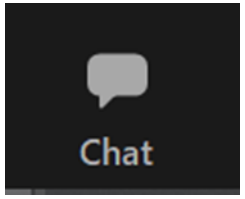
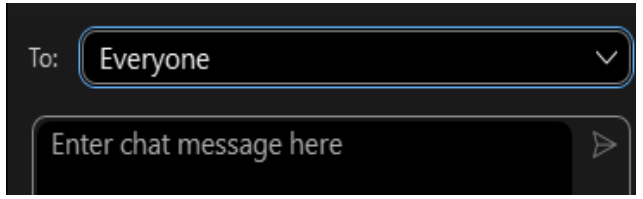
We Will Get Started Shortly

- Lines have been muted upon entry to reduce background noise
- We encourage you to ask questions for the presenter(s) throughout the event using the **Chat Box** feature
- Please enter your name, role, organization and State into Chat Box

Open Chat



Scroll Down & Select To Everyone



Antibiotic Stewardship: *Quick Wins for Improving Duration of Therapy*

November 8, 2022

Hosted by IPRO HQIC

IPRO, Alliant, Compass and Telligen Joint HQIC Learning and Action Network Event

Please Note: This LAN is being recorded.

How to Use & Send a Message in Chat Box

Open **Chat** Panel

Scroll down and **select** **'Everyone'**

Please Share in Chat Your:

- **Name**
- **Role**
- **Organization**
- **State**

Learning Objectives

- Describe CDC Antibiotic Stewardship Core Elements and program status in acute care hospitals
- Discuss national trending data on antibiotic use and duration of therapy
- Review opportunities to improve prescribing practices and decrease antibiotic duration of therapy at the time of patient discharge, including handoff to the next level of care
- Explain duration of therapy evidence-based strategies and associated outcomes to enhance patient safety
- Hear about a hospital's challenges and successes with implementing practical electronic health record (EHR) solutions and other data-driven strategies to optimize duration of therapy

Why Focus on This Now?

- Antibiotic Stewardship remains a national priority - aimed at optimizing antibiotic use to effectively treat infections, protect patients from harms caused by unnecessary use and curb antibiotic resistance
- CDC's Core Elements of Antibiotic Stewardship are an effective strategy to optimize antibiotic use - yet more needs done
- Hard-wiring meaningful stewardship is imperative given the impact and associated challenges of the COVID-19 Pandemic - on patients/families, hospitals, and providers across the care continuum
- Antibiotic Awareness Week, November 18-24, **'Antimicrobials: Handle with Care'** - highlights steps everyone can take to improve antibiotic prescribing and use

Today's Speakers

Arjun Srinivasan, MD
CAPT USPHS
Deputy Director for Program Improvement
Division of Healthcare Quality Promotion
Centers for Disease Control & Prevention

Valerie Vaughn, MD MSc
Assistant Professor & Director of Hospital Medicine Research
University of Utah School of Medicine
Hospitalist Lead - Antimicrobial Use Initiative Michigan Hospital Medicine Safety Consortium

Robert Neetz, PharmD BCPS
Lead Antimicrobial Stewardship Clinical Pharmacist
MyMichigan Health

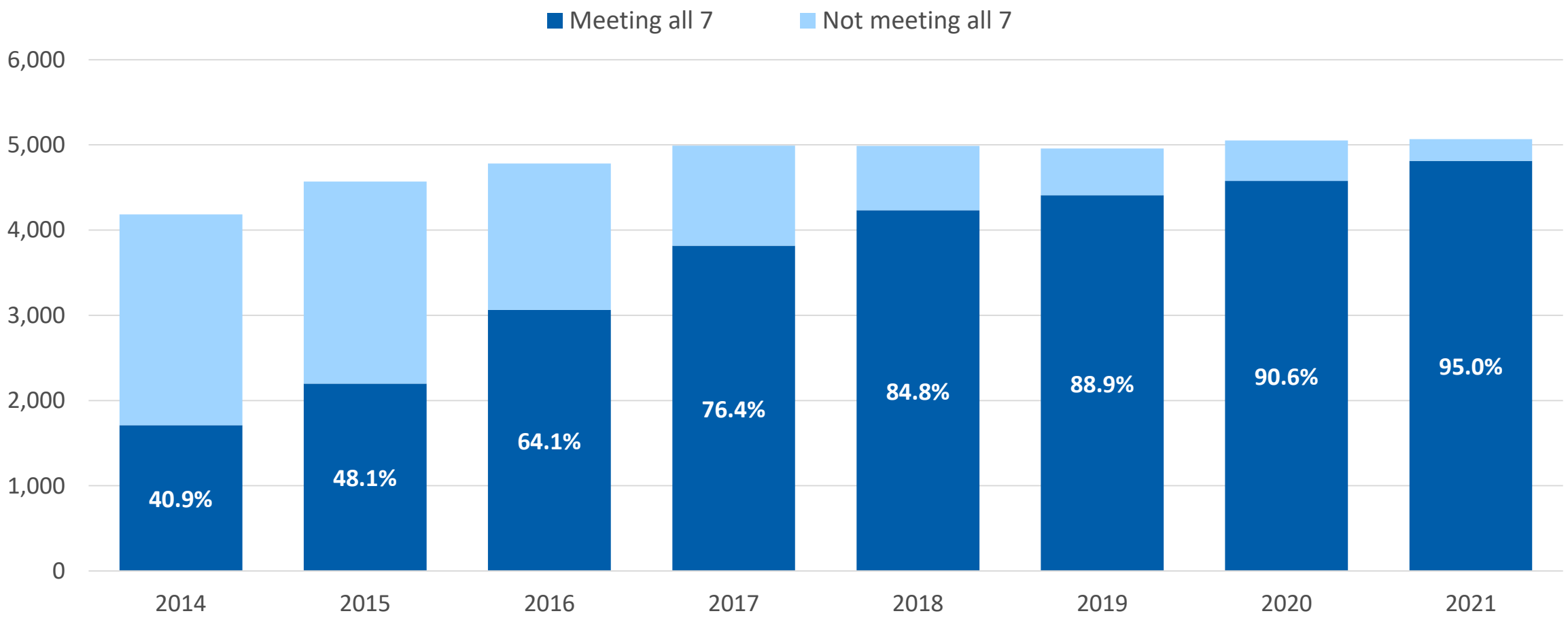
Today's Facilitator

Lynda Martin, MPA BSN RN CPHQ
Senior Director Patient Safety
Qlarant
Patient Safety Lead
IPRO HQIC

CDC Updates on Antibiotic Stewardship-2022

Arjun Srinivasan, MD
CAPT, USPHS
Division of Healthcare Quality Promotion
beu8@cdc.gov

NHSN Annual Hospital Surveys 2014-2021:
Number and percentage of hospitals meeting all 7 Core Elements



Advancing Stewardship Implementation

- Not all stewardship is created equal.
- There is some data showing that some practices are especially effective.
- There is a lot of experience demonstrating that some practices are better than others, for a variety of reasons- more effective, easier to implement, preferred by providers etc.
- We tried to indicate some of these in the 2019 revisions to the Hospital Core Elements for Antibiotic Stewardship Programs.
- It’s time to start identifying and directing people to these more aggressively.

Hospital Leadership Commitment- Proposed Priority Implementation

- Physician has antibiotic stewardship responsibilities in their contract or job description OR
- Pharmacist has antibiotic stewardship responsibilities in their contract or job description

Accountability- Proposed Priority Implementation

- Our facility has co-leaders (both pharmacist and physician) responsible for antibiotic stewardship outcomes

(Pharmacy) Expertise- Proposed Priority Implementation

- Physician completed an ID fellowship OR completed a certificate program or other coursework OR
- Pharmacist completed a PGY2 ID residency and/or ID fellowship OR completed a certificate program or other coursework

Action- Proposed Priority Implementation

- Providers have access to facility- or region-specific treatment guidelines or recommendations for commonly encountered infections AND
- Our facility has a policy or formal procedure for required authorization by the stewardship team before restricted antibiotics on the formulary can be dispensed (i.e., prior authorization) OR
- Our facility has a policy or formal procedure for the stewardship team to review courses of therapy for specific antibiotic agents and provide real-time feedback and recommendations to the treating team (i.e., prospective audit and feedback)

Tracking- Proposed Priority Implementation

- Hospitals submit antibiotic use data to the NHSN Antimicrobial Use (AU) Option

Reporting- Proposed Priority Implementation

- Stewardship program provides the following reports on antibiotic use to prescribers, at least annually - at least unit- or service-specific reports

What Does This Mean For Hospitals And Stewardship?

- The priority implementation approaches are not going to miraculously transform antibiotic use.
- Rather, these are intended to point hospitals to strategies they should consider focusing on implementing if they are not already doing so.
- And there are no requirements, incentives or penalties related to the priority implementation recommendations.
- But it seems time to take a next step with the core elements.
- This is an incremental next step on a long journey…

NHSN·AU

NATIONAL HEALTHCARE SAFETY NETWORK
ANTIMICROBIAL USE OPTION

Submission Metrics

- 2443 facilities submitted at least one month of data
  - From 50 states (+AE, AP, DC & PR)
  - Bed size
    - Mean = 204
    - Median = 148
    - Min/Max = 2, 1553
  - Teaching status
    - Teaching: 70.4%
      - (of all Teaching) Major teaching: 55%

Facility Type	# Ever Submitted
Critical access	236
Children's hospital	54
General acute care hospital	1890
Long-term acute care hospital	11
Military hospital	46
Oncology hospital	4
Orthopedic hospital	11
Psychiatric hospital	8
Rehab hospital	28
Surgical hospital	23
Veteran's Affairs hospital	117
Women's hospital	7
Women and children's hospital	8

*As of June 2022

CMS Hospital Inpatient Prospective Payment System-Final Rule for FY2023

- AUR Surveillance measure: The eligible hospital or CAH is in active engagement with CDC's National Healthcare Safety Network (NHSN) to submit antimicrobial use and resistance (AUR) data for the EHR reporting period and receives a report from NHSN indicating their successful submission of AUR data for the EHR reporting period.
- No additional points would be associated with the reporting of this measure, but it would be one of five required measures required to satisfy the Public Health and Clinical Data Exchange Objective.
- It will be included in the Public Health and Clinical Data Exchange Objective and will be a required measure beginning with the EHR reporting period in CY 2024.

Assessing Correlation of Antibiotic Use and Resistance

- Correlations between antibiotic use and resistance can be informative for potential opportunities to improve use.
- Are there hospitals where use of some agents is much higher than what we would expect given resistance patterns?
  - E.g. a hospital using a lot of ceftazidime-avibactam, but with very little CRE
- Are there hospitals where use of some agents is much lower than what we would expect given resistance patterns?

What's Next?

- Policy initiatives, reporting requirements and core elements are useless without the hard work you all do every day with stewardship implementation.
- We are always looking for places where our infrastructure can help make meaningful improvements in antibiotic use.
- Duration of therapy is a prime target…

Antibiotic Duration and the Need for Discharge Stewardship:

Introducing the Reducing Overuse of Antibiotics at Discharge (ROAD) Home

Valerie Vaughn, MD, MSc

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Director of Hospital Medicine Research, University of Utah

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No Conflicts of Interest or Disclosures

Antibiotic Duration and Discharge

- Background
- Framework for Improvement
- Pathways to Better Antibiotic Use at Discharge

Antibiotic Duration and Discharge

- Background
- Framework for Improvement
- Pathways to Better Antibiotic Use at Discharge

WHY DURATION???

For many diseases, evidence shows that shorter durations are equally effective as longer durations

Change in dogma

Longer durations

- Kill off healthy, normal flora
- Select for resistant pathogens
- Increase risk of *Clostridioides difficile*
- Increase risk of adverse events (e.g., side effects)

Uranga. JAMA Internal Medicine. 2016; Schrag. JAMA. 2001; Wistrom J. Antimicrobial Chemotherapy. 2001; Tamma. JAMA Internal Medicine. 2017

WHAT'S THE "RIGHT" DURATION FOR PNEUMONIA?

It depends….

- On patient factors, disease, clinical stability, improvement

Most patients (>80%) with CAP should receive 3-5 days of treatment

- As long as afebrile x 48 hours and ≤ 1 vital sign abnormality by day 5 of treatment
- Longer for complications (e.g., empyema) or organism (staph/pseudomonas)

Consistent with ATS/IDSA CAP Guidelines

Diagnosis and Treatment of Adults with Community-acquired Pneumonia

An Official Clinical Practice Guideline of the American Thoracic Society and Infectious Diseases Society of America

Joshua P. Metlay*, Grant Waterer*, Ann C. Long, Antonio Anzueto, Jan Brozek, Kristina Crothers, Laura A. Cooley, Nathan C. Dean, Michael J. Fine, Scott A. Flanders, Marie R. Griffin, Mark L. Metersky, Daniel M. Musher, Marcos I. Restrepo, and Cynthia G. Whitney; on behalf of the American Thoracic Society and Infectious Diseases Society of America

THIS OFFICIAL CLINICAL PRACTICE GUIDELINE WAS APPROVED BY THE AMERICAN THORACIC SOCIETY MAY ~~c~~2019 AND THE INFECTIONS DISEASES SOCIETY OF AMERICA AUGUST 2019

Terminology "HCAP" has been removed by new guidelines

These patients now also eligible for 5 days!!!

Annals of Internal Medicine

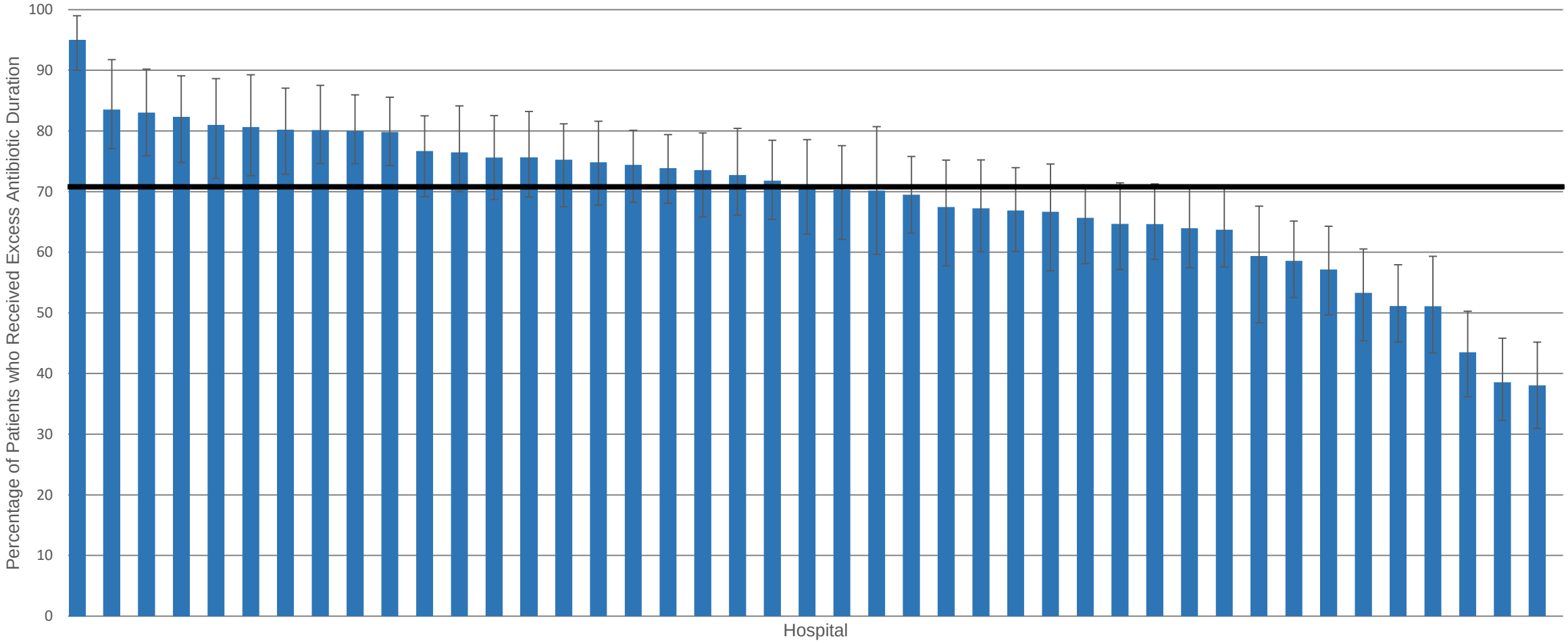
ORIGINAL RESEARCH

Excess Antibiotic Treatment Duration and Adverse Events in Patients Hospitalized With Pneumonia

A Multihospital Cohort Study

Two-thirds of patients received excess antibiotic therapy

PATIENTS WITH CAP WHO RECEIVED EXCESS DURATION, BY HOSPITAL



Annals of Internal Medicine

ORIGINAL RESEARCH

Excess Antibiotic Treatment Duration and Adverse Events in Patients Hospitalized With Pneumonia

A Multihospital Cohort Study

Two-thirds of patients received excess antibiotic therapy

Each excess day of treatment was associated with 5% increase in odds of antibiotic adverse events

Vaughn, VM et.al. *Annals of Internal Medicine*. 2019

Annals of Internal Medicine

ORIGINAL RESEARCH

Excess Antibiotic Treatment Duration and Adverse Events in Patients Hospitalized With Pneumonia

A Multihospital Cohort Study

Two-thirds of patients received excess antibiotic therapy

Discharge antibiotics were responsible for 93.2% of excess duration!!!

Vaughn, VM et.al. *Annals of Internal Medicine*. 2019

TYPES OF ANTIBIOTIC OVERUSE AT DISCHARGE

Unnecessary Antibiotics

Given for a non-infectious or non-bacterial syndrome

Excessive Duration

Antibiotic needed, but prescribed for longer than necessary

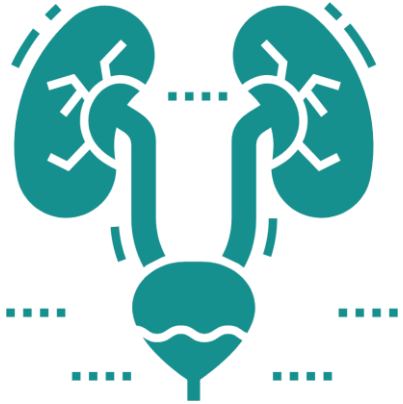
Avoidable Fluoroquinolones

Antibiotic needed, but safer alternative exists

Antibiotic Overuse at Discharge Is Common

Assessment of antibiotic use at discharge in 21,825 patients treated for pneumonia or urinary tract infection across 46 hospitals (July 2017-July 2019)

57% had antibiotic overuse at discharge



39% had antibiotic overuse at discharge

Vaughn VM, et al. *Clinical Infectious Diseases*. 2020

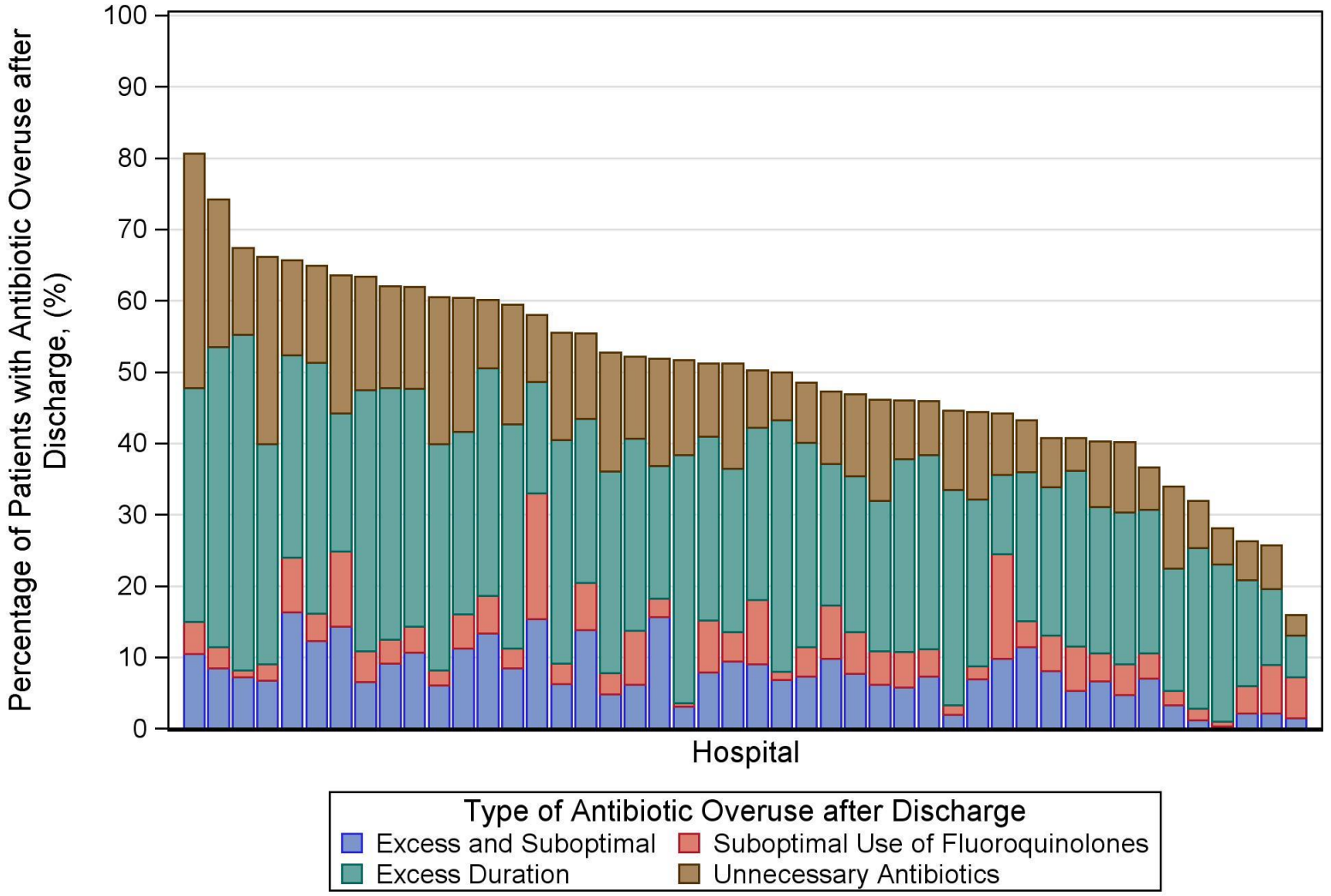
Antibiotic Overuse at Discharge Is Associated with Patient Harm

- Antibiotic side effects (e.g., *C. difficile*)
- Increased antibiotic resistance (self)
- Increased antibiotic resistance (communities, nursing homes)

Vaughn VM, et al. *Clinical Infectious Diseases*. 2020
Vaughn VM, et al. *Annals of Internal Medicine*. 2019
Gontjes KJ et al. JAMA Network Open. 2022

5-FOLD VARIATION ACROSS HOSPITALS

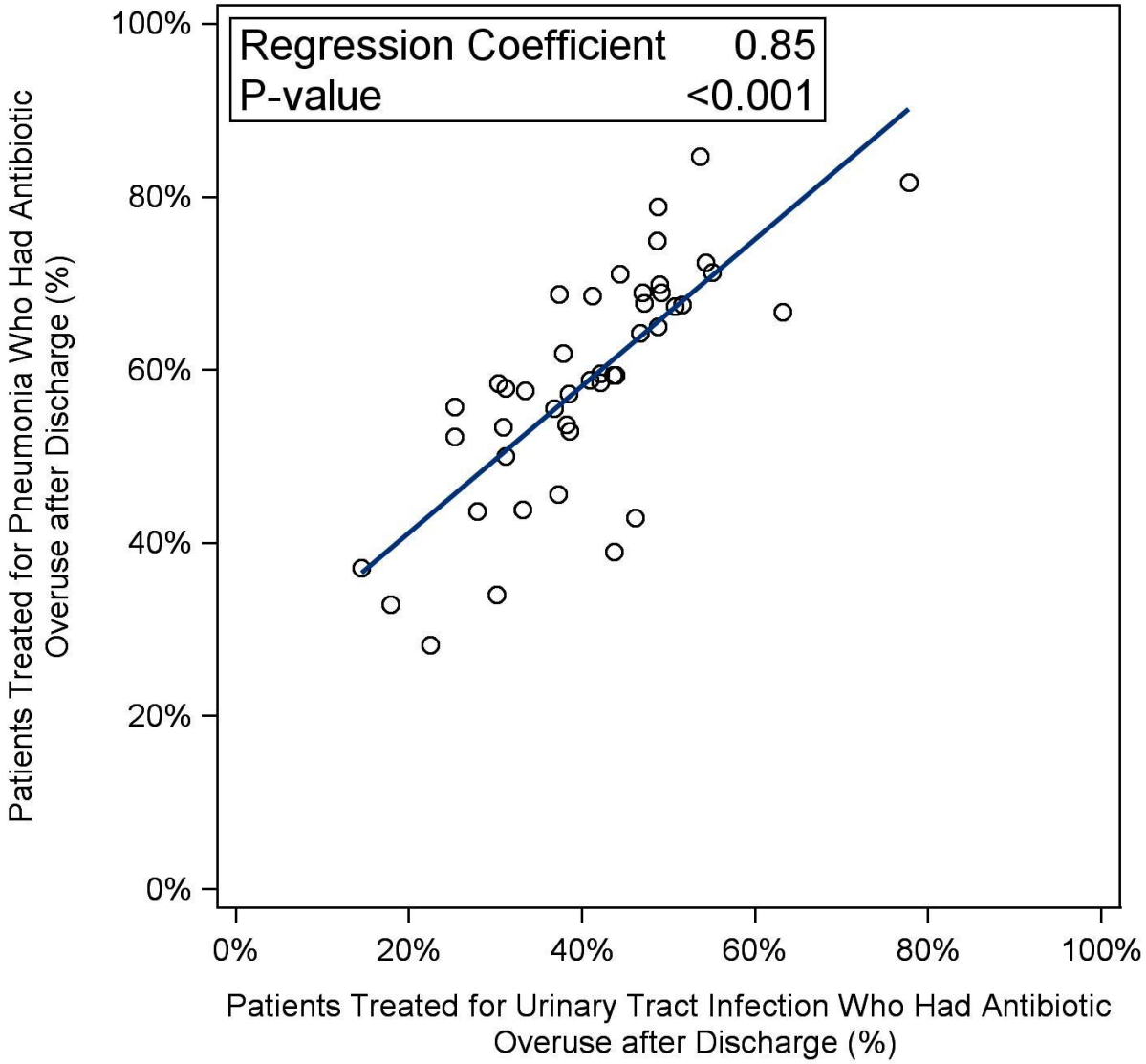
Figure 1. Antibiotic Overuse after Discharge in Patients Treated for Pneumonia or Urinary Tract Infection, by Hospital, (N=46 hospitals)



Vaughn VM, *Clinical Infectious Diseases*. 2020

STRONGLY CORRELATED ACROSS CONDITIONS

Figure 2. Antibiotic Overuse after Discharge in Patients Treated for UTI vs. Patients Treated for Pneumonia, by Hospital, (N=44 hospitals)



Vaughn VM, *Clinical Infectious Diseases*. 2020

Inpatient Antibiotic Stewardship Strategies may NOT be Effective at Discharge

11%

fewer patients received a fluoroquinolone in hospitals targeting inpatient fluoroquinolone use

Double

the number of patients were newly started on a fluoroquinolone at discharge

Vaughn VM. *Clinical Infectious Diseases*. 2019.

What are the most effective strategies to improve antibiotic prescribing at discharge?

Antibiotic Duration and Discharge

- Background
- Framework for Improvement
- Pathways to Better Antibiotic Use at Discharge

Reducing Overuse of Antibiotics at Discharge (ROAD) Home Framework

Clin Infect Dis. 2021 Sep 23;ciab842. doi: 10.1093/cid/ciab842. Online ahead of print.

Antibiotic Overuse and Stewardship at Hospital Discharge: The Reducing Overuse of Antibiotics at Discharge (ROAD) Home Framework

Valerie M Vaughn [1 2 3], Adam L Hersh [4], Emily S Spivak [5]

Vaughn VM, Hersh AL, Spivak ES, The ROAD Home Framework. *Clinical Infectious Diseases*. 2021.

ROAD Home Tiered Strategies for Improving Antibiotic Use at Hospital Discharge

Tier 3.
Discharge Specific Strategies

Tier 2.
Broad Inpatient Interventions

(Where Discharge Could be Proactively Considered)

Tier 1.
Critical Infrastructure

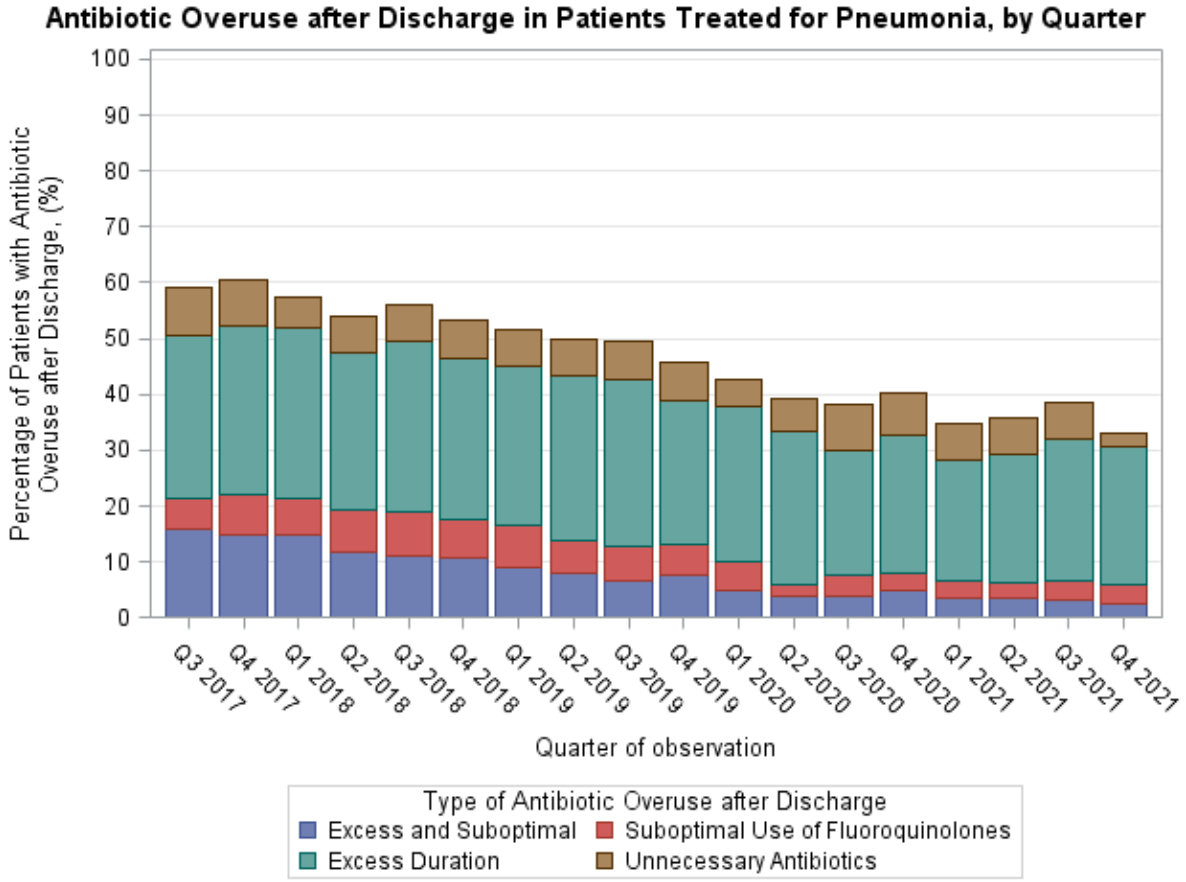
ROAD Home Tiered Strategies for Improving Antibiotic Use at Hospital Discharge

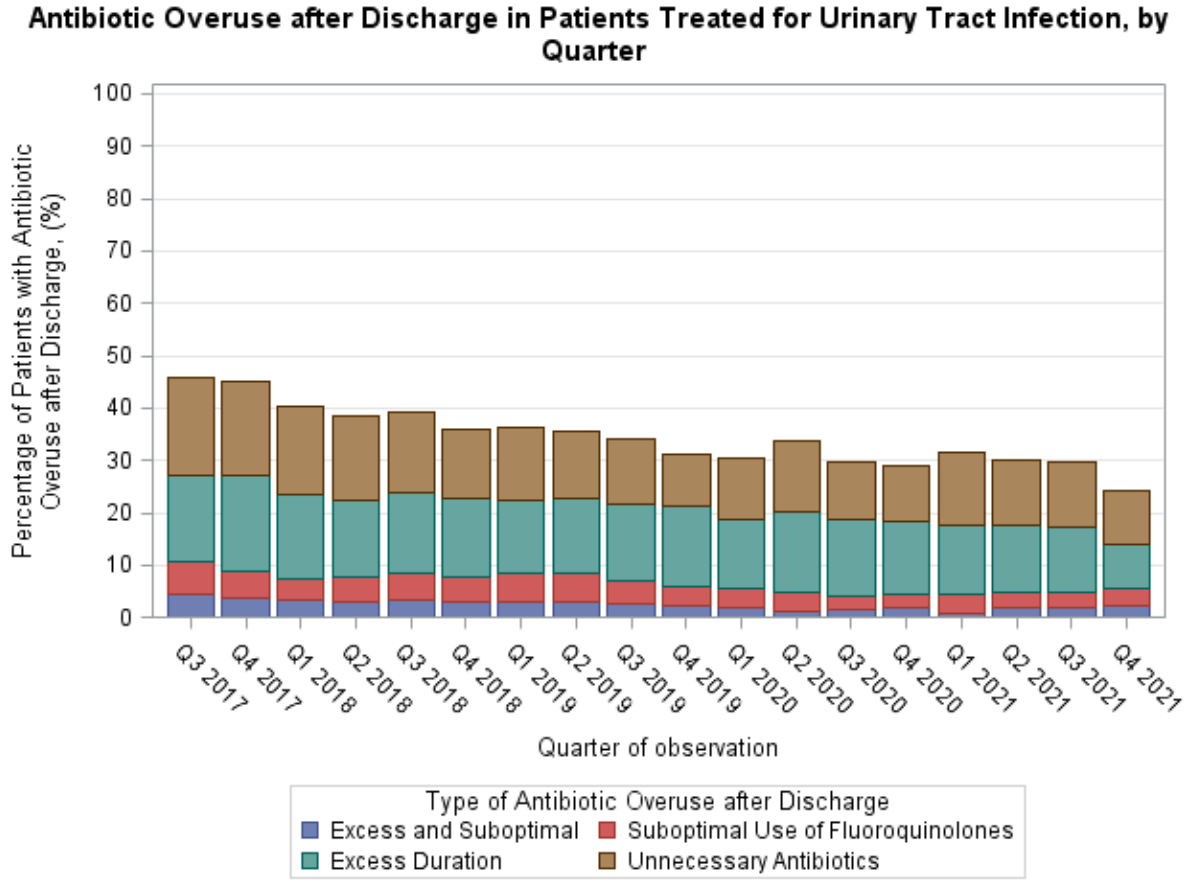
Tier 3. Discharge Specific Strategies

Discharge Intervention De-emphasizing Fluoroquinolones (15%)	Antibiotic Use Data on Discharge Antibiotics (8%)	Review of Outpatient Antibiotics before Discharge (8%)

Fall 2019 Survey (39 Hospitals)

Over time, Antibiotic Overuse at Discharge Has Decreased





Analysis of the ROAD Home Framework

20,444 patients across 39 hospitals between 7/2017 and 7/2019

- Generally, the more strategies the less antibiotic overuse at discharge
- Only 1 intervention was associated with less antibiotic overuse at discharge for both CAP and UTI
  - **Tier 3 Strategy: Review of Outpatient Antibiotics before Discharge**
    - aIRR 0.543 (0.335-0.878); ~46% fewer antibiotic overuse days at discharge
- One associated with **MORE** antibiotic overuse at discharge
  - Tier 2: Preset Antibiotic Duration for Pneumonia (↑44.1%)

Antibiotic Duration and Discharge

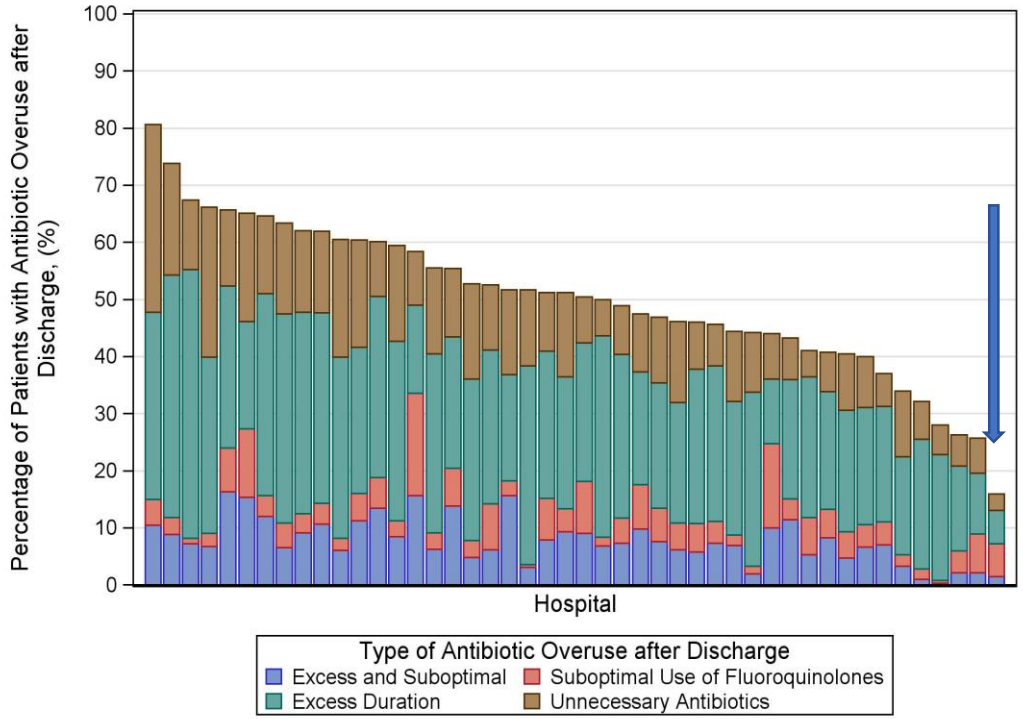
- Background
- Framework for Improvement
- Pathways to Better Antibiotic Use at Discharge

Three Pathways to Improving Antibiotic Use at Discharge

Do it all

Tier 1: 4 (of 6); Tier 2: 9 (of 24); Tier 3: 2 (of 3)

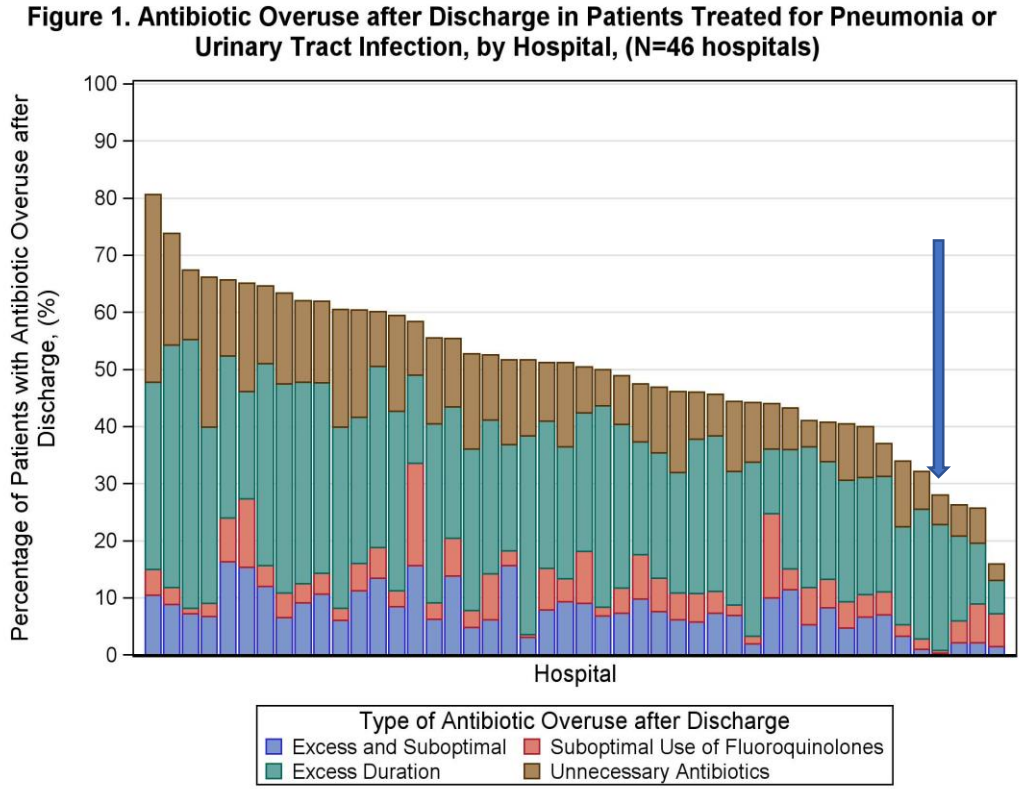
Figure 1. Antibiotic Overuse after Discharge in Patients Treated for Pneumonia or Urinary Tract Infection, by Hospital, (N=46 hospitals)



Strong Inpatient Stewardship (keeping discharge in mind)

- Hospitals that already have robust inpatient stewardship interventions
- Proactively incorporate discharge into Tier 1 and Tier 2 Strategies

Tier 1: 5 (of 6); Tier 2: 12 (of 24); Tier 3: 0 (of 3)

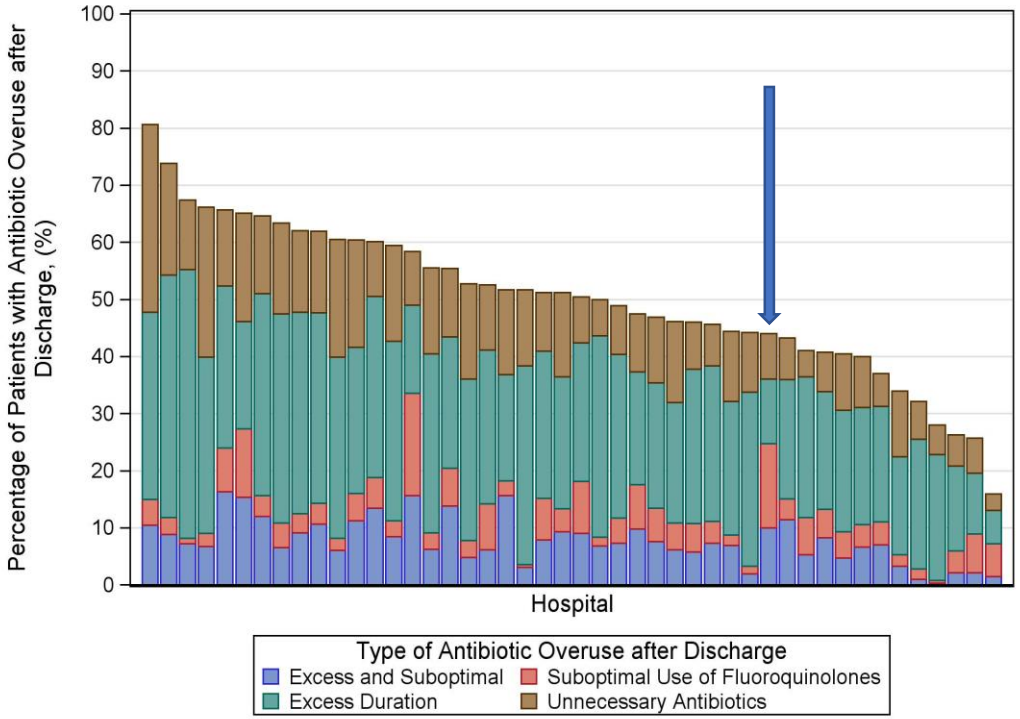


Focus on Discharge

- Hospitals with fewer resources for inpatient antibiotic stewardship
- Implement robust Tier 3 "discharge-specific" strategies

Tier 1: 2 (of 6); Tier 2: 6 (of 24); **Tier 3: 2 (of 3)**

Figure 1. Antibiotic Overuse after Discharge in Patients Treated for Pneumonia or Urinary Tract Infection, by Hospital, (N=46 hospitals)



Summary

- The ROAD Home framework can help hospitals reduce antibiotic overuse at discharge
  - The more interventions (or the higher tier) the more reduction
- Interventions with the biggest effect on discharge
  - Tier 3 (discharge-specific) strategies
  - For CAP having a preset/automatic duration led to **higher** antibiotic overuse
- Three pathways to success
  - Do it all
  - Planning inpatient strategies with discharge in mind
  - Discharge specific strategies

Thanks…

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Jennifer Horowitz, MA
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Adam Hersh, MD, PhD

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Clinical Infectious Diseases

MAJOR ARTICLE

IDSA Infectious Diseases Society of America

hivma hiv medicine association

OXFORD

Antibiotic Stewardship Strategies and Their Association With Antibiotic Overuse After Hospital Discharge: An Analysis of the Reducing Overuse of Antibiotics at Discharge (Road) Home Framework

Valerie M. Vaughn[1,2,3] David Ratz[4] M. Todd Greene[3,4] Scott A. Flanders[3] Tejal N. Gandhi[5] Lindsay A. Petty[5] Sean Huls[6] Xiaomei Feng[7] Andrea T. White[1] and Adam L. Hersh[8]

Questions?

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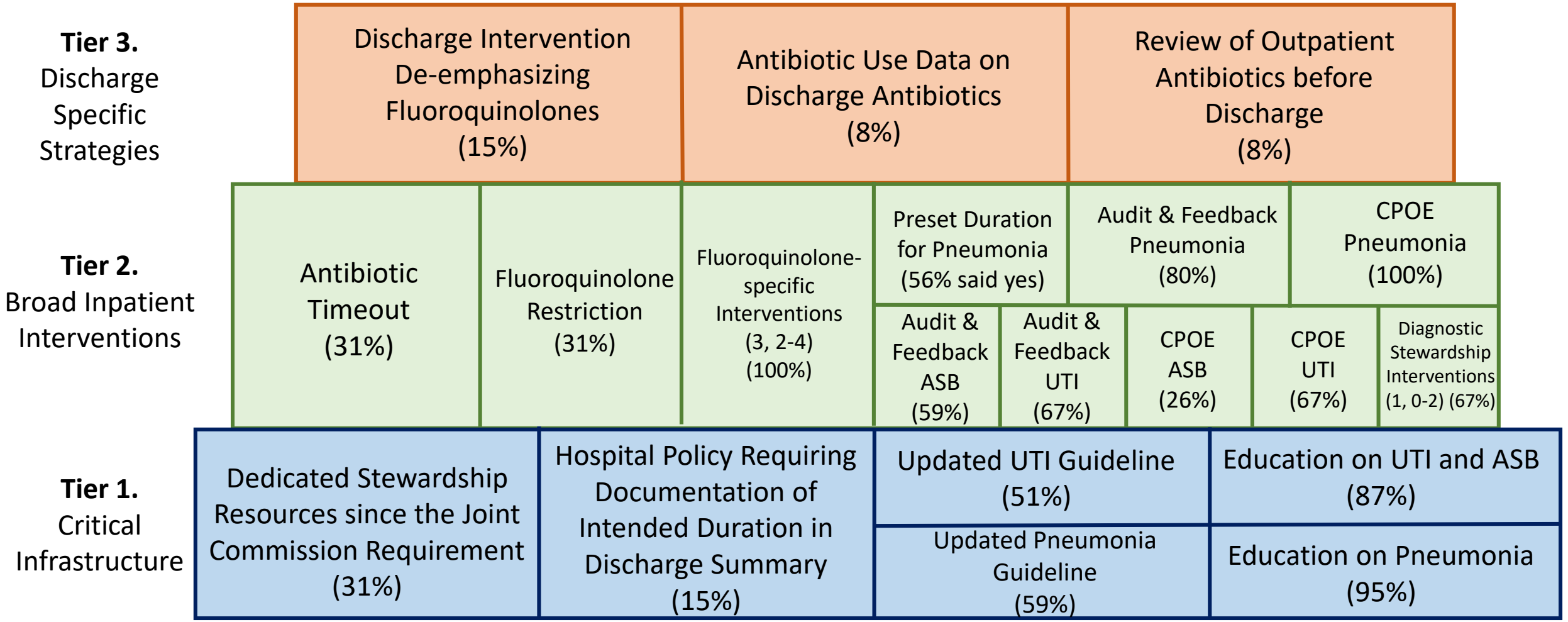
ROAD Home Tiered Strategies for Improving Antibiotic Use at Hospital Discharge



Experience from a community health system

Robert Neetz, PharmD, BCPS
Clinical Pharmacist – Antimicrobial Stewardship
MyMichigan Health, Midland, Michigan

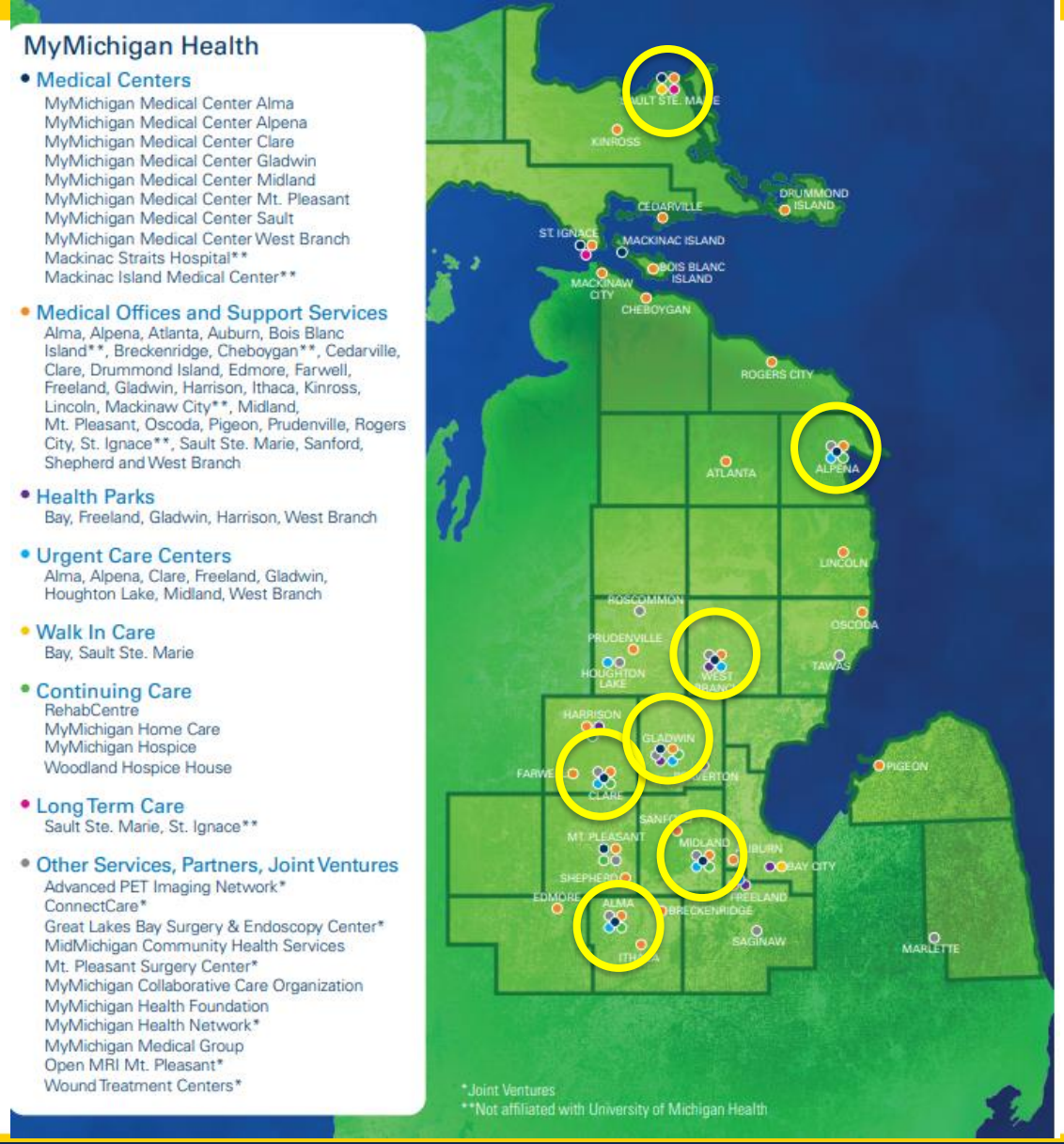
MyMichigan Health
UNIVERSITY OF MICHIGAN HEALTH

About MyMichigan Health System

- Seven hospitals across mid-east/northeast Michigan
  - Alma – 97 beds (Meds to Beds pharmacy)
  - Alpena – 139 beds (Meds to Beds pharmacy)
  - Clare – 49 beds
  - Gladwin – 25 beds
  - Midland – 324 beds (Meds to Beds pharmacy)
  - Sault St. Marie – 49 beds
  - West Branch – 86 beds

MyMichigan Health

- **Medical Centers**
  - MyMichigan Medical Center Alma
  - MyMichigan Medical Center Alpena
  - MyMichigan Medical Center Clare
  - MyMichigan Medical Center Gladwin
  - MyMichigan Medical Center Midland
  - MyMichigan Medical Center Mt. Pleasant
  - MyMichigan Medical Center Sault
  - MyMichigan Medical Center West Branch
  - Mackinac Straits Hospital**
  - Mackinac Island Medical Center**
- **Medical Offices and Support Services**
  - Alma, Alpena, Atlanta, Auburn, Bois Blanc Island**, Breckenridge, Cheboygan**, Cedarville, Clare, Drummond Island, Edmore, Farwell, Freeland, Gladwin, Harrison, Ithaca, Kinross, Lincoln, Mackinaw City**, Midland, Mt. Pleasant, Oscoda, Pigeon, Prudenville, Rogers City, St. Ignace**, Sault Ste. Marie, Sanford, Shepherd and West Branch
- **Health Parks**
  - Bay, Freeland, Gladwin, Harrison, West Branch
- **Urgent Care Centers**
  - Alma, Alpena, Clare, Freeland, Gladwin, Houghton Lake, Midland, West Branch
- **Walk In Care**
  - Bay, Sault Ste. Marie
- **Continuing Care**
  - RehabCentre
  - MyMichigan Home Care
  - MyMichigan Hospice
  - Woodland Hospice House
- **Long Term Care**
  - Sault Ste. Marie, St. Ignace**
- **Other Services, Partners, Joint Ventures**
  - Advanced PET Imaging Network*
  - ConnectCare*
  - Great Lakes Bay Surgery & Endoscopy Center*
  - MidMichigan Community Health Services
  - Mt. Pleasant Surgery Center*
  - MyMichigan Collaborative Care Organization
  - MyMichigan Health Foundation
  - MyMichigan Health Network*
  - MyMichigan Medical Group
  - Open MRI Mt. Pleasant*
  - Wound Treatment Centers*



My Michigan Health
UNIVERSITY OF MICHIGAN HEALTH

Overview

- Provider quick wins to improve antibiotic discharge duration
  - Progress notes
  - EMR discharge ordering
- Pharmacists from start to finish

“Discharge planning starts on admission” –Michael Scott

- Diagnose/empiric therapy
- Abx time-out and documentation
- Discharge/plan implementation

Image: https://theoffice.fandom.com/wiki/Michael_Scott

Improve communication via notes

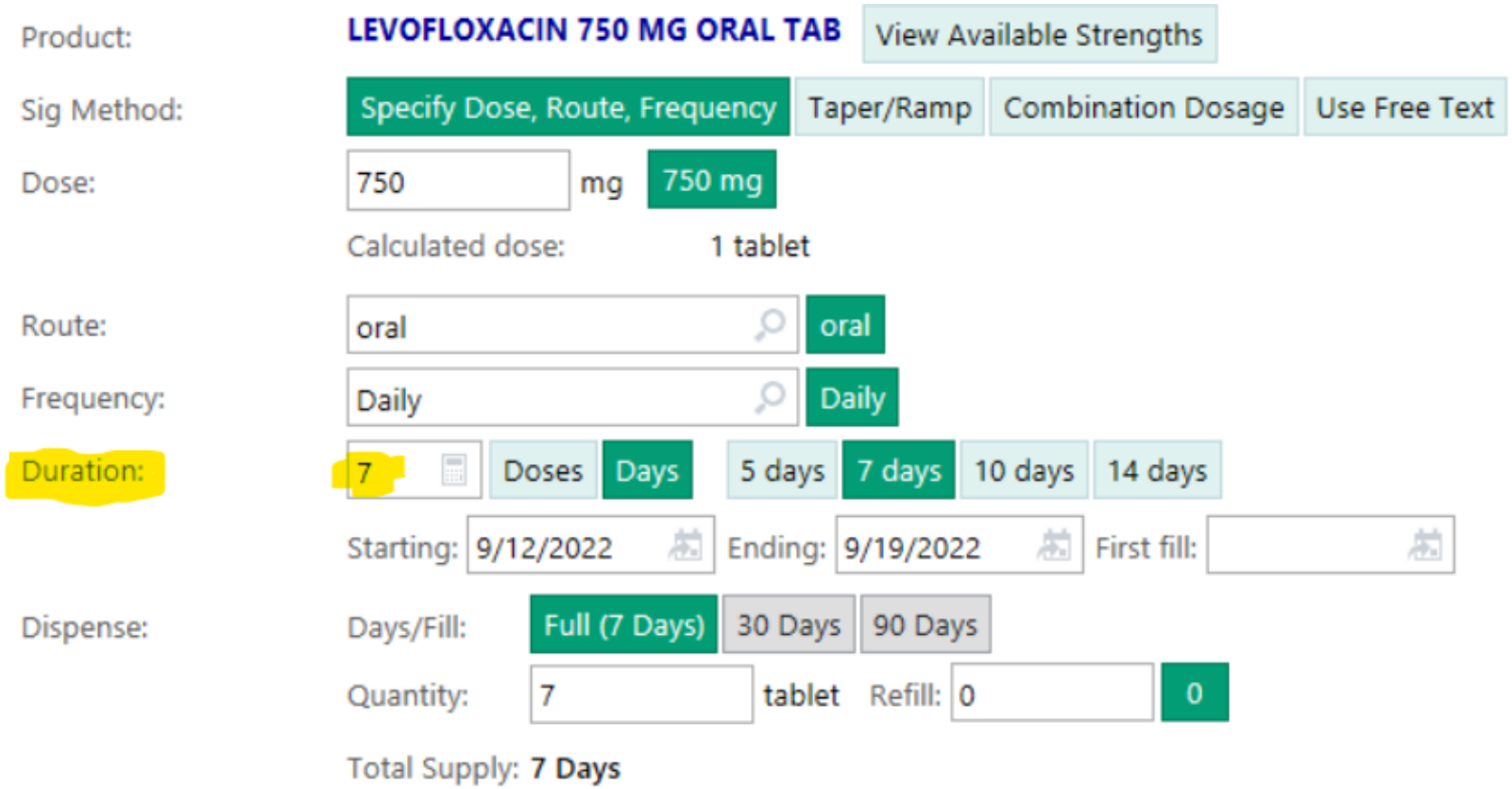
Instead of this…

1. CAP – …..continue ceftriaxone 2g IV and azithromycin 250mg PO

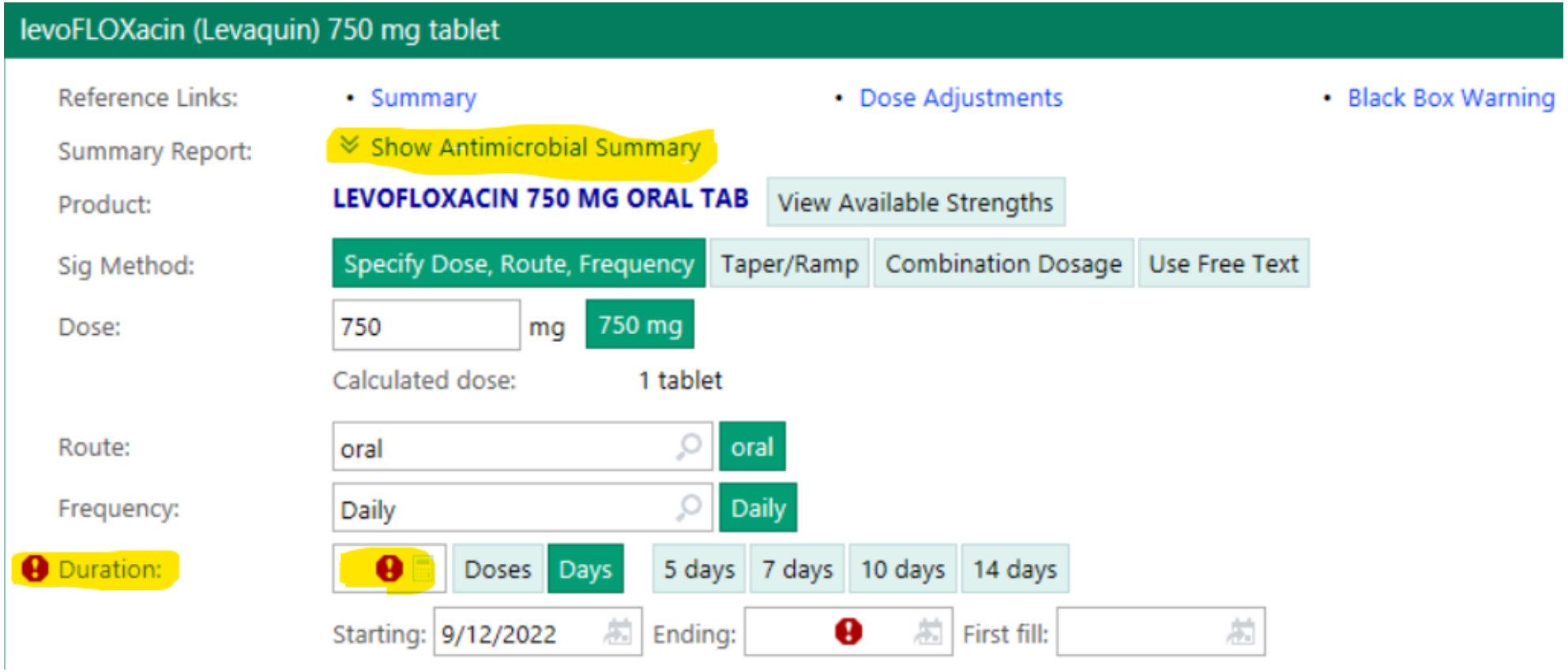
Try this…

1. CAP – …..continue ceftriaxone 2g IV and azithromycin 250mg PO. **Planned total duration of abx 5 days. End abx on 9/10.**

Discharge defaults…avoid “restarting the clock”



Upgrades made



Easy access to counting days

Summary Report:

Hide Antimicrobial Summary

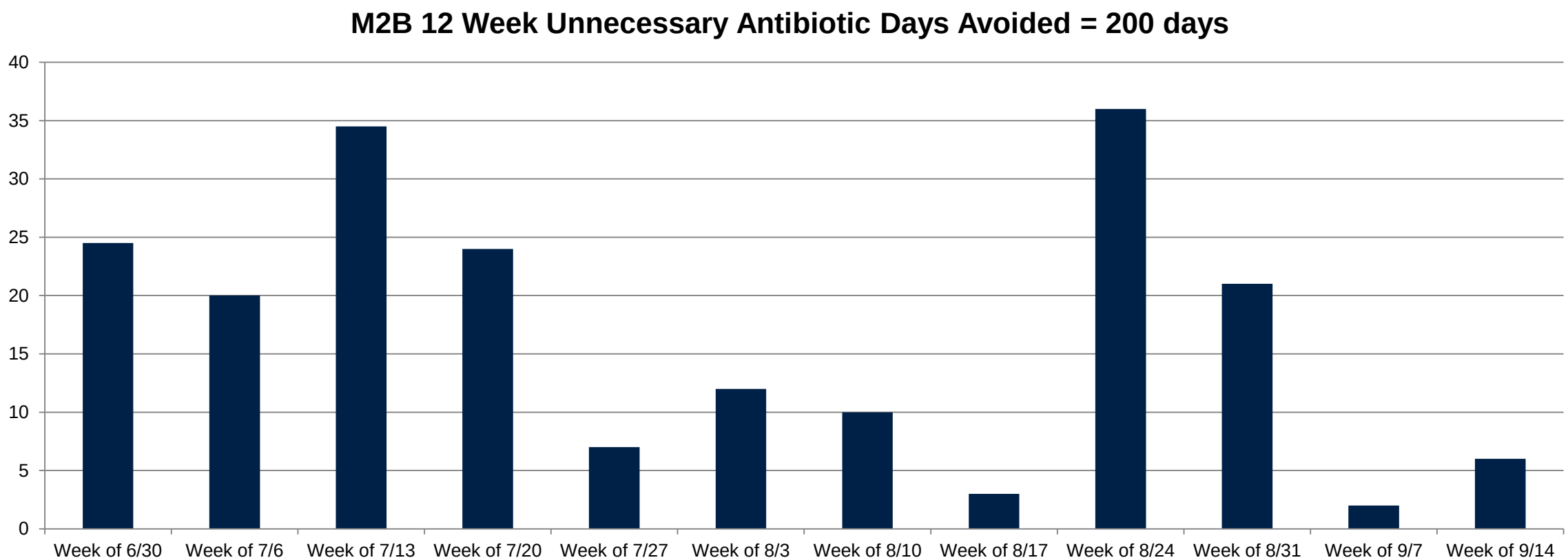
t Antimicrobial Days

bials	9/3/2022	9/4/2022	9/5/2022	9/6/2022	9/7/2022	9/8/2022	9/9/2022	9/10/2022
actam Na, chloride						3 g, New Bag	3 g, New Bag	3 g, New Bag
chloride, bactam	4.5 g, New Bag	4.5 g, New Bag	4.5 g, New Bag	4.5 g, New Bag	4.5 g, New Bag	4.5 g, New Bag		

“Meds to Beds” Pharmacist

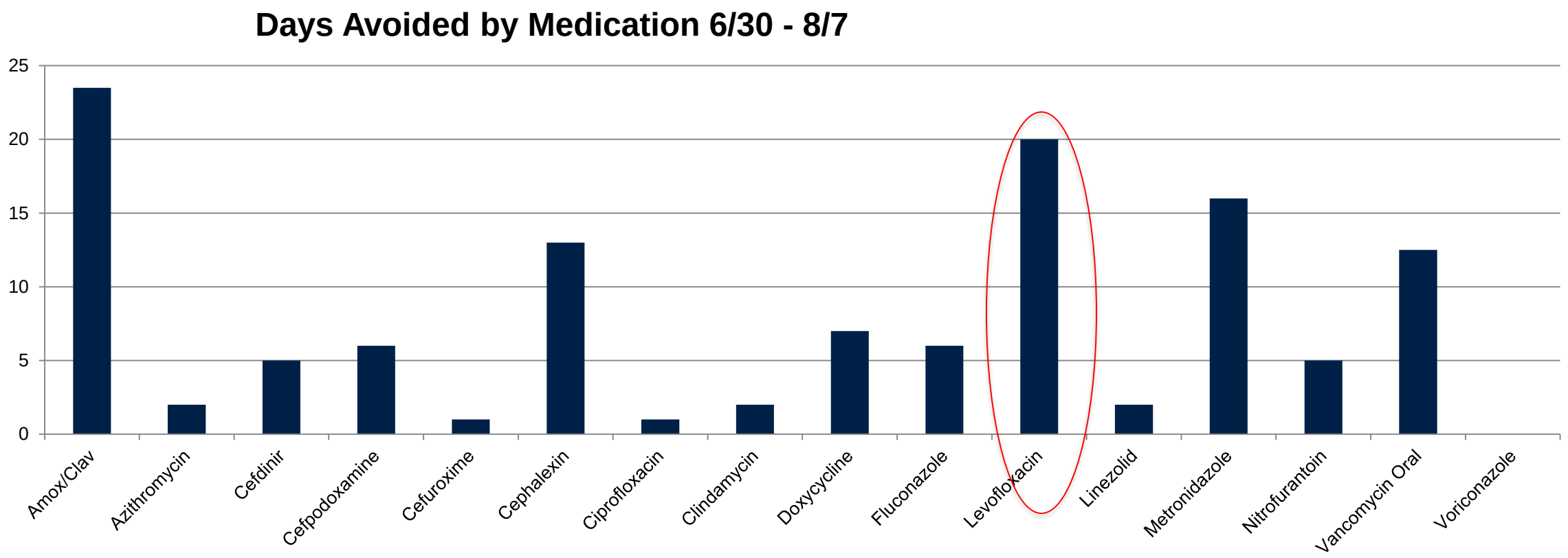
- Provide easy tools for quick review of normal durations for common indications
- Challenges:
  - Time – patient wants to go home!
  - Pharmacist buy in and confidence in recommendations

Meds to Beds Initiative on Discharge



*Data from 2020

Meds to Beds Initiative with Pharmacy



Data from 2020

Inpatient Pharmacists

- Follow antibiotic from start to finish?
- Pick your targets – CAP, UTI, SSTI, FQs
- Challenges
  - Time and resources
  - Overwhelming amount of antibiotics – pick targets

Alpena hospital example:

Pharmacist led follow ups

- Daily monitoring on high yield stewardship opportunities
- Increased communication to address stewardship opportunities and plan for discharge from the start

Indication: Bacteremia/CAP
Dose: Vancomycin 1250 mg IVPB every 12 hours
Ceftriaxone 2 grams IVPB every 24 hours
Azithromycin 500 mg IVPB every 24 hours
Scr/CrCl: 1.1/ 74 ml/min
WBC: 10.3 (12.6)
Temperature: afebrile
VS: stable.
Cultures: 1 of 2 BC from 9/18 growing coag - staph, 9/19 BC: NGTD. ; UC >100K GNR.
Start Date: 09/18/22
Day of Therapy: 2
Overall Number of Days on Antibiotics: 3
Anticipated Duration: 5 days for CAP, 14 days for Bacteremia
Notes/Plan: Blood cultures now reported as Coag Neg Staph. Texted attending to inquire about need for Vancomycin. Awaiting his response. Update:
Vancomycin stopped today by attending.
Rocephin/Azithro continued.

Alpena success!

QTR	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022
CAP treated with 5 Days of Antibiotics*- Measure #5 (%)	44.8	47.1	67.9	64.3	65.2
Reduce Fluoroquinolone Use in Patients with a Positive Urine Culture^- Measure #6 (%)	6.4	7.2	4.3	5.3	5.6
Reduce Fluoroquinolone Use in Patients with Uncomplicated CAP~ - Measure #6 (%)	10.8	6.7	6.3	3.8	3.5
Reduce Use of Antibiotics in Patients with ASB**^^- Measure #7 (%)	17.7	17.7	14.5	14.9	15

*Data provided with permission from the Michigan Hospital Medicine Safety Consortium (HMS)

HMS
MICHIGAN HOSPITAL MEDICINE SAFETY CONSORTIUM

Review

- Progress notes
  - More communication = less confusion
  - Document direct plan with stop date
- EMR changes for discharge prescribing
- Pharmacists!

Thank you!

- Robert.neetz@mymichigan.org

When you edit an antibiotic prescription to add indication and duration

Interactive Discussion: Panelists and Attendees

Panelists

Arjun Srinivasan, MD

Valerie Vaughn, MD MSc

Robert Neetz, PharmD BCPS

Facilitator

Lynda Martin, MPA BSN RN CPHQ

Please enter your questions or comments into Chat or raise your hand to be unmuted

IPRO HQIC

- Healthcentric Advisors
- Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

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Key Takeaways

- **Advancing stewardship – not all stewardship is created equal**
  - Priority implementation approaches – strategies to consider focusing on
  - Incremental steps on a long journey - help prepare for required CY2024 AUR surveillance measure reporting
- **ROAD Home framework can help reduce antibiotic overuse at discharge**
  - The more interventions (or the higher tier) the more reduction
  - Tier 3 (discharge-specific) strategies have biggest effect on discharge
- **Provider quick wins to improve antibiotic discharge duration**
  - Progress notes - more communication = less confusion
  - Document direct plan with stop date
  - EMR changes for discharge prescribing - avoid restarting the clock
- **Pharmacists from start to finish**
  - Increased communication to address opportunities and plan for discharge from the start

Wrap-up

- Slides, recording & handouts shared within 1-2 weeks
- Antibiotic Stewardship Change Pathway
  - Adapt & use to help address your opportunities &/or augment existing interventions
  - Summary of LAN topics discussed
  - Compilation of challenges, barriers & best practices for implementation
  - Links to tools & resources for planning & executing your QI project
- *Save the Date information* – coming soon for January 2023 Joint HQIC LAN

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Thank You for Attending Today's Event

We value your input!

Please complete the brief survey after today's event.

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