

Tracking the Progress of Your Antimicrobial Stewardship Program: *Do You Know if You're Ready for TJC?*

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Learning Objectives

- Determine what metrics/processes your Antimicrobial Stewardship Program (ASP) needs to track
- Review two tracking systems utilized by an ASP to follow progress on individual standards
- Review a recent Joint Commission Survey where the tracking systems were used

Determining what you need to track for The Joint Commission

- What is the scope of your ASP?
- What types of clinical areas are going to be surveyed?
- What resources are you using to meet all the Elements of Performance?

Tracking Tools

Antimicrobial Stewardship Program (ASP) CY 2017

Last Update 7/03/2017		June	July
Leadership Support	Leadership Support		
	Formal written statement of ASP from facility leadership		
	Budgeted ASP financial support		
Accountability	Accountability		
	Physician leader responsible for program outcomes of ASP activities within facility		
Drug Expertise	Drug Expertise/Key Support		
	Pharmacist leader responsible for working to improve antibiotic use within facility (e.g. antibiogram driving formulary selection)		
	Key support for ASP (e.g. Clinicians, IP/Epi, Quality, lab, IT, Nursing, and etc.)		
Actions to support optimal ATB use Policies	Actions to Support Antibiotic Use		
	Policy that requires prescribers to document in EMR the dose, duration, and indication for all prescribed antibiotics		
	Facility-specific treatment recommendations, based on national guidelines and local susceptibility, to assist with antibiotic selection for common clinical conditions (e.g. care pathway for sepsis/clostridium difficile, bacterial pneumonia, UTI, and etc.)		
Broad Interventions			
	Antibiotic time out within 48 hours of ATB initiation to review appropriateness of therapy		
	Specified agents require special approval by physician or pharmacist prior to use (e.g. Colistin)		
	Prospective specified ATB audit with provider specific feedback (e.g. use of approved ATB with CDI)		
Pharmacy-Driven			
	Auto conversion from IV to oral ATB in appropriate situations		
	Dose adjustment during organ disfunction		
	Dose optimization (pharmacokinetics/pharmacodynamics) to optimize the treatment of organisms with reduced susceptibility		
	Automatic alerts in situations where therapy might be unnecessarily duplicative		
	Time-sensitive automatic stop orders for specified antibiotics		
Diagnosis and Infection Specific Interventions	Specific interventions in place to ensure optimal use of antibiotics to treat the following common infections:		
	Community-acquired pneumonia		
	Urinary Tract Infection		
	Skin and soft tissue infections		
	Surgical Prophylaxis		
	Empiric treatment of MRSA		
	Non CDI antibiotics in new cases of CDI		
	Culture-proven invasive (e.g. blood stream) infections		
Tracking: Monitoring ATB Prescribing, use, and resistance Process Measures	Tracking: Monitoring antibiotic prescribing, use, and resistance		
	AS Program monitors adherence to a documentation policy (dose, duration, indication)		
	AS Program monitors adherence to facility-specific treatment recommendations		
	AS Program monitors compliance with one or more of the specific interventions in place		
ATB use and outcome measures			
	Facility tracks rates of CDI infection		
	Facility produces an antibiogram and adjusts formulary recommendations accordingly		
ATB consumption monitored at the facility or unit level			
	Counts of ATBs administered to patients per day (Days of Therapy; DOT)		
	Number of grams of antibiotics used (Defined Daily Dose; DDD)		
	Direct expenditure for antibiotics (purchasing costs)		
Reporting Information to Staff on Improving Antibiotic Use and Resistance	Reporting information to staff on improving antibiotic use and resistance		
	AS Program shares facility specific reports on ATB use with providers		
	Current antibiogram is distributed to prescribers at facility		
	Prescribers receive direct, personalized communication about how they can improve their ATB prescribing		
Education	Education		
	AS Program provides education to clinicians and other relevant staff on improving ATB prescribing		
Resources			
	https://www.cdc.gov/getsmart/healthcare/pdfs/checklist.pdf		
	http://www.health.state.mn.us/divs/idepc/dtopics/antibioticresistance/asp/ac/acmnap.pdf		
	http://medicare.qualishealth.org/sites/default/files/medicare.qualishealth.org/JumpStart_Stewardship_Workbook.pdf		
	https://www.odh.ohio.gov/odhprograms/bid/AntibioticResistance/Antimicrobial%20Stewardship.aspx		
	http://www.qualityforum.org/Publications/2016/0		

Tracking Tools

Antimicrobial Outpatient Stewardship Program (ASP) CY

Last Update 7/03/2017		June	July
Commitment			
Leadership Support			
	Formal written statement of ASP from facility leadership		
	Budgeted ASP financial support		
Accountability			
	Physician leader responsible for program outcomes of ASP activities within facility		
Drug Expertise			
	Pharmacist leader responsible for working to improve antibiotic use within facility (e.g. antibiogram driving formulary selection)		
	Key support for ASP (e.g. Clinicians, IP/Epi, Quality, lab, IT, Nursing, and etc.)		
Actions	Facility implementation of at least on policy or practice to improve antibiotic prescribing		
Policies			
	Provide communicats skills training for clinicians.		
	Require explicit written justification in medical record for nonrecommended antibiotic prescribing		
	Provide support for clinical decisions		
	Use call centers, nurse hotlines, or pharmacist consultations as triage systems to prevent unnecessary visits.		
	Prospective specified ATB audit with provider specific feedback (e.g. use of approved ATB with CDI)		
Diagnosis and Infection Specific Interventions			
	Community-acquired pneumonia		
	Urinary Tract Infection		
	Skin and soft tissue infections		
	Surgical Prophylaxis		
	Emergency Department Sepsis Pathway		
	Empiric treatment of MRSA		
	Non CDI antibiotics in new cases of CDI		
	Culture-proven invasive (e.g. blood stream) infections		
Tracking and Reporting	Facility monitoring of at least one aspect of antibiotic prescribing		
	Track and report antibiotic prescribing for one or more high-priority conditions.		
	track and report the percentage of all visits leading to antibiotic prescriptions.		
	Tract and report, at the the health care system level, complications of antibiotic use and resistance trends of common bacterial pathogens.		
	Assess and share performance on quality measures and established reduction goals.		
Education and Expertise	Providing resources to clinicians and patients on evidence-based prescribing		
	AS Program shares facility specific reports on ATB use with providers		
	Current antibiogram is distributed to prescribers at facility		
	Prescribers receive direct, personalized communication about how they can improve their ATB prescribing		
Education	Education		
	AS Program provides education to clinicians and other relevant staff on improving ATB prescribing		
	Provde continuing education activities for clinicians.		
	Ensure timely access to persons with expertise.		
Resources			
	https://www.cdc.gov/getsmart/community/pdfs/16_268900-a_coreelementsoutpatient_check_2_508.pdf		

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Outpatient Antimicrobial Stewardship Program (ASP) Holzer

Last Update 5/25/2017			
Core Element #1- Commitment	Yes/No/Proposed	Applies to all settings	Please provide detail on how the measure is being met or plans for next steps
Can your facility demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety related to antibiotics?	Yes		See details below
If yes, indicate which of the following item below are in place (select all that apply.)			
Write and display public commitments in support of antibiotic stewardship.	Proposed	Yes	
Identify a single leader to direct antibiotic stewardship activities within the facility.	Yes	Yes	
Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria.	No		
Communicate with all clinic staff to set patient expectations.	No		

Tracking Tools, ³

- The Antimicrobial Stewardship Binder
 - The Ultimate Tracking Tool
 - Tabs for each Element of Performance
 - Mission/Vision/Goals
 - Executive Approval
 - Committee Composition
 - Tracking and Monitoring
 - Policies and Procedures
 - Educational Materials
 - Meeting Minutes
 - TCJ-Eps
 - Resources

Holzer's Recent Survey Experience

- All Stewardship Program review occurred in the Infection Control and Prevention Session
- The ASP Binder was instrumental to the review process
- Specific changes/education that has been undertaken since January 1st, 2017 was reviewed

Holzer's Recent Survey Experience,

cont'd

- How have you tailored education to the different disciplines?
- How have you tailored education to the different care areas?
- How are you tracking your progress?
 - The ASP tracking tools were well received

Survey Experience- Don't Overlook the Obvious

- Make sure frontline staff can speak to the ASP
 - What education have they received
 - What education do they provide patients
- Have an example to discuss where interventions actually made a difference
 - If you can depict that change with a table or graph even better!

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