

## Change Pathway: Antibiotic Stewardship

#### **COVID-19's Impact on Antibiotic Stewardship**

It is apparent that the use of antibiotics has had a huge impact on treatment outcomes across the healthcare landscape. However, as the number of antibiotic-resistant organism increases, appropriate use of antibiotics has taken center stage.

Appropriate antibiotic prescribing has been further emphasized by the COVID-19 pandemic. <u>During the initial phases of COVID-19 treatment</u>, <u>antibiotic use increased</u> as providers were faced with increased community acquired respiratory conditions. At first, COVID-19 was especially difficult to discern from other respiratory infections.

Recent studies suggest that secondary bacterial infections appear to be uncommon in patients with COVID-19, however, COVID-19 diagnosis is associated with a longer hospital stay, thus increasing the risk of spread of antimicrobial resistant organisms.

The immense impact of the COVID-19 pandemic has underscored the importance of infection prevention and antibiotic stewardship in protecting patients from antibiotic-resistant infections.

# Resources and tools for you



- Medicare Conditions of Participation (CoP): §485.640
- Core Elements for Small and CAHs
- Suggested Strategies from High Performing CAHs (Updated April 2020)
- Antibiotic Awareness Week
- Reducing the use of empiric antibiotic therapy in COVID-19 hospital admission
- Implementation Tools & Resources Society for Healthcare Epidemiology of America

Hospital Implementation of each Antibiotic Stewardship Core Element

e 10 Hospitals

#### **Leadership Commitment**

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**Accountability** 

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**Pharmacy Expertise** 

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Action

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**Tracking** 

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Reporting

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**Education** 

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## **Step-by-Step Path to Quality Improvement**



Hospital:		
Team Leader:	Team members:	_ Executive Sponsor:
HQIC Quality Improvement Change Pathway Focus Topic: Antibiotic Stewardship		

**Instructions:** This checklist serves as a guide for implementation of a selected quality improvement project. The change pathway is just one suggested method for achieving HQIC program goals, additional actions may be required.

#### **PLAN**



- Define the problem & analyze causes (Note: Quality Lead needs to complete the following 3 steps before starting the project)
- Review relevant data. Login to CDS and click on "Reports" to view outcome measure trends.
- Review topic-specific self-assessment responses. Login to the Telligen portal to view your organization's responses.
- Review Medicare conditions of participation (CoPs) if applicable and core resources (pg. 1).
- Assess the current state by completing a gap assessment or current state map (See page 20).
- Write out a problem statement that captures insights gained from data review.
- Imagine the future state. Ask yourself, what are we trying to accomplish?
- Perform a root cause analysis (RCA) of the problem. Select a template: <u>5 why's</u>, <u>fishbone diagram</u>.
- Consider barriers to improvement: patient population disparities, geographical barriers, staffing, and infrastructure challenges.
- Build your team
  - Identify key stakeholders and subject matter experts. Ask yourself, who has a stake in the results of this project? Ex. Pharmacists, nurses, etc.
- Complete <u>QI Team Member Matrix tool</u>. Keep your team small (less than 10 people).
- Share Page 1 (above), hospital specific data, assessments, and patient stories to motivate the team into action.
- Write out a compelling purpose (clear, challenging, consequential). Ask yourself, what does the team need to accomplish?

#### DO



- Select a promising practice (intervention) for implementation
- Ask yourself, what changes can we make that will result in improvement?
- Select an intervention to try. Attempt "low hanging fruit" first. Ex: Jumpstart Stewardship (pgs 27-30), Stewardship at Small and CA Hospitals, Develop and Improve your Program
- Incorporate age friendly, rural, health equity, and/or patient-centered elements into your intervention.
- Assess the financial feasibility of your intervention by conducting a cost-benefit analysis (if applicable) and obtain leadership approval.

#### Establish a measurement strategy

- Ask yourself, how will we know a change is an improvement?
- Determine the types of data sources that already exist in your facility.
- Evaluate potential data sources for tracking your intervention. Examples include: EHR reports, physical checklists, risk management reports.
- Determine data collection method, frequency, and responsible team member(s).
- Review the Telligen HQIC Specifications Manual. Baseline measure rate:

Improvement target rate:

#### • Develop an action plan

- Write an AIM statement.
- Create a timeline (page 28) for implementation of selected intervention.
- Define role and responsibility for each team member.
- Implement intervention

#### **STUDY**

- Analyze results
- Review progress toward improvement target.
- Ask yourself, has the "current state" changed?
- Revisit the gap assessment.

#### **ACT**

- Adapt, Adopt, or Abandon
- Reconvene team members and key stakeholders to determine next steps.
- Ask yourself, was the intervention successful? How can we modify to create more improvement? Will a different intervention work better?
- Reflect, Share, and Spread
- Conduct a Team Debrief: consider what worked well and what did not. Plan for sustaining the gain.
- Share your pathway with other HQIC hospitals during learning collaborative events, via <a href="mailto:Gaggle list serv">Gaggle list serv</a>, or by emailing <a href="mailto:HQICTeam@telligen.com">HQICTeam@telligen.com</a>.

#### Additional Resources:

• IHI Breakthrough Series White Paper, IHI Comprehensive QI Toolkit, Six Meetings for Success Video, Jumpstart Stewardship Workbook

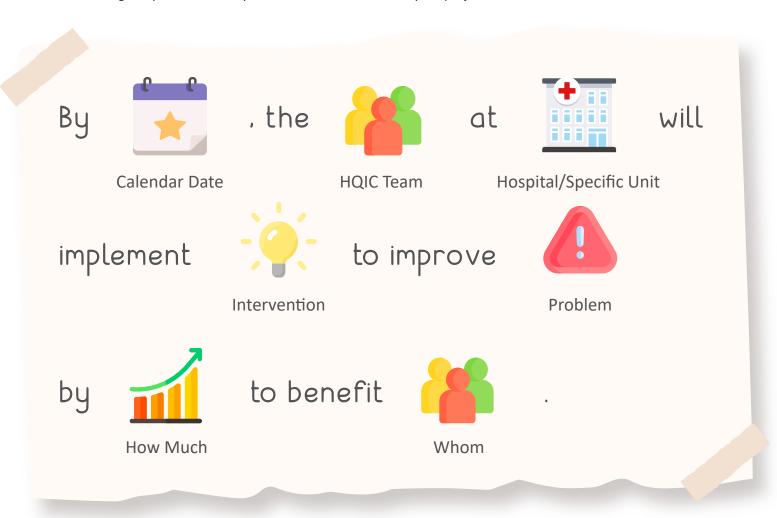






### **Develop Your Own AIM Statement**

Use the following template to create your own AIM statement for your project.



By the at will implement to improve

by to benefit