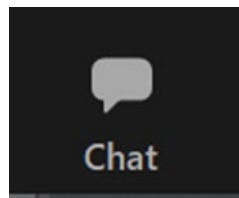


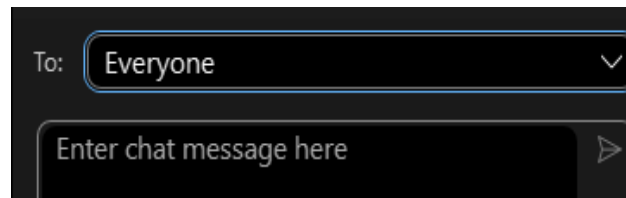
We Will Get Started Shortly

- 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



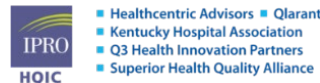
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Antibiotic Stewardship Core Elements in Action Series: Session Two - Pharmacy Expertise & Action

September 19, 2023

Please Note: This LAN is being recorded.



Agenda

- Welcome and Introductions
- Learning Objectives
- Setting the Stage - Core Elements of Antibiotic Stewardship Review
- Hospital Sharing
- Panel Discussion/Q&A
- Tools and Resources
- Key Takeaways and Wrap-Up



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Learning Objectives

- Review the Centers for Disease Control and Prevention's (CDC) Core Elements for Hospital Antibiotic Stewardship and identify the key features of the Pharmacy/Stewardship Expertise and Action elements.
- Effectively translate the Pharmacy/Stewardship Expertise and Action elements into actionable interventions intended to augment your existing stewardship efforts.
- Learn how to engage patients and families as partners and integrate their health-related social needs into the discharge planning process to improve patient outcomes.
- Gather and apply lessons learned from real world stories of antibiotic stewardship work happening in hospitals and health systems, including small, rural, and critical access hospitals.



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Featured Speakers



William F. Glenski, Pharm. D
Director of Pharmacy Services
Herington Hospital, Inc.



Marintha R. Short, Pharm. D, BCPS (AQ Cardiology)
Clinical Pharmacy Specialist
Antimicrobial Stewardship Certified -SIDP
CHI - Saint Joseph Health - Continuing
Care Hospital

Facilitator



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



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Setting the Stage

Seven Core Elements of Antibiotic Stewardship










[The Core Elements of Hospital Antibiotic Stewardship Programs \(cdc.gov\)](https://www.cdc.gov/antibiotic-use/core-elements/hospital/priorities.html)



- 95% of hospitals have Antibiotic Stewardship Programs (ASPs) meeting all 7 CDC Core Elements
- In 2022, CDC released ***Priorities for Hospital Core Element Implementation (Priorities)*** – to help enhance the quality and impact of existing ASPs

<https://www.cdc.gov/antibiotic-use/core-elements/hospital/priorities.html>

Core Elements # 3 and #4

Table: Core Elements of Hospital Antibiotic Stewardship Programs & Priorities for Hospital Core Element Implementation

Hospital Core Elements	Priorities for Hospital Core Element Implementation
Hospital Leadership Commitment	
 Dedicate necessary human, financial, and information technology resources.	Antibiotic stewardship physician and/or pharmacist leader(s) have antibiotic stewardship responsibilities in their contract, job description, or performance review.
Accountability	
 Appoint a leader or co-leaders, such as a physician and pharmacist, responsible for program management and outcomes.	Antibiotic stewardship program is co-led by a physician and pharmacist.*
Pharmacy/Stewardship Expertise	
 Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.	Antibiotic stewardship physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship.
Action	
 Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.	Antibiotic stewardship program has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit/feedback or preauthorization.
Tracking	
 Monitor antibiotic prescribing, impact of interventions, and other important outcomes, like <i>C. difficile</i> infections and resistance patterns.	Hospital submits antibiotic use data to the NHSN Antimicrobial Use Option.
Reporting	
 Regularly report information on antibiotic use and resistance to prescribers, pharmacists, nurses, and hospital leadership.	Antibiotic use reports are provided at least annually to target feedback to prescribers. In addition, the antibiotic stewardship program monitors adherence to facility-specific treatment recommendations for at least one common clinical condition.
Education	
 Educate prescribers, pharmacists, nurses, and patients about adverse reactions from antibiotics, antibiotic resistance, and optimal prescribing.	No implementation priority identified.

Hospital Core Elements	Priorities for Hospital Core Element Implementation
 #3 – Pharmacy/Stewardship Expertise	
Appoint a pharmacist, ideally as the co-leader of the stewardship program, to help lead implementation efforts to improve antibiotic use.	Antibiotic stewardship physician and/or pharmacist leader(s) have completed infectious diseases specialty training, a certificate program, or other training on antibiotic stewardship.
 #4 - Action	
Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.	Antibiotic stewardship program has facility-specific treatment recommendations for common clinical condition(s) and performs prospective audit/feedback or preauthorization.

<https://www.cdc.gov/antibiotic-use/images/CoreElements-Hospital-Priorities-Table.jpg>



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Hospital Progress & Success Stories



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- William Glenski, Pharm D.
 - Director of Pharmacy



**HERINGTON
HOSPITAL**

A Community of Care.

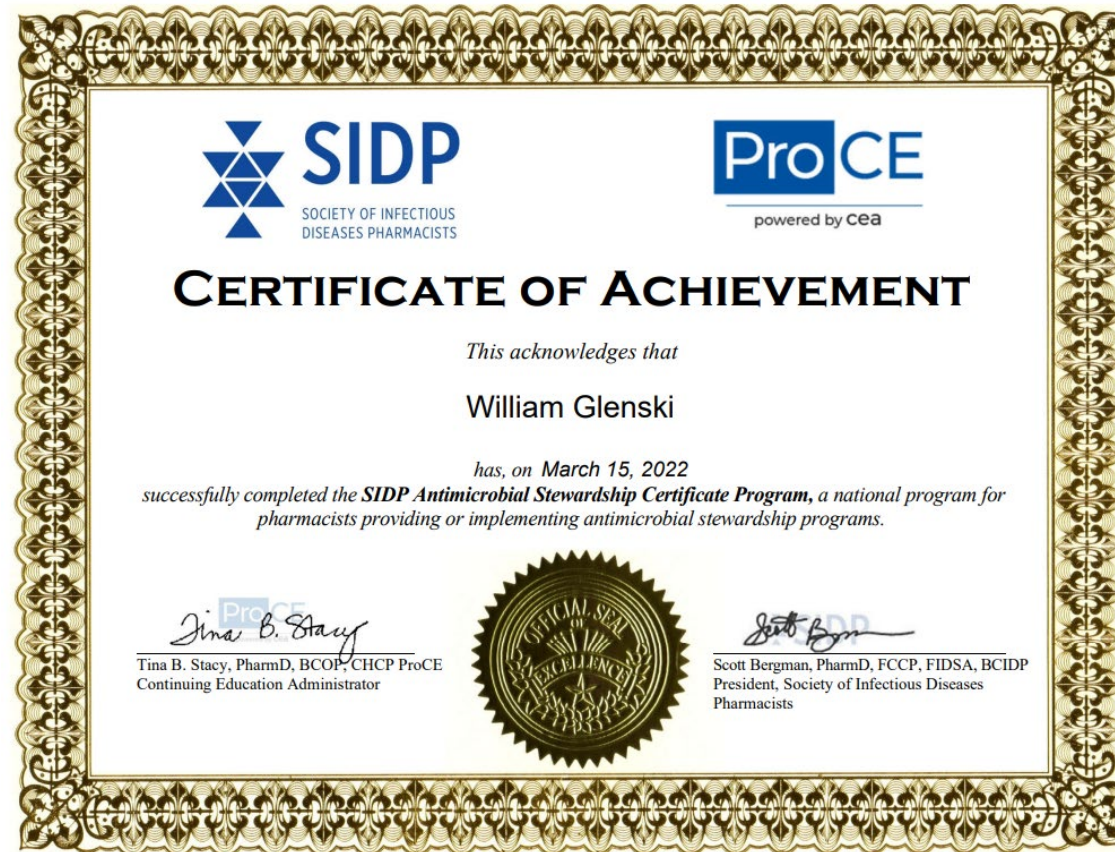
Core Element 3: Pharmacy Expertise

- Education and Background
- Society of Infectious Disease Pharmacist (SIDP) Certification Program
 - Kansas Health Care Collaboration out of Topeka, KS
 - Reimbursement upon completion

Core Element 3: Pharmacy Expertise

- A pharmacist leader with expertise in antibiotic use is identified and responsible to partner with physician leader/champion to improve antibiotic use
- Criteria for a pharmacy leader should include expertise in antibiotic use, training in stewardship, leadership skills, respect from peers and good team skills
- If you need to external pharmacy services, require contractors to have formal stewardship training
- Provide incentives to help your pharmacy leader and antibiotic stewardship team keep up with new research findings and best practices

SIDP Certification Program Overview



<https://sidp.org/Stewardship-Certificate>

Core Element 4: Action

- Final project for SIDP certification program - skill component in practice setting
 - Creation and implementation of pneumonia order set
- Educational materials from the SIDP program are from treatment guidelines for each disease state
- Went on to develop order sets for other disease states including UTI and SEPSIS

Core Element 4: Action

- + Implement interventions, such as prospective audit and feedback or preauthorization, to improve antibiotic use.
 - **Prospective audit and feedback** and **preauthorization** are both strongly recommended and can be considered "foundational" interventions for hospital stewardship programs.
 - **Facility-specific treatment guidelines** are also considered a priority because they can greatly enhance the effectiveness of both prospective audit and feedback and preauthorization by establishing clear recommendations for optimal antibiotic use at the hospital.



Patient Label

Admission Orders:

- Admit to Acute Inpatient
- Admit to Observation

Diagnosis:

- Community Acquired Pneumonia
- Hospital Acquired Pneumonia

Condition:

- Good
- Fair
- Poor
- Critical

Vital Signs:

- Vital Signs every 4 hours
- Vital Signs every _____ hours

Activity:

- Bedrest
- Bedrest with Bathroom Privileges
- Up with assistance
- Up ad lib

Diet:

- NPO
- Regular Diet
- Other: _____

IV Fluids:

- Saline Lock
- NS 0.9% at _____ mL/hr
- LR at _____ mL/hr
- Other: _____ at _____ mL/hr

Labs:

- Blood Cultures x2 STAT
- CBC with diff in AM
- Procalcitonin in AM
- Covid-19 rapid swab STAT
- UA STAT
- CMP in AM
- Lactic Acid in AM
- Sputum Culture STAT
- MRSA nasal swab (if hospitalized in last 90 days **and** received IV abx)
- Flu Swab STAT

Radiology:

- Chest X-ray in AM
- Chest CT with Contrast in AM

Antibiotics

Non-severe Community Acquired (no prior respiratory isolation of PSA or MRSA):

- ORDER BOTH
- Ceftriaxone (Rocephin) 1 gram IV once daily x 7 days
 - Azithromycin 500mg IV every 24 hours x 1 day then 500mg PO every 24 hrs x 4 days (total duration 5 days)
- OR
- Ciprofloxacin 400mg IV every 8 hrs x 7 days – only with allergy to beta-lactam and/or azithromycin
 - Levofloxacin _____mg IV once daily x 7 days – only with allergy to beta-lactam and/or azithromycin

Non-severe CAP with prior respiratory isolation of MRSA add to above order:

- Vancomycin **loading dose:** 25mg/kg IV x 1
 - Vancomycin **maintenance dosing:** 20mg/kg IV x _____ hrs x 7 days (Check CrCL for renal dose schedule)
 - Vanco trough prior to 4th dose – notify provider of results
- ❖ Round Vancomycin dosing to the nearest 250mg with a max of 2,000mg

OR

- Linezolid 600mg PO every 12 hours x 7 days ****check for MAOI interactions**

Non-severe CAP with prior respiratory isolation of PSA only:

- ORDER BOTH
- Cefepime 2 grams IV every 8 hours x 7 days
 - Piperacillin-tazobactam 4.5 grams IV every 6 hours x 7 days
 - Ceftazidime 2 grams IV every 8 hours x 7 days
- ORDER ONE
- AND
- Azithromycin 500mg IV every 24 hours x 1 day then 500mg PO every 24 hrs x 4 days (total duration 5 days)
- OR
- Ciprofloxacin 400mg IV every 8 hrs x 7 days – only with allergy to beta-lactam and/or azithromycin
 - Levofloxacin _____mg IV once daily x 7 days – only with allergy to beta-lactam and/or azithromycin

Non-severe CAP with prior respiratory isolation of PSA and MRSA add to above order:

- Vancomycin **loading dose:** 25mg/kg IV x 1
 - Vancomycin **maintenance dosing:** 20mg/kg IV x _____ hrs x 7 days (Check CrCL for renal dose schedule)
 - Vanco trough prior to 4th dose – notify provider of results
- ❖ Round Vancomycin dosing to the nearest 250mg with a max of 2,000mg

OR

- Linezolid 600mg PO every 12 hours x 7 days ****check for MAOI interactions**

Severe Community Acquired (no prior respiratory isolation of PSA or MRSA):

- ORDER ONE
- Ceftriaxone (Rocephin) 1 gram IV once daily x 7 days
- AND
- Azithromycin 500mg IV every 24 hours x 1 day then 500mg PO every 24 hrs x 4 days (total duration 5 days)
- OR
- Ciprofloxacin 400mg IV every 8 hrs x 7 days – only with allergy to beta-lactam and/or azithromycin
 - Levofloxacin _____mg IV once daily x 7 days – only with allergy to beta-lactam and/or azithromycin

Patient Label

Severe CAP with prior respiratory isolation of MRSA add to above order:

- Vancomycin loading dose: 25mg/kg IV x 1
- Vancomycin maintenance dosing: 20mg/kg IV x _____ hrs x 7 days (Check CrCL for renal dose schedule)
 - Vanco trough prior to 4th dose – notify provider of results
 - ✦ Round Vancomycin dosing to the nearest 250mg with a max of 2,000mg

OR

- Linezolid 600mg PO every 12 hours x 7 days **check for MAOI interactions

Severe CAP with prior respiratory isolation of PSA only:

ORDER BOTH

- Cefepime 2 grams IV every 8 hours x 7 days
- Piperacillin-tazobactam 4.5 grams IV every 6 hours x 7 days
- Ceftazidime 2 grams IV every 8 hours x 7 days
- AND
- Azithromycin 500mg IV every 24 hours x 1 day then 500mg PO every 24 hrs x 4 days (total duration 5 days)
- OR
- Ciprofloxacin 400mg IV every 8 hrs x 7 days – only with allergy to beta-lactam and/or azithromycin
- Levofloxacin _____mg IV once daily x 7 days – only with allergy to beta-lactam and/or azithromycin

ORDER ONE

Severe CAP with prior respiratory isolation of PSA and MRSA add to above order:

- Vancomycin loading dose: 25mg/kg IV x 1
- Vancomycin maintenance dosing: 20mg/kg IV x _____ hrs x 7 days (Check CrCL for renal dose schedule)
 - Vanco trough prior to 4th dose – notify provider of results
 - ✦ Round Vancomycin dosing to the nearest 250mg with a max of 2,000mg

OR

- Linezolid 600mg PO every 12 hours x 7 days **check for MAOI interactions

Hospital Acquired with NO risk factors for mortality or MDR:

- Cefepime 2 grams IV every 8 hours x 7 days
- Piperacillin-tazobactam 4.5 grams IV every 6 hours x 7 days
- Ceftazidime 2 grams IV every 8 hours x 7 days
- OR
- Ciprofloxacin 400mg IV every 8 hrs x 7 days – only with allergy to beta-lactam and/or azithromycin
- Levofloxacin _____mg IV once daily x 7 days – only with allergy to beta-lactam and/or azithromycin

ORDER ONE

HAP with isolation of MRSA or IF Ceftazidime selected add to above order:

- Vancomycin loading dose: 25mg/kg IV x 1
- Vancomycin maintenance dosing: 20mg/kg IV x _____ hrs x 7 days (Check CrCL for renal dose schedule)
 - Vanco trough prior to 4th dose – notify provider of results
 - ✦ Round Vancomycin dosing to the nearest 250mg with a max of 2,000mg

OR

- Linezolid 600mg PO every 12 hours x 7 days **check for MAOI interactions

Hospital Acquired WITH risk factors for mortality or MDR:

- Cefepime 2 grams IV every 8 hours x 7 days
- Piperacillin-tazobactam 4.5 grams IV every 6 hours x 7 days
- Ceftazidime 2 grams IV every 8 hours x 7 days
- AND
- Ciprofloxacin 400mg IV every 8 hrs x 7 days – only with allergy to beta-lactam and/or azithromycin
- Levofloxacin _____mg IV once daily x 7 days – only with allergy to beta-lactam and/or azithromycin
- OR
- Gentamycin 1 mg/kg every 8 hours x 7 days (Check CrCL for renal dose schedule and monitoring)
 - Gent peak 30 minutes after initial dose
 - Gent trough prior to every 4th dose
 - Repeat peak 30 minutes after 4th dose
- AND
- Vancomycin loading dose: 25mg/kg IV x 1
- Vancomycin maintenance dosing: 20mg/kg IV x _____ hrs x 7 days (Check CrCL for renal dose schedule)
 - Vanco trough prior to 4th dose – notify provider of results
 - ✦ Round Vancomycin dosing to the nearest 250mg with a max of 2,000mg
- OR
- Linezolid 600mg PO every 12 hours x 7 days **check for MAOI interactions

ORDER ONE

Additional Information

- Challenge: prescribing practices – stuck in their ways
 - EMR - CPSI set up to chief of medical staff preference
 - Meropenem cures all - or does it?
- Success: patients receive guideline recommended treatment
 - Improved national measures

Patient/Family Involvement and Support

- Swing bed rounds on Thursday mornings
 - Pre-planning discharge
 - Meeting with patient and their family/caregivers
 - Active players in their treatment process
- Herington Hospital Pharmacy
 - In-house pharmacy attached to our clinic that serves both employees and the public
 - Cash pay program and leveraging 340B
 - Elimination of barriers

CDC Hospital Antibiotic Stewardship Core Elements # 3 Pharmacy Expertise and #4 Action

**Marintha Short, PharmD, BCPS, AQ Cardiology,
Antimicrobial Stewardship Certified - SIDP
Saint Joseph Health - Continuing Care Hospital - Lexington, KY
September 2023**

marintha.short@commonspirit.org



Practice Site

CHI - Saint Joseph Health

- **Flaget Memorial -Bardstown 52-bed**
- **Saint Joseph Berea – Berea 25-bed**
- **Saint Joseph East, Lexington 217-bed**
- **Saint Joseph Jessamine, Nicholasville ED Only**
- **Saint Joseph London, London 150-bed**
- **Saint Joseph Mount Sterling, Mount Sterling 42-bed**
- **Saint Joseph Hospital, Lexington 433-bed**
- **Continuing Care Hospital (within Saint Joseph Hospital) 23-bed**

Catholic Health Initiatives and Dignity Health merged in 2019 to become CommonSpirit Health → 142 hospitals & 700 care sites across 21 states



Pharmacy Expertise

Market Wide Antimicrobial Stewardship Committee

- Representative pharmacists from across market completed a Joint Commission Elements of Performance gap analysis→ identified areas of focus/intensives.
- Identified stewardship personnel
 - Most/all pharmacists at each facility are certified in Antimicrobial Stewardship through Society of Infectious Disease Pharmacists.
 - Kentucky Hospital Association sponsors dozens of pharmacists every year to make this achievable.
 - Identified Physician Champions with either ID training or have worked within Antimicrobial Stewardship at each facility
- Market Wide – Antimicrobial Stewardship Policy
 - Standardized policies so that physicians moving from facility to facility can have same expectations
- Providing competency-based training and education to staff, including medical staff, on the practical application of antibiotic stewardship guidelines, policies and procedures.
 - Standard packet for onboarding
 - Market education module

Action

Facility-Specific Treatment Guidelines

Epic implemented November 2022 – for all facilities

If antibiotic ordered without treatment pathway – indication is required

- Community-Acquired Pneumonia (CAP)
- Endocarditis
- Native-Valve
- Prosthetic-Valve
- Febrile Neutropenia
- Hospital-Acquired Pneumonia/Ventilator-Associated Pneumonia
- Joint Infection/Septic Arthritis
- Meningitis
- Osteomyelitis (\pm Adjacent SSTI)
- Skin & Soft-Tissue Infection (SSTI)
- Diabetic Foot Infection
- Pre-operative protocols for surgery site
- Post-operative protocols for surgery site
- Urinary Tract Infection

Antimicrobial Stewardship Program Policies

- Antimicrobial Dose Optimization Policy
 - Currently revising to adjust doses based on MIC breakpoints
- Clinical Triggers Requiring Infectious Disease Consultation Policy
- First Dose Stat Policy for IV Antibiotics
- Pre-authorization Formulary Restriction Policy
- Formulary Substitution Policy
- Renal Impairment Dosing Policy
- IV to PO Conversion Policy
- Daptomycin Dose Consolidation Policy
- Once-Daily Aminoglycoside Dosing and Monitoring Policy
- Pneumococcal and Influenza Vaccines Screening and Administration Policy
- Procalcitonin as a Clinical Biomarker of Infection Policy
- SIRS/Sepsis Screening Policy
- Therapeutic Drug Dosing/Monitoring Consult Service Policy
- BioFire FilmArray Multiplex PCR BCID Panel and Interpretive Guidelines
- CPK Monitoring with Daptomycin Policy

Kentucky Antimicrobial Stewardship Innovation Consortium - KASIC



- The KASIC network is comprised of antimicrobial stewardship leads at all adult hospitals and long-term care facilities throughout Kentucky to address antimicrobial stewardship issues.
- Provides access to experts in a wide range of pertinent areas including: infectious diseases physicians and pharmacists, infection prevention, biostatisticians and biostatistical analysts, bioinformatics, and clinical microbiologist.
- Services:
 - Administrative Assistance
 - Education and Training
 - Pearls and Newsletters
 - ASP Videos
 - Clinical Microbiology Videos
 - Guideline Development
 - Microbiology
 - Infection Prevention Resources
 - KY Antibiotic Use Data
 - CDC ASP Core Element assistance
 - Weekly office hours for anyone to drop in (virtually) and discuss their needs

Clinical Pharmacist Review

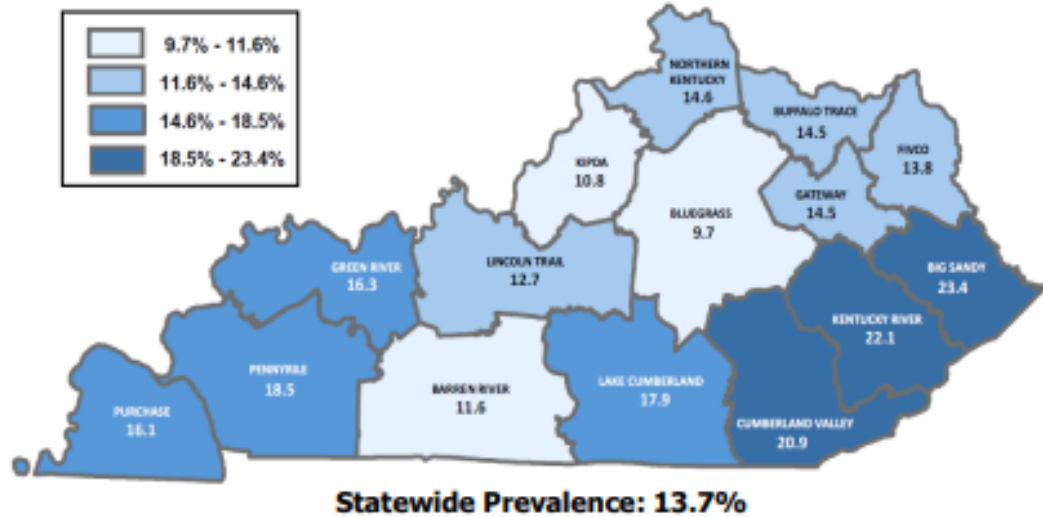
- Unit-based clinical pharmacist review of cultures, susceptibilities, and antibiotics “timeout”
 - Some facilities have daily interdisciplinary rounds to assist in decreased length of stay/antibiotic use
 - Some facilities primarily use Theradoc alerts to manage less than ideal PharmD to patient ratios
- TheraDoc implemented market wide in November 2022
 - Therapeutic Antibiotic Monitoring (TAM) alerts in TheraDoc (e.g., broad-spectrum antibacterial de-escalation alert for patients receiving broad-spectrum antibacterial therapy >72 hours)
 - IV to PO
 - Renal dose adjustments
 - Culture results
 - **National Healthcare Safety Network’s Antimicrobial Use Reporting**
 - **Currently our biggest challenge is TheraDoc communicating with Epic to pull correct data**
- Prospective audit and feedback – no facility currently has a pharmacist whose sole job is antimicrobial stewardship
 - Saint Joseph Hospital did for close to a decade which allows our current model to work

Continuing Care Hospital - LTACH

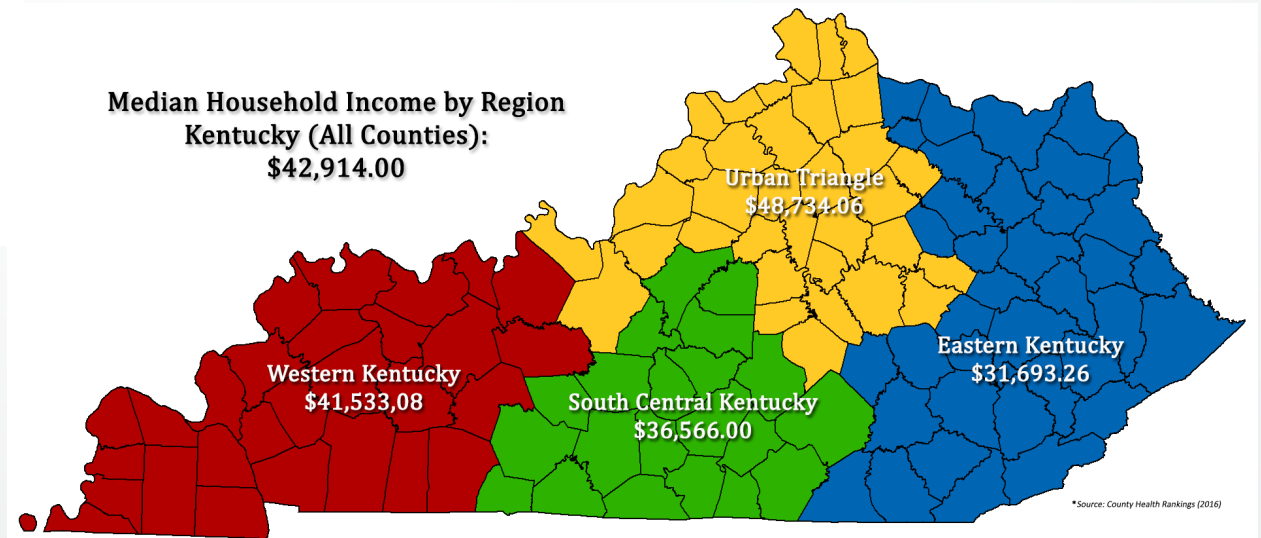
- Long-term acute care hospitals (LTACHs) are facilities that specialize in the treatment of patients with serious medical conditions that require care on an ongoing basis.
 - These patients are typically discharged from the intensive care units and require more care than they can receive in a rehabilitation center, skilled nursing facility, or at home.
 - LTACHs often are housed within the walls of an acute care hospital but function independently. LTACHs must be licensed independently and have their own governing body.
 - Under Medicare, the patient must need more than 25 days of hospitalization.
- Patient types include:
 - Prolonged ventilator use or weaning
 - CHF exacerbations, long-COVID, post CVA recovery
 - Multiple IV antibiotics for extended periods of time
 - Osteomyelitis, Endocarditis
 - Complex wound care
 - Diabetic foot infections

Social Determinants of Health

Prevalence of Diagnosed Diabetes by Kentucky Regions
2018 Kentucky Behavioral Risk Factor Survey

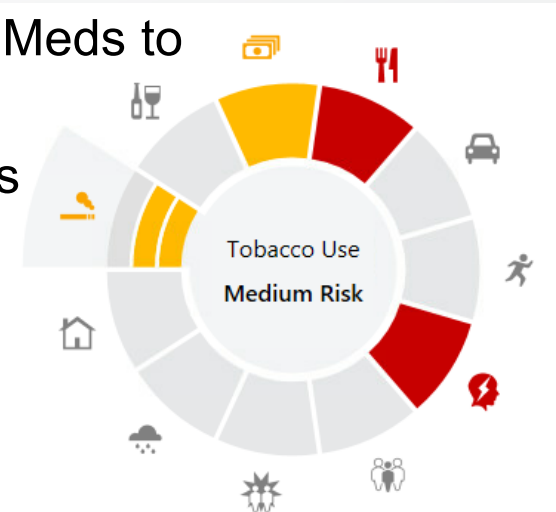


Median Household Income by Region
Kentucky (All Counties):
\$42,914.00



Social Determinants of Health

- Continuing Care Hospital has weekly Interdisciplinary Rounds with Physical, Speech, and Occupational Therapy, Dietary, Wound Care, Nursing, CEO, CNO, Pharmacy and **Case Managers** where we discuss barriers to discharge/SDOH.
- PharmD meets with ID physician co-leader weekly and reviews cultures, antibiotics, indications, duration for every patient. After discussion of plan, I complete direct “handshake stewardship” interventions with providers and solidify duration of antibiotics.
 - SDOH discussed with ID physicians
 - Plans discussed with patients through ID, MDs & Case Managers
- Saint Joseph Lexington hospitals have community pharmacies that provide Meds to beds services (M2B)
 - M2B completes prior authorizations & Prescription Assistance Programs
 - M2B also resolves any transportation issues to pick-up antibiotics



Panel Discussion



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

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Panel Discussion



William F. Glenski, Pharm. D
Director of Pharmacy Services
Herington Hospital, Inc.



Marintha R. Short, PharmD, BCPS (AQ Cardiology)
Clinical Pharmacy Specialist
Antimicrobial Stewardship Certified -SIDP
CHI - Saint Joseph Health - Continuing Care Hospital

Facilitator



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



- Healthcentric Advisors
- Qlarant
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Interactive Discussion: Panelists and Attendees

- What are some **challenges, barriers, and successes** you have experienced with **implementing best practice** strategies?
- How are you **partnering with patient and families** to support **safe and equitable** antibiotic stewardship?
- Have you **identified** and/or **closed any disparities/gaps** in care to promote safe, effective and appropriate antibiotic use?

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



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Tools & Resources

CDC

[Core Elements of Hospital Antibiotic Stewardship Programs](#)

[Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals](#)

[Priorities for Hospital Core Element Implementation](#)

[NHSN Antimicrobial Use and Resistance \(AUR\)](#)

Tools & Templates

[AHRQ ASP Gap Analysis Tool](#)

[AHRQ Four Moments of Antibiotic Decision Making](#)

[Nebraska Antimicrobial Stewardship Assessment and Promotion Program](#)

[Toolkit to Enhance Nursing and Antibiotic Stewardship Partnership](#)

Training

[SIDP Antimicrobial Stewardship Certificate Program](#)

[IDSA Academy Antimicrobial Stewardship Training](#)

[CDC Training on Antibiotic Stewardship](#)

CDC Training on Antibiotic Stewardship

BE ANTIBIOTICS AWARE

UPDATED CDC Training on Antibiotic Stewardship

To access the training and free continuing education credits, visit www.train.org/cdctrain/training_plan/3697.

ABOUT MEMBERS CLINICIAN EDUCATION PUBLIC EDUCATION EVENTS CAREERS & TRAINING

SIDP Antimicrobial Stewardship Certificate



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Tools & Resources

HQIC Change Pathway

- Compilation of challenges, barriers, and best practices for implementation
- Adapt and use to help address your opportunities and/or augment existing interventions
- Links to tools and resources for planning and executing your QI project

The slide features logos for Alliant Health Solutions, COMPASS, IPRO, and Telligen QI Connect at the top. The main title is 'Change Pathway Antibiotic Stewardship: Quick Wins for Improving Duration of Therapy'. The text describes a collaborative group (Alliant, Compass, IPRO, Telligen) and a November 8, 2022 webinar. It lists speakers: Arjun Srinivasan, MD; Valerie Vaughn, MD MSc; and Robert Neetz, PharmD, BCPS. The text mentions strategies for improving antibiotic prescribing and reducing duration of therapy, and notes the implementation of EHR solutions. It includes sections for 'Why Now' (Antibiotic Stewardship as a national priority) and 'National Trends' (Hospital Implementation of the CDC's 7 Core Elements for Antibiotic Stewardship). A bar chart shows 'NHSN Annual Hospital Surveys 2014-2021:'. Below the chart is a table titled 'Implement Changes with Leading Interventions and Best Practices' with columns for Beginner, Intermediate, and Expert levels.

Beginner	Intermediate	Expert
Identify a leader or champion and form a multidisciplinary team.	Implement "antibiotic timeouts" performed daily by frontline clinicians for patients receiving antibiotics	Gain technological support for reporting within the National Healthcare Safety Network's Antibiotic Use and resistance (AUR) Module

Key Takeaways

- **Optimize Antibiotic Stewardship – Everyone has a Role to Play**
 - Appoint a pharmacist to lead implementation efforts to improve antibiotic use
 - Identify an antibiotic stewardship training program and make accessible to stewardship leaders
 - Develop facility guidelines for antibiotic use and treatment of common disease states such as UTIs, Community Acquired Pneumonia and skin/soft tissue infections, and make available at point of care to facilitate their use
 - Implement interventions, such as preauthorization, prospective audit, feedback, and “antibiotic timeouts” performed daily by frontline clinicians
 - Review and implement CDC Priorities for Hospital Core Element Implementation to further enhance the quality and impact of existing ASPs
- **Leverage your antibiogram, EHR and laboratory data and own your results**
 - Stratify data and results – drill down into root causes
 - Empower teams to design and implement actions to drive improvement
- **Engage patients and families as partners**
 - Integrate health-related social needs into care and discharge planning to improve outcomes (e.g., health literacy, transportation needs, access to medication, etc.)
 - Increased communication and education = less confusion



Wrap-Up

Register for the remaining sessions in the series!

- **October 24, 2023 | 2:00 pm ET**
Tracking, Reporting and Education
[Register Here](#)
- **November 9, 2023 | 1:00 pm ET**
National Antibiotic Stewardship Updates
Registration forthcoming



Note: Today's slides, recording, and resources will be shared within 1-2 weeks

Thank You for Attending Today's Event

We value your input!
Please complete the brief survey after exiting event.



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