

WELCOME TO SESSION 1 OF NC CLASP

March 1, 2022



CONFLICT OF INTEREST DISCLOSURES

- ▶ The views and opinions expressed in this series are those of the speakers and do not reflect the official policy or position of any agency of the U.S. or NC government or UNC.
- ▶ Our speakers have the following financial relationships with the manufacturer(s) and/or provider(s) of commercial services discussed in this activity:
 - ▶ Dr. Kistler served as a consultant for Base10, Inc on their UTI embedded clinical support tool and received funding from Pfizer to study pneumococcal carriage.
 - ▶ Dr. Willis has performed contracted research with: Pfizer (pediatric nirmatrelvir-ritonavir and maternal RSV vaccine), Novavax (pediatric COVID-19 vaccine), and Merck (monoclonal antibody for RSV prevention)
 - ▶ Ms. Doughton owns individual Gilead stock.
- ▶ The speakers do not intend to discuss an unapproved/investigative use of a commercial product/device in this series, and all COI have been mitigated.
- ▶ These slides contain materials from a variety of colleagues, Drs. Philip Sloane and David Weber, as well as the CDC, WHO, AHRQ, etc.

INTRODUCTION TO OUR PARTICIPATING COMMUNITIES

Please put your name and nursing home community in the chat!

INTRODUCTION TO NC CLASP TEAM PARTNERS

- ▶ Danielle Doughman, MSPH- project manager
- ▶ Chrissy Kistler, MD, MASc- Geriatrics researcher and LTC expert
- ▶ Marian B Johnson, MPH- Senior Research Associate and QI advisor for IHI
- ▶ Mallory Brown, MD- Geriatrician and Session Facilitator
- ▶ Adrian Austin, MD, MSCR- Geriatric pulmonary and critical care expert
- ▶ Zach Willis, MD, MPH- Infectious disease clinician and HAI/AR expert
- ▶ Evelyn C. Cook- Associate Director of the North Carolina Statewide Program for Infection Control and Epidemiology
- ▶ Jim Johnson, PharmD- pharmacist with antibiotic stewardship expertise
- ▶ Saif Khairat, PhD, MPH- informatics and clinical decision support expert
- ▶ Phil Sloane, MD, MPH- Geriatrics researcher and LTC expert

OUTLINE OF TODAY'S SESSION

- ▶ CE/CME
- ▶ NC CLASP refresher
- ▶ Review of the CDC Core Elements
- ▶ Discussion of the SMART goals and QAPI
- ▶ Case presentation



CONTINUING EDUCATION CREDIT



- ▶ CME & CE for nursing home administrators
 - ▶ Attendance and active participation per learning session
 - ▶ Click the link in the chat during the session to document your attendance
 - ▶ Establish a MyAHEC account
 - ▶ Complete surveys as requested

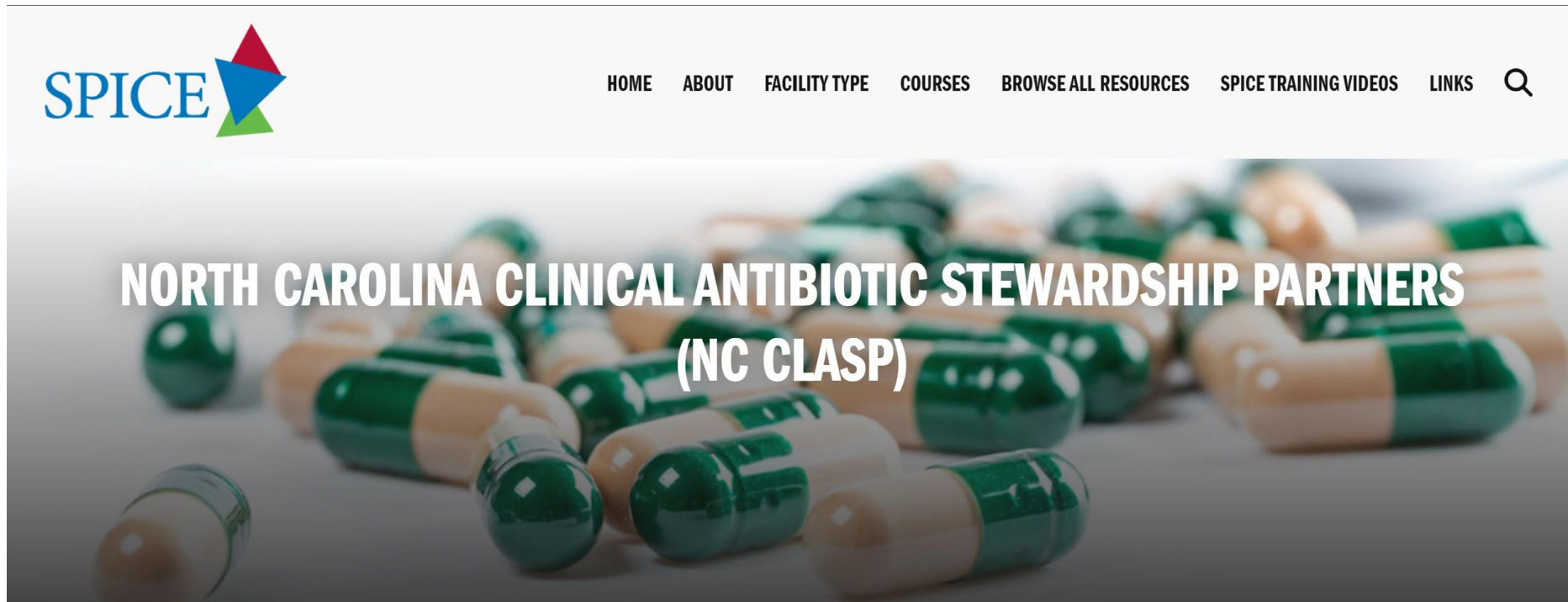
SETTING YOURSELF UP FOR LEARNING

- ▶ This time is for you and your learning.
- ▶ One-screen agreement
- ▶ Hearing and seeing each other
 - ▶ Cameras on
 - ▶ Stay muted unless speaking
- ▶ Use the chat
- ▶ Let's use and share our learning, but not in a way that identifies another facility's pain points.
- ▶ What would you add?



THE NORTH CAROLINA CLINICAL ANTIBIOTIC STEWARDSHIP PARTNERS (NC CLASP)

- ▶ All the information from today's session will be on our website <https://spice.unc.edu/ncclasp/>



NC CLASP OVERVIEW

➤ **NC CLASP is a new initiative created to support acute care, outpatient, and nursing home settings to improve antibiotic stewardship and the health of our patients.**



WHAT IS YOUR COMMUNITY DOING WELL?

WHAT DO YOU NEED TO WORK ON?

➤ Leadership commitment

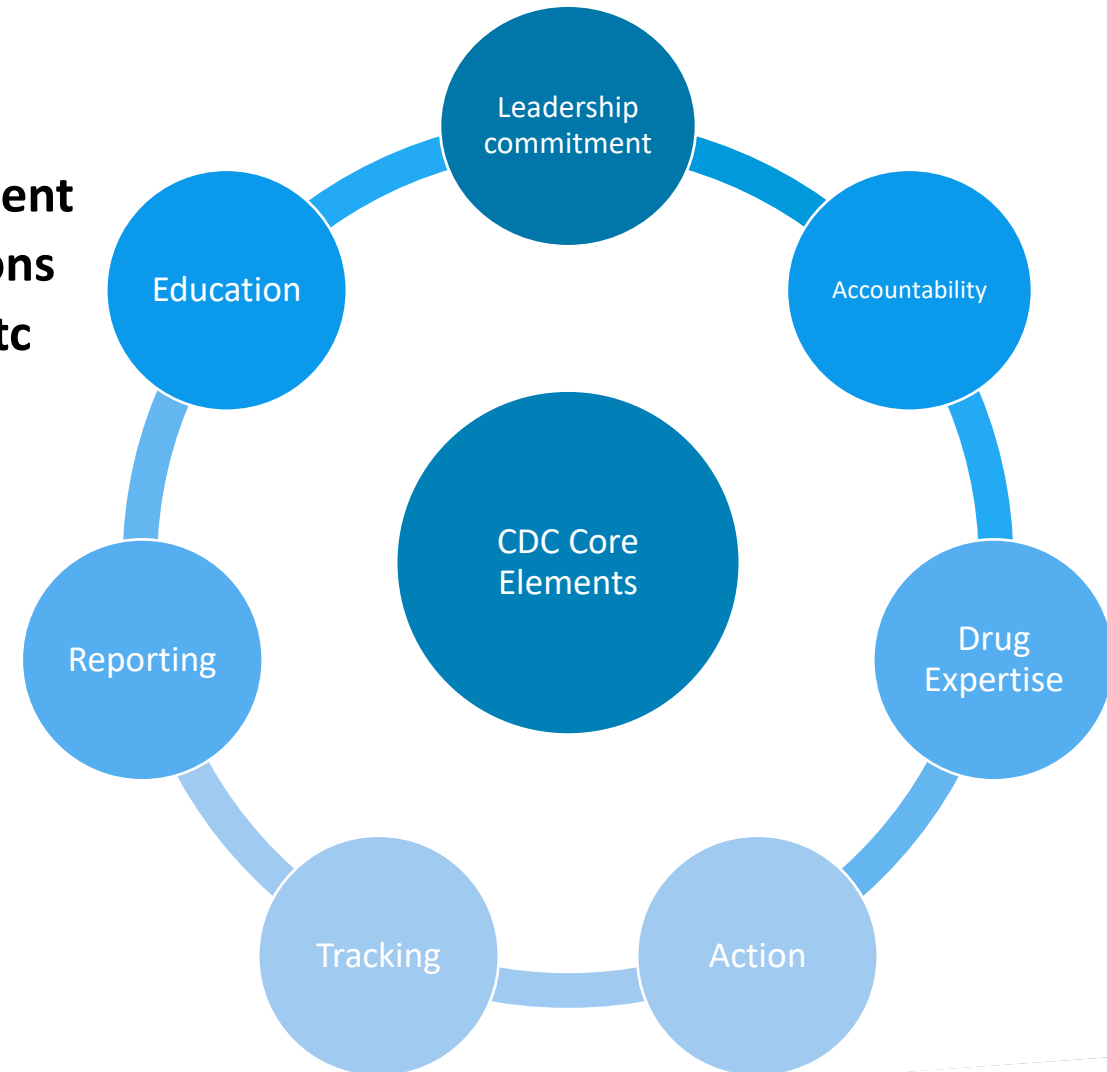
- Write stewardship commitment statements for staff, resident
- Explicit stewardship activities in leaderships job descriptions
- Communication about community expectations to staff, etc
- Ongoing messaging to celebrate stewardship

➤ Accountability

- Empower team to perform stewardship activities
- Work with consultant pharmacists and labs
- Connect with local health departments

➤ Drug Expertise

- Ensure pharmacist has ID and/or stewardship training
- Partner with local ID experts



WHAT IS YOUR COMMUNITY DOING WELL? WHAT DO YOU NEED TO WORK ON?

➤ Action

- Review medication safety practices and revise for stewardship
- Review and revise standard work to improve stewardship
 - Antibiotic time-out, reflex culture orders,
- Review and revise workflow for specific infections: UTI or populations: dementia

➤ Tracking and reporting

- Standardize process and antibiotic use measures
- Standardize antibiotic outcomes: cdiff, sepsis, MRSA, CRE

➤ Education

- Physician and APP, nursing staff, and patients/families- diagnosis and treatment guidelines and evidence



What are you doing well? What do you need work on?

SMALL GROUP DISCUSSION

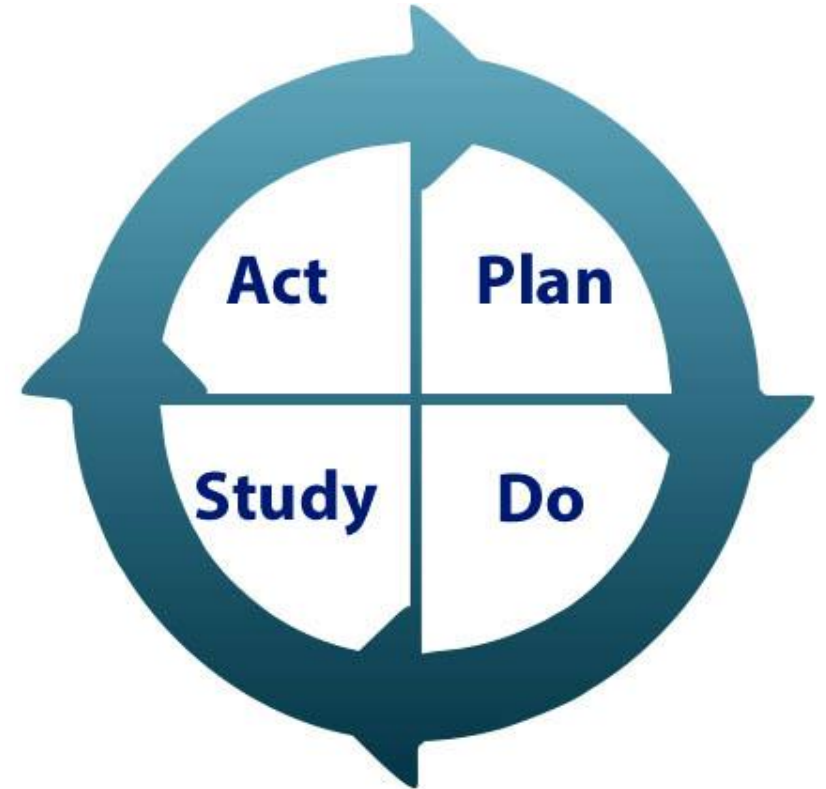
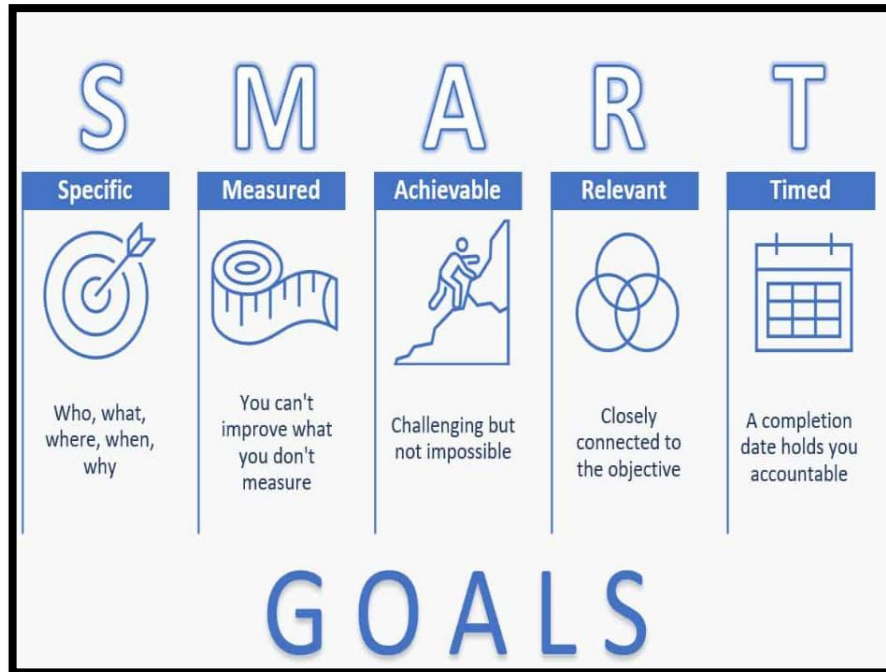
WHAT IS YOUR GROUP DOING?

Leadership
<ul style="list-style-type: none"> •Write a stewardship commitment statement for staff, physicians/APPs, and residents/families •Rewrite leadership job descriptions to include stewardship •Leadership communication about community expectations to staff, physicians/APPs, and residents/families •Recurrent and ongoing leadership efforts to celebrate stewardship
Accountability
<ul style="list-style-type: none"> •Empower team to perform stewardship activities of the medical director (required antibiotic data review); director of nursing (work with LPNs and aides); IP (dedicated time to track and report data) •Work with consultant pharmacists and labs- ask to help create an antibiogram •Connect with local health departments- state and local HAI/AR programs have resources (like this!) •Allocated IT resources
Drug Expertise
<ul style="list-style-type: none"> •Ensure pharmacists have ID and/or stewardship training •Formulary management including prior authorizations for classes (e.g., fluoroquinolones) •Partner with local ID physicians •Partner with local hospitals and their HAI/AR programs

Action
<ul style="list-style-type: none"> •Specific disease diagnosis and treatment guidelines based on local microbiology and standards of care (SBARs based on IDSA guidelines) •Specific treatment order sets for certain populations: dementia, hospice, etc •Antimicrobial dosing strategies, including recommended dose and durations •Diagnostic test sequencing/cascading, information guided/interactive order entry- remove reflexive urine cultures, allow RN order chest xrays •Prospective audit and feedback •De-escalation protocols •72-hour antimicrobial time-out •Antimicrobial review to optimize treatment upon transition to next level of care •Sepsis treatment pathways •Vaccine interventions (pneumococcal vaccines or shingles vaccines)
Tracking and Reporting
<ul style="list-style-type: none"> •Perform reviews of all new antibiotic starts, ensuring appropriate documentation for clinical assessment, antibiotic choice and duration •Track how many antibiotics are used for how long (like the Rochester excel tools) •Track the costs and harms of antibiotics: C. Diff, CRE, MRSA, etc
Education
<ul style="list-style-type: none"> •Ongoing education for staff (in services etc), physicians/APPs, and residents/families on the diagnosis and management of disease specific infections (handouts or presentations) •Ongoing education for staff, physicians/APPs, and residents/families on the harms of antibiotic use and overuse

WE WANT TO HELP YOU WORK SMARTER, NOT HARDER

- **Quality Assurance and Performance Improvement: get SMART on outcomes important to your community**



QUALITY IMPROVEMENT:

METHODS FOR IMPROVE PERFORMANCE AND SUSTAIN RESULTS

► Topics we will cover:

- Choosing a key process to improve around antibiotic stewardship in your facility
 - Conversations with Staff
 - Asking ‘Why’ 5 times?
 - Reviewing data and past PIPs
- Running an Improvement Project
 - Setting SMART Aims (What are we trying to do? How much, by when)?
 - Choosing and Tracking Measures (How will we know if a change results in improvement)?
 - Testing small changes to see what works (What changes can we try?)
 - Sustainability—making small changes “stick”
 - Role of Leaders in Supporting and Sustaining Improvement

POLL: QAPI & PIPS AT YOUR FACILITY

1. How would you describe your current level of knowledge regarding your facilities QAPI plan

- a. I helped create it and understand it fully
- b. I have read it and understand it
- c. I have heard about it but not read it
- d. I have never seen or heard about it
- e. I did not know about QAPI before today

2. How would you describe Performance Improvement Projects (PIPs) as part of QAPI in your facility?

- a. We routinely conducts PIPs and I am involved in them
- b. We have run PIPs before and I have been somewhat involved
- c. We have run PIPs but I have never been involved
- d. I am not aware if we have ever run PIPs before
- e. I do not know what a PIP is

NC CLASP WORK PLAN

- ▶ Worksheet to help document goals, activities, and outcomes
- ▶ Midpoint and final check-ins to document successes, learning, and challenges
- ▶ Assign and communicate person(s) responsible for each change/task/activity to help guide team roles
- ▶ Tool to help share learning and progress, not for judgment!!

NC Clinical Antimicrobial Stewardship Program		
NC CLASP Work Plan		
OVERALL NC CLASP Goal		
To optimize antibiotic stewardship in your nursing home		
Your Nursing Home Community SMART Goal		
Intervention Strategy		
[How you propose to reach your goal]		
NC CLASP Nursing Home Community		
[name of your nursing home here]		
Anticipated Outcome(s):	[what concrete product or deliverable do you hope to achieve by the end of the sessions]	
How will you measure strategy success?	Mid-point Check-in: Session 5 Summary of progress, challenges:	Final Check-in: Session 10 Summary of progress, challenges:
[List how you plan to measure things]		

QI Essentials Toolkit: PDSA Worksheet

The Plan-Do-Study-Act (PDSA) cycle is a useful tool for documenting a test of change. Running a PDSA cycle is another way of saying testing a change – you develop a plan to test the change (Plan), carry out the test (Do), observe, analyze, and learn from the test (Study), and determine what modifications, if any, to make for the next cycle (Act).

Fill out one PDSA worksheet for each change you test. In most improvement projects, teams will test several different changes, and each change may go through several PDSA cycles as you continue to learn. Keep a file (either electronic or hard copy) of all PDSA cycles for all the changes your team tests.

80 yo woman with GI cancer who is seen by her oncologist. She has an indwelling foley to help her post-radiation skin ulcers heal. She's had the foley over a month.

CLINICAL CASE- FROM EVENT TO OUTCOME

Clinical Event



Dtrs complain to oncologist about increased sediment in foley bag. MD sends Rx for UTI tx to NH.

PROBLEM:

No evaluation of LUTS or attempt to educate family.

Evaluation by R.N. or M.D.



RN comes to MD at NH with Rx and reports pain is improved, VSS, and no LUTS, so NH-MD encourages hydration and active surveillance. NH-MD contacts oncologist and tells them the plan.

PROBLEM:

No MD-MD communication

Decision To Prescribe Antibiotic



Urine culture grows mixed urogenital flora.

PROBLEM:

Culture results in non-NH record.

Outcome



NO ANTIBIOTICS PROVIDED AND FAMILY AND PATIENT EDUCATED ON FOLEYS AND ASYMPTOMATIC BACTERIURIA

PRESCRIPTIVE

POST-PRESCRIPTIVE



**PLEASE TYPE IN THE CHAT ONE POTENTIAL TARGET
FOR ANTIBIOTIC STEWARDSHIP THAT YOU CAN TACKLE
IN YOUR NURSING HOME.**

1. PLEASE COMPLETE THE SURVEY

**2. SIGN-UP FOR CASE STUDY OR TO PRESENT YOUR
SMART GOALS**

**(GET A FREE TOTE BAG IF YOU VOLUNTEER FOR ONE
OF THE NEXT TWO SESSIONS!)**