should be considered when engaging the healthcare team?

A. Preferred method of communication by recipient
B. How you best influence others
C. Education for different learning styles
D. All of the above
References and Resources

Arkansas Health Care Foundation Quality Partners Antibiotic Stewardship Program Implementation Guide

  ◦ https://academic.oup.com/cid/article/62/10/e51/2462846

Centers for Disease Control and Prevention
  ◦ The Core Elements of Hospital Antibiotic Stewardship Programs
    https://www.cdc.gov/antibiotic-use/healthcare/pdfs/checklist.pdf
  ◦ Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals
    https://www.cdc.gov/antibiotic-use/healthcare/implementation/core-elements-small-critical.html
  ◦ The Core Elements of Antibiotic Stewardship for Nursing Home
    https://www.cdc.gov/longtermcare/prevention/antibiotic-stewardship.html

Centers for Disease Control and Prevention: Antibiotic Stewardship: Where to Start

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References and Resources

Centers for Medicare and Medicaid: Plan-Do-Study-Act Cycle Template

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  • https://www.aafp.org/fpm/2013/0500/p29.html

Minnesota Department of Health: Antimicrobial Stewardship Programs
  • https://www.health.state.mn.us/diseases/antibioticresistance/hcp/aspx/index.html

National Quality Partners Playbook: Antibiotic Stewardship in Acute Care & Post-Acute and Long-Term Care
  • http://www.qualityforum.org/Publications/2016/05/National_Quality_Partners_Playbook__Antibiotic_Stewardship_in_Acute_Care.aspx


VARK® a guide to learning preferences.
  • http://www.qualityforum.org/Publications/2016/05/National_Quality_Partners_Playbook__Antibiotic_Stewardship_in_Acute_Care.aspx