



**North Carolina  
Clinical Antibiotic  
Stewardship Partners**

# **INPATIENT ANTIMICROBIAL STEWARDSHIP SESSION #4**

June 21, 2023

# 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 US 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. Doughman 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, as well as the CDC, WHO, AHRQ, etc.

# CME AND CE CREDIT



## ▶ CME & CE for participants

- ▶ Attendance and active participation per learning session
- ▶ Click the link in the chat during the session to document your attendance
- ▶ Complete surveys as requested

# INTRODUCTIONS

Please put your name, hospital, and location in the chat!

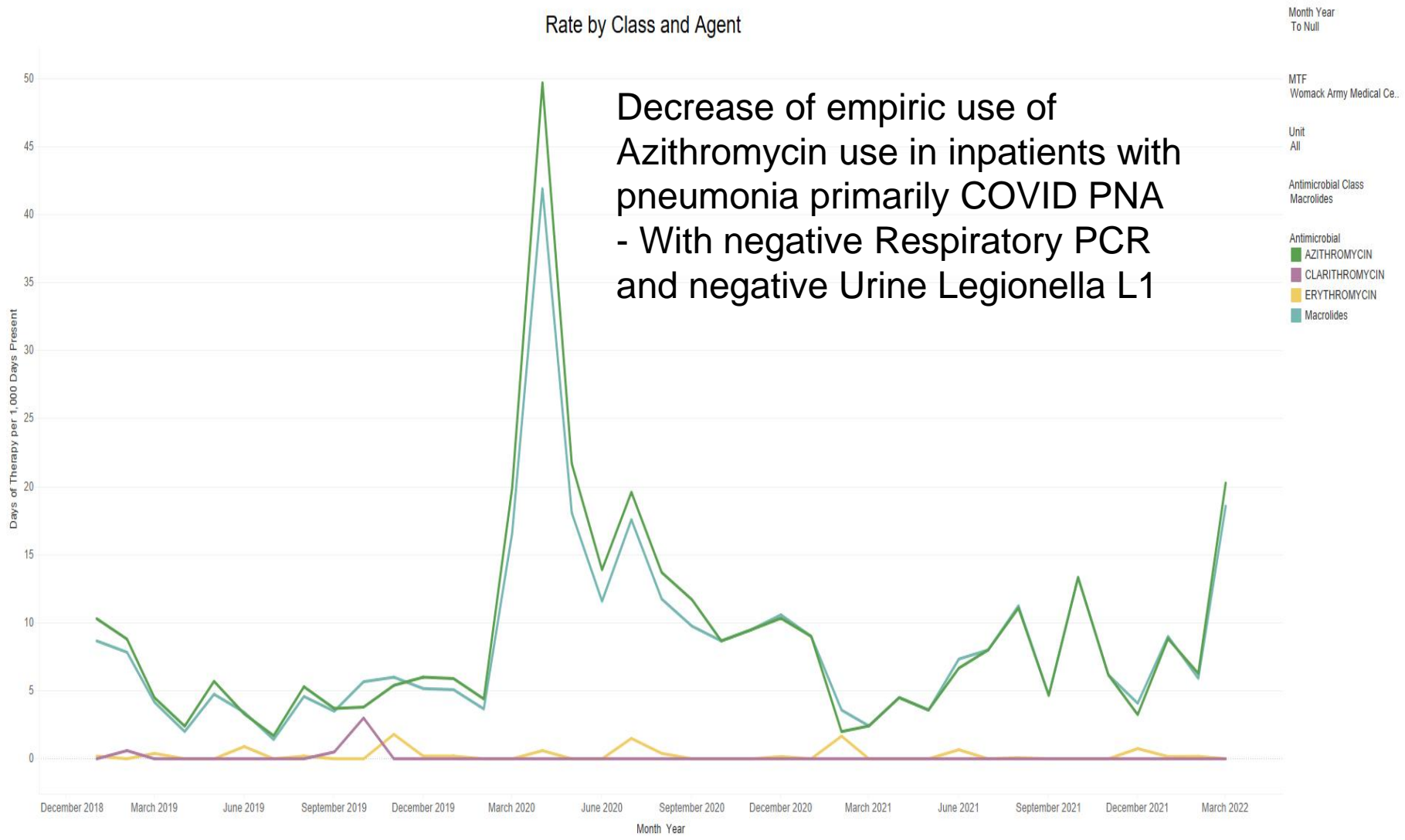
# OUTLINE OF TODAY'S SESSION

- ▶ Review from last session
- ▶ CDC Core Element #6: Reporting
- ▶ CDC Core Element #7: Education
- ▶ Summary
- ▶ What's next in CLASP?

# ASSIGNMENT FROM LAST SESSION

- ▶ Share an example from your institution where you used data to make a change in the antimicrobial use process.
- ▶ Did you track the effects of the change?
- ▶ If so, what were the effects you observed?

# Azithromycin



# HOSPITAL CORE ELEMENT #6: REPORTING

- ▶ *“Regularly report trends in antibiotic use and resistance to stakeholders: physicians, pharmacists, nurses, hospital leadership.”*
  - ▶ This can encourage engagement and motivate improved prescribing.
  - ▶ Stakeholder involvement in decisions about what to report can increase engagement.



# GROUP POLL: REPORTING PRACTICES

- ▶ As we review the next four prompts, **jot down questions** for group members about their reporting practices. Drop your question in the Chat if time:

For example:

- ▶ What reporting topics have generated the most interest? The least?
- ▶ I see several hospitals reported \_\_\_\_\_ How did you report that? How was it received?
- ▶ Is there a reporting practice you use that is NOT on the lists?
- ▶ What reporting practice has fallen flat in your institution? What did you do instead?

# GROUP POLL: REPORTING OUTCOMES AND PROGRESS

1. **What** do you report?

3. **How do you share** reports (the channels)?

2. To **whom** do you report?

4. How do you **package** information (format)?

# DISCUSSION: REPORTING OUTCOMES AND PROGRESS

## 1. What do you report?

- Antibigram
- MUE studies
- Adherence to guidelines
- Medication by diagnosis
- NHSN Standard Antibiotic Administration Ratios
- Progress with stewardship interventions
- Non-guideline compliant testing

## 2. To whom do you report?

- Hospital administrators
- Individual prescribers
- Infection Prevention Department
- Nurses
- Physician groups by discipline
- Pharmacists
- Residents

## 3. How do you share reports (the channels)?

- Email or listserv or "Employee News"
- Public ASP website (blog post or article)
- Intranet
- Presentations at administrative meetings
- Focused single-issue campaign using many channels
- Grand rounds or other clinician-targeted presentations
- Rounding
- 1:1 communication
- Other

## 4. How do you package information (format)?

- Infographics with or w/o additional information
- Flyers, screensavers with QR codes
- Newsletter or email
- Digital narrative reports with tables, graphs
- PPT-based recorded and/or live presentations at meetings
- Podcasts or other recordings
- A combination of these
- Other

WHAT QUESTIONS DID YOU JOT DOWN?

# CORE ELEMENT #7: EDUCATION

*“Education is a key component of comprehensive efforts to improve hospital antibiotic use; however, **education alone is not an effective stewardship intervention.**”*

- ▶ High-quality education can help establish the value and culture of stewardship in the institution
- ▶ Education is most effective when paired with interventions and measurement of outcomes
  - ▶ Case presentations/M&M-like review
  - ▶ Individual education at point of case-by-case intervention: “talking points”

# TAILOR INFORMATION TO YOUR AUDIENCE

## ▶ Prescribers

- Residents vs attending physicians
- Surgeons vs medical providers
- ED, ICU, ward

## ▶ Pharmacists

- De-escalation principles
- Seeing beyond dosing to drug selection and de-escalation

## ▶ Nurses

- CAUTI guidelines
- Culture indications and collection techniques

## ▶ Patients

# REPORTING AND EDUCATION: SMALL DOSES / MORE OFTEN

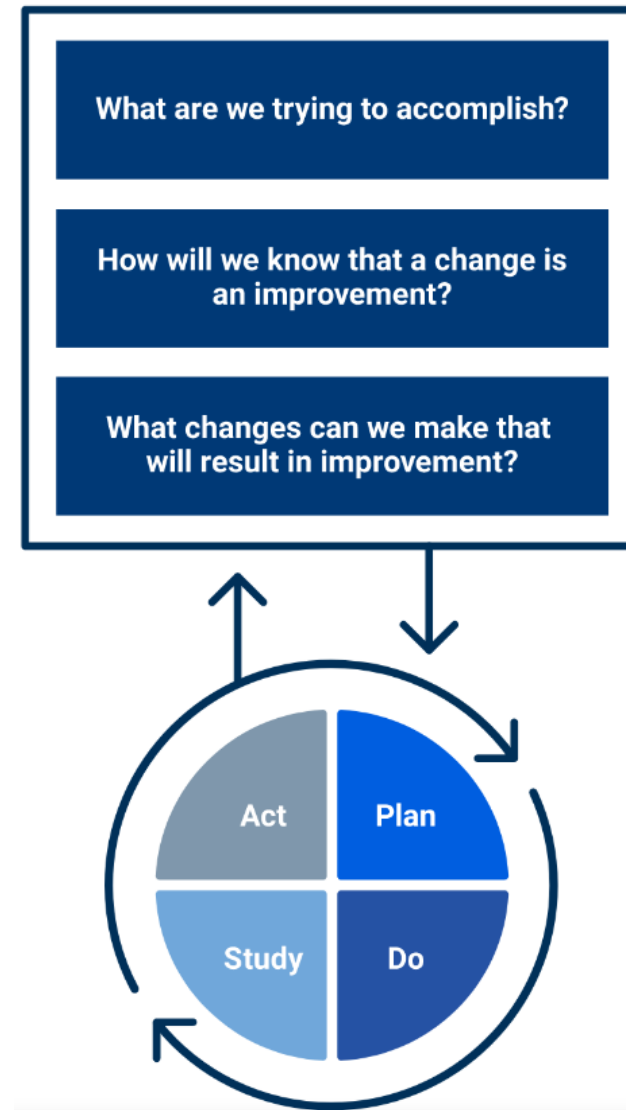
## EXAMPLE FORMATS

- ▶ Intermittently published, short article: “ID Ideas”
- ▶ 10 minute, 8 slide mini-concept added to the front or back of a scheduled presentation
- ▶ E-mail or text blurb: “Weekly Dose of Stewardship”
- ▶ Info at point of prescribing

## TOPIC EXAMPLES

- ▶ Six highlights from this year’s antibiogram
- ▶ Where to use wonderpenem, a new antibiotic
- ▶ Five clinical clues that a patient will absorb that oral antibiotic
- ▶ Cefepime neurotoxicity

# MEASURE, REVIEW, APPLY LEARNING TO OPTIMIZE EDUCATION AND REPORTING



## Core Elements of Hospital Antibiotic Stewardship Programs



### Hospital Leadership Commitment

Dedicate necessary human, financial, and information technology resources.



### Accountability

Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.



### Pharmacy Expertise (previously “Drug Expertise”):

Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.



### Action

Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.



### Tracking

Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like *C. difficile* infections and resistance patterns.



### Reporting

Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.



### Education

Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.



# BREAKOUT - REVIEW

- ▶ Which Core Element(s) do you feel your program is strongest in?
- ▶ Which needs the most work?
- ▶ What topics would you like to see covered in more depth in year 2 of NC CLASP?

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# NC CLASP: YEAR TWO

11 learning sessions September 2023-May/June 2024

CE included: CME, RN, Pharmacist (ACPE)

Sign-up begins soon

- ▶ In-depth discussion possible topics include:
  - ▶ Guideline development, prospective audit, antimicrobial restriction
  - ▶ Case discussions: decision making, effective communication
  - ▶ Quality improvement in antimicrobial use and processes
  - ▶ Steps to designing a new AS initiative
  - ▶ Clinical laboratory & diagnostic stewardship
  - ▶ “Nudges,” prompts, and pop-ups: Utilizing the EMR to improve antimicrobial use
  - ▶ Dangers in antimicrobial use: allergy, adverse effects, *C. difficile*
  - ▶ Stewardship Coaching



# Antibiotic Stewardship Conference



11.15.23 | 9 am - 4 pm  
The Friday Conference Center  
Chapel Hill, NC



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Clinical Antibiotic  
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**More information at [spice.unc.edu/ncclasp/](https://spice.unc.edu/ncclasp/)**

# 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/>



