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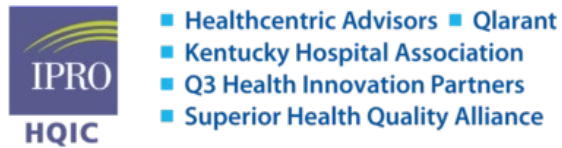
Antibiotic Stewardship Core Elements in Action Series

Leadership and Accountability

August 29, 2023



Collaborating to Support your Quality Improvement Efforts



Agenda for Today's Call

- Welcome!
- Objectives
- Core Elements of Antibiotic Stewardship (ABS) Review
- Hospital Sharing
- Panel Discussion/Q&A
- Wrap Up

Objectives

1. Review the Centers for Disease Control and Prevention's (CDC) Core Elements for Hospital Antibiotic Stewardship and identify the key features of the leadership and accountability elements.
2. Effectively translate the leadership and accountability elements into actionable interventions intended to augment your existing stewardship efforts.
3. Gather and apply lessons learned from real world stories of antibiotic stewardship work happening in small, rural and critical access hospitals.

The Core Elements of Antibiotic Stewardship



Leadership and Accountability



Hospital Leadership Commitment

Support from the senior leadership of the hospital, especially the chief medical officer, chief nursing officer, and director of pharmacy, is critical to the success of antibiotic stewardship programs. A lack of necessary resources is commonly cited as the top barrier to success by stewardship programs. Hospital leadership can play a critical role in helping the stewardship program get the resources needed to accomplish its goals.



Accountability

The antibiotic stewardship program must have a designated leader or co-leaders who are accountable for program management and outcomes. Most hospitals have found a co-leadership model to be effective, according to the 2019 NHSN hospital survey, 59% of hospitals in the United States have stewardship programs that are co-led by a physician and pharmacist. Effective leadership, management and communication skills are essential for the leaders of a hospital antibiotic stewardship program ⁽³⁰⁾.

Today's Speaker(s)



Keriann Bennett, PharmD, BCPS, BCIDP

Antimicrobial Stewardship & Infectious Disease Pharmacist
Gritman Medical Center, ID



Stacie Larmon, PharmD

VP Pharmacy, Performance Improvement, and Patient Experience
Northeastern Health System, OK



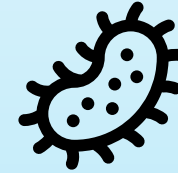
Stefanie Stogsdill, PharmD, BCPS

Clinical Coordinator – Pharmacy Services
Northeastern Health System, OK



> Hospital Progress & Success Stories

The Core Elements of Antibiotic Stewardship: Leadership and Accountability



Keriann Bennett, PharmD, BCPS, BCIDP

Antimicrobial Stewardship - Infectious Diseases Pharmacist

Gritman Medical Center

keriann.bennett@gritman.org



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Gritman Medical Center

- **Location:** Moscow, ID
- **Hospital type:** Critical Access Hospital
- **Bed size:** 25
- **Community demographics and details:**
 - Large, fluctuating student population – surrounded by University of Idaho and Washington State University
 - Serving several nearby tribal and rural communities



Background and Purpose

Antibiotic resistance is a significant and progressively worsening problem at healthcare facilities around the world. This fact, combined with the lack of new antimicrobial agents in the drug development pipeline, indicates that optimized, judicious antimicrobial management is necessary to preserve the antibiotics currently available. Such management has been shown to improve patient outcomes significantly by optimizing dosing for individual patients, reducing toxicity, reducing potential development of resistant infections and decreasing medication costs, while potentially preserving the therapeutic effectiveness of antimicrobial for populations.

Therefore, our hospital commits to implementing a stewardship program to improve appropriate and judicious use of antibiotics. This charter provides an initial framework for our strategic approach to this aim and establishes accountability for the ASP's activities and outcomes.

ASP Aim and Summary of Business Case

Our ASP aims to achieve safe, effective, and efficient patient care, while reducing adverse effects of inappropriate antimicrobial use – including resistant infections and escalated drug costs – and improving satisfaction of our key stakeholders. The anticipated financial impact of the ASP in its first year is reduction of high-cost antimicrobials. In addition to the financial impact, the program expects the following results:

1. Improved oversight of antimicrobial use and overprescribing.
2. Education and training of clinical pharmacists in antimicrobial stewardship.
3. Creation and implementation of policies which serve to decrease the use of high-cost antimicrobials.
4. Effectively distribute antibiogram and establish routine review/comparison with current formulary.

Guiding Principles and Strategies

The ASP's strategic, guiding principles for achieving our aim included:

1. Promote a culture of optimal antibiotic use through dedicated hospital and ASP leadership and positive culture change.
2. Timely and appropriate initiation of antibiotics for recipients of care.
3. Appropriate administration and de-escalation of therapy for recipients of care.


Kara Besst, CEO

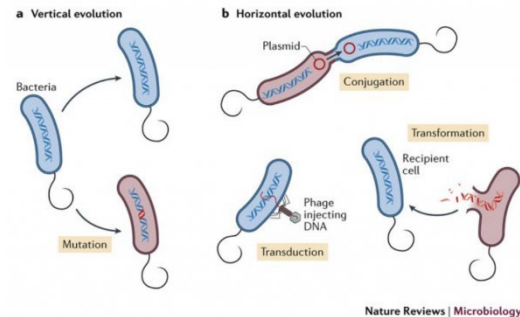
11-10-2016
Date

How Did We Start?

- ▶ Charter created in 2016 by our director of pharmacy Colleen Cochran and signed by the hospital CEO
- ▶ 2015 The Obama Administration released a National Action Plan to Combat Antibiotic Resistant Bacteria

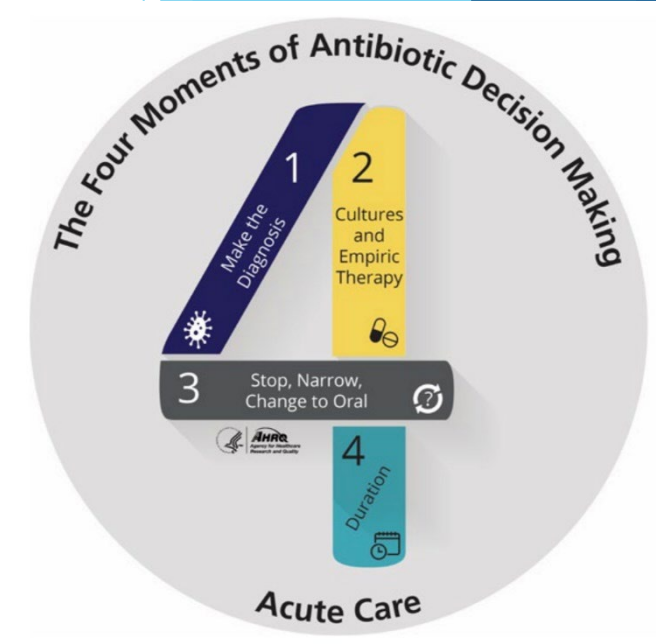
<https://obamawhitehouse.archives.gov/the-press-office/2015/03/27/fact-sheet-obama-administration-releases-national-action-plan-combat-ant#:~:text=The%20Action%20Plan%20includes%20activities%20to%20foster%20improvements,of%20medically-important%20antibiotics%20for%20growth%20promotion%20in%20animals.>

Figure 1: Evolution of resistance.



How Did We Start?

- ▶ Gritman pharmacists completed the Society of Infectious Diseases Pharmacists Antimicrobial Stewardship Certificate Program in 2016
- ▶ In 2018 our Director of Pharmacy enrolled our hospital in the AHRQ (Agency for Healthcare Research and Quality) Safety Program for Improving Antibiotic Use
 - ▶ Used the provided tool kits and education to perform antibiotic time outs and track antibiotic usage
- ▶ Established an antimicrobial stewardship team that consisted of the director of pharmacy, two to three pharmacists, lab director, microbiologist, infection preventionist, nurse coordinator and chief quality officer
 - ▶ Met monthly and discussed cases of antibiotic use that we had collected using a data collection sheet from AHRQ
 - ▶ Fall 2018, Colleen asked if I would be the lead pharmacist on Antimicrobial Stewardship



<https://www.ahrq.gov/antibiotic-use/acute-care/index.html>

Four Moments Questions

Moment 1: Does my patient have an infection that requires antibiotics? +

Moment 2: Have I ordered appropriate cultures before starting antibiotics? What empiric therapy should I initiate? +

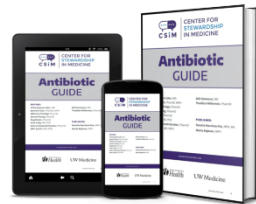
Moment 3: A day or more has passed. Can I stop antibiotics? Can I narrow therapy or change from IV to oral therapy? These questions should be asked every day that a patient is on antibiotics. +

Moment 4: What duration of antibiotic therapy is needed for my patient's diagnosis? +

Becoming a Stewardship Pharmacist

- ▶ Joined University of Washington Tele-antimicrobial Stewardship Program (UWTASP), now is the Center for Stewardship in Medicine (UW CSiM)

- ▶ Weekly meetings on Tuesdays at 0900 or 1200 PT
- ▶ Infectious disease related didactics
- ▶ Case presentations and discussions
- ▶ Numerous resources
 - ▶ Antibiotic Pocket Guides



Get the Antibiotic Pocket Guide

The UW CSiM Antibiotic Guide is based on local, Pacific Northwest resistance-based data and expert opinion.

- ▶ Completed SIDP Antimicrobial Stewardship Certificate-2018 (had previously been completed by three other Gritman pharmacists)
- ▶ Completed BPS Board Certification in Infectious Diseases-2019



<https://www.uwcsim.org/>



SOCIETY OF INFECTIOUS
DISEASES PHARMACISTS

<https://www.sidp.org/>

Antimicrobial Stewardship Program Policy



Antimicrobial Stewardship Program (ASP)

PURPOSE:

This policy will provide a framework and scope of practice for the hospital antimicrobial stewardship program (ASP) to optimize the safe and appropriate utilization of antimicrobials.

POLICY:

Antimicrobial stewardship is comprised of a broad array of interventions including antimicrobial use surveillance, monitoring adverse events, education, design of health information technology and participation in the Medical and Patient Care Committee. These efforts are aimed at maximizing the safe use of antimicrobials, minimizing inappropriate and unnecessary use, and preventing the development of antimicrobial drug resistance.

The key elements of the program include:

- Hospital Leadership commitment: Leadership must dedicate necessary human, financial and IT resources to the program.
- The participation and leadership of a pharmacist with training in infectious diseases and antimicrobial stewardship, with time and resources allotted for work in this area.
- The participation of a hospital affiliated physician(s), preferably with training in infectious diseases and time allotted for work in this area.
- The participation of laboratory personnel, nursing personnel, infection prevention, information systems and administration.
- The team actively engages in education and support of pharmacists, nurses, physicians and other members of the care teams in the use of antimicrobials.
- The team utilizes standardized surveillance methods to monitor antimicrobial drug use and will provide feedback to teams and individuals involved in the prescription and administration

- ▶ The participation and leadership of a pharmacist with training in infectious diseases and antimicrobial stewardship, with time and resources allotted for work in this area.
- ▶ Created a new position and title as Antimicrobial Stewardship-Infectious Diseases Pharmacist

of antimicrobials.

- The ASP is an active participant in quality improvement initiatives and education around antimicrobial use.
- The ASP is actively involved in the development of order sets that support the appropriate and/or best use of antimicrobials for specific conditions. See below.

PROCEDURE:

The ASP takes a multifaceted approach to optimizing antimicrobial use that includes:

- Formulary: Systematic and continuous evaluation of the antimicrobial formulary.
- Antimicrobial order sets: Development, review, and modification of guideline-based physician order entry antimicrobial order sets for common conditions.
 - A. Current order sets include:
 1. Adult Sepsis Management- Antibiotic Recommendations
 2. Asymptomatic Bacteriuria and Uncomplicated/ Simple Cystitis
 3. Community Acquired Pneumonia
 - B. Additional order sets in development:
 1. Skin and Soft Tissue Infections
 2. Hospital and Ventilator Acquired Pneumonia
 3. Complicated Urinary Tract Infections and Pyelonephritis
- Dose optimization: Pharmacist driven protocols based on pharmacokinetic and pharmacodynamic dosing
 - A. Aminoglycosides
 - B. Antimicrobials requiring renal and/ or hepatic dosage adjustments
 - C. Extended infusion β -lactam antibiotics
 - D. Vancomycin
- De-escalation: Development of targeted antimicrobial use optimization, this encompasses daily review by pharmacists of:
 - A. Evaluation of inpatients receiving antimicrobial therapy.
 - B. Evaluation of inpatient cultures to validate active antimicrobial therapy and to streamline antimicrobial therapy as appropriate.
 - C. Evaluation of inpatients for IV to PO conversion receiving IV antibiotics while able to tolerate oral medications.
- Education
 - A. Provide education to hospital staff, patients, caregivers and the community to promote antibiotic awareness.

Antimicrobial Stewardship Program Policy

REFERENCES:

- A. "Antimicrobial Stewardship Program Template." UWTASP Tele-Antimicrobial Stewardship Program, University of Washington Medicine, 5 Apr. 2017, www.uwtasp.org/content/documents-and-links.
- B. Dellit, Timothy H., et al. "Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship." OUP Academic, Oxford University Press, 15 Jan. 2007, academic.oup.com/cid/article/44/2/159/328413.
- C. Doernberg SB;Abbo LM;Burdette SD;Fishman NO;Goodman EL;Kravitz GR;Leggett JE;Moehring RW;Newland JG;Robinson PA;Spivak ES;Tamma PD;Chambers HF; "Essential Resources and Strategies for Antibiotic Stewardship Programs in the Acute Care Setting." Clinical Infectious Diseases : an Official Publication of the Infectious Diseases Society of America, U.S. National Library of Medicine, 28 Sept. 2018, pubmed.ncbi.nlm.nih.gov/29590355/.
- D. "Implementation of Antibiotic Stewardship Core Elements at Small and Critical Access Hospitals| Antibiotic Use." *Centers for Disease Control and Prevention*, Centers for Disease Control and Prevention, 6 Feb. 2020, www.cdc.gov/antibiotic-use/core-elements/small-critical.html.

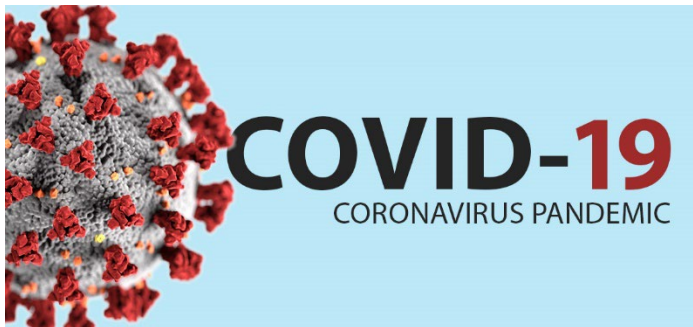
Attachments

[Antimicrobial Stewardship Program Charter and Strategic Plan](#)

[CDC core elements-small-critical access hospitals.pdf](#)

Challenges

- ▶ Physician buy-in
 - ▶ Underwent a transition of hospitalists from 2018-2021
 - ▶ Had a locum hospitalist that was extremely helpful in getting started
 - ▶ Took a few different hospitalists before finding one, now two that are actively engaged in stewardship
- ▶ Information Technology buy-in
 - ▶ The most difficult to convince
 - ▶ Eventually with some helpful pushing from members of admin and CMO
 - ▶ Difficult EHR for data collection and no capability to submit data to NHSN
- ▶ COVID



AUR Reporting in NHSN: The Search for Clinical Surveillance Software

- ▶ <https://apic.org/professional-practice/practice-resources/choosing-surveillance-technology/>

[Home](#) > [Professional Practice](#) > [Practice Resources](#) > [Choosing Surveillance Technology](#) > [Vendor List](#)

Vendor list

The following vendors have expressed their willingness to provide services and software that will allow clients to link their current healthcare facility computer programs to provide NHSN reporting.

This information is provided as a service to APIC members. This does not constitute an endorsement of these services and APIC makes no guarantees or warranties express or implied. Each facility must determine whether a vendor can meet their needs and which vendor, if any, will provide the services to best match their requirements.

APIC/CDC Technology

Vendor Name

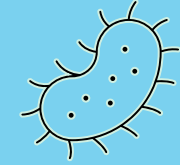


Vendor Name

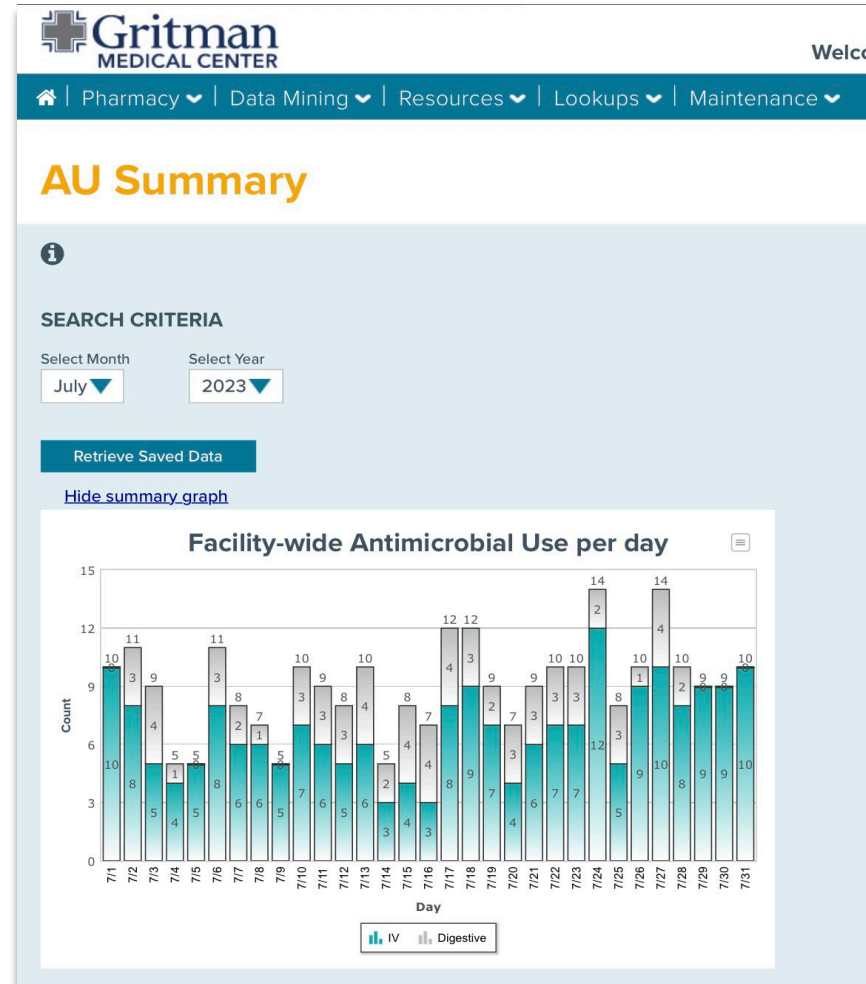
[Atlas Development Corporation](#)
[CareFusion MedMined](#)
[Cerner Corporation](#)
[CKM Healthcare Incorporated](#)
[EpiQuest](#)
[ICNet International Limited](#)
[Intelligent Medical Systems](#)
[Intersystems](#)
[Midas+ Solutions](#)
[Persivia](#)
[RL Solutions](#)
[Sentri7® by Wolters Kluwer](#)
[System Services, Inc. – SSI](#)
[Theradoc](#)
[Truven Health Analytics](#)
[Vecna](#)
[Vigilanz Corporation](#)



AUR Reporting in NHSN: The Search for Clinical Surveillance Software



- ▶ Had clinical demos with:
 - ▶ Senti7
 - ▶ Theradoc
 - ▶ VigiLanz
- ▶ In the end, went with VigiLanz
 - ▶ Have been able to submit AU and AR data to the NHSN since March 2022
 - ▶ Use for much more than data submission
 - ▶ Data tracking of provider prescribing-> physician report cards
 - ▶ Used in quality improvement projects with University of Washington CSiM



Quality Improvement Project: University of Washington Tele-Antimicrobial Stewardship Program (UWTASP)

The Objective of the Cohort:
To locally adapt antimicrobial stewardship strategies and optimize patient care.

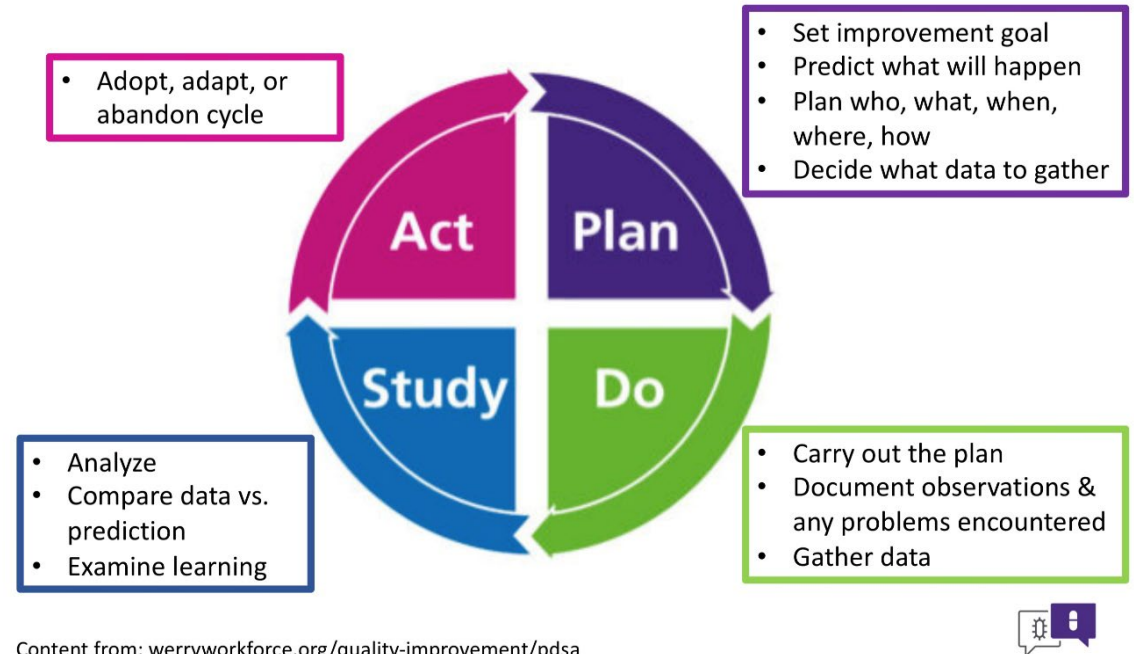


September 30, 2021

UW-TASP | Flex Program | HRSA

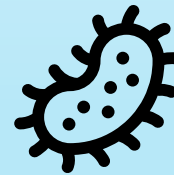
• QI Project: Asymptomatic Bacteriuria

Tracking Impact: PDSA



F-ASB Project 2021-2022: PDSA Cycle

- ▶ Plan: Get buy-in from teams for criteria change of reflex UA to urine culture.
 - ▶ Working with pathology, lab, quality improvement, hospitalists, ED and IP.
 - ▶ UA to reflex culture-> WBC > 10/ hpf, SQ < 26/ lpf, look at order sets and places where automatic urine culture can be adjusted. Add informational paragraph about ASB
- ▶ Do: Collected baseline data from Jan- March 2022 from ED urine cultures that were reflexed and treated with antibiotics.
 - ▶ Nurse educator distributed TASP ASB presentations.
 - ▶ Abx awareness week 11/2021 distributed material on asymptomatic bacteriuria and treats to ED, MSU, CCU and Lab.
- ▶ Study: Entered data into RedCap. N=50
 - ▶ Identify opportunities to optimize antibiotics
 - ▶ Ceftriaxone + levofloxacin combo
 - ▶ Unnecessary fluroquinolone use
 - ▶ Excessive duration
- ▶ Act: TBD



IQIC: Intensive Quality Improvement Cohort 2022-2023: University of Washington CSiM and University of Utah



The Objective of the Cohort:

- ▶ To locally adapt antimicrobial stewardship strategies and optimize patient care.

AND

- ▶ To help validate a national quality metric



What Type of Data do you Need?

- Hospitalization Information
- Demographics
- Co-Morbidities
- Urologic Co-Morbidities
procedures, surgery, catheters, cancer, retention
- SIRS Criteria and Organ Dysfunction
- Urinary Catheter
- Signs and Symptoms of UTI
- Micro Data
- Antibiotic Information

Who Do I Report To?



- ▶ Director of Pharmacy
- ▶ Antimicrobial Stewardship Team->
- ▶ Have recently re-implemented a Pharmacy and Therapeutics Committee that involves the same people including our physician champion as the chair of the P&T Committee and our Chief Quality Officer
- ▶ Quality Improvement/Patient Safety Committee, which involves:
 - ▶ Infection Prevention
 - ▶ Laboratory
 - ▶ CQO, CNO, assistant CNC
 - ▶ Risk Management
- ▶ The Joint Commission



Organization Accredited
by Joint Commission International

IMPROVING THE QUALITY AND SAFETY OF
HEALTHCARE FOR EVERY PATIENT ACROSS THE GLOBE

Helpful Antimicrobial Stewardship Resources

Professional Certification and Training

- ▶ SIDP Antimicrobial Stewardship Certificate Program for Acute Care
 - ▶ <https://sidp.org/Stewardship-Certificate/>
- ▶ MAD-ID Making a Difference in Infectious Diseases
 - ▶ <https://mad-id.org/antimicrobial-stewardship-programs/>
 - ▶ Basic and Advanced Training
- ▶ Board of Pharmacy Specialties
 - ▶ Infectious Diseases Pharmacy
 - ▶ <https://bpsweb.org/infectious-diseases-pharmacy/>

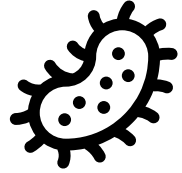
Tele-Antimicrobial Stewardship

- ▶ University of Washington CSiM
 - ▶ <https://www.uwcsim.org/about>
 - ▶ Weekly meeting Tuesdays at 0900 or 1200 PT
 - ▶ ID and AMS related didactics
 - ▶ Discussions and patient cases
 - ▶ Opportunity to submit questions
 - ▶ Numerous resources available on website
 - ▶ Can track you AMS projects
 - ▶ Opportunity for quality improvement-AMS projects
- ▶ Intermountain Healthcare - Utah
 - ▶ <https://intermountainhealthcare.org/services/telehealth/project-echo/antimicrobial-stewardship/>



Helpful Antimicrobial Stewardship Resources

Infectious Diseases Resources



- ▶ Infectious Diseases Society of America
 - ▶ <https://www.idsociety.org>
- ▶ Society of Infectious Diseases Pharmacists
 - ▶ <https://sidp.org>
- ▶ ID Stewardship
 - ▶ <https://www.idstewardship.com/>
 - ▶ Can also join ID Stewardship
 - ▶ Antibiotic cheat sheets
- ▶ Sanford Guide
 - ▶ Book
 - ▶ App
- ▶ Surprisingly, Social Media, Twitter- large presence of infectious diseases physicians and pharmacists

Clinical Surveillance Software Resources

- ▶ The Association for Professionals in Infection Control and Epidemiology
 - ▶ Maintain a vendor list that provides reporting to the NHSN
 - ▶ <https://apic.org/professional-practice/practice-resources/choosing-surveillance-technology/>
- ▶ Beckers Hospital Review
 - ▶ <https://www.beckershospitalreview.com>
- ▶ Klas Research
 - ▶ <https://klasresearch.com/best-in-klas-ranking/pharmacy-surveillance/2023/233>

Northeastern Health System

- Rural hospital in Tahlequah, OK
 - 98 beds
 - Services include OB, 14 ICU beds, cath lab, CV surgery, orthopedic, outpatient infusion and oncology services
 - Internal and family medicine physician residents
- Seat of the county, Cherokee Nation Capital, 4-year university
 - Over 30% of our population is Native American
 - Roughly 20% of our population live at or below the federal poverty level



Antibiotic Stewardship Program Beginnings

- Call to Action
 - Infectious Disease Society of America guidelines (IDSA)
 - Centers for Disease Control and Prevention (CDC) Core Elements of Antibiotic Stewardship
 - AHRQ Safety Program
- First Steps
 - Antibiogram – responsibility transferred from lab to pharmacy
 - Updates were made to be “provider friendly”
 - Review of local resistance patterns revealed opportunities for improvement
 - Discovered that first- and second-line agents may be ineffective against UTIs
 - Procuring support
 - Establishing framework

Organizing the Team and Engaging Leadership

- Interdisciplinary Team
 - Infection Control Officer, Director of Pharmacy, Pharmacy Clinical Coordinator, Clinical IT for EMR support, Lab Director, our AVP of QA (now VP of QA), physician champion
 - Initiated monthly meetings to discuss foundational elements of stewardship
- Communicating the “Why”
 - Antibigram insights
 - Upcoming reporting requirements
 - Medicare Conditions of Participation
- Leadership Commitment Letter

Establishing Accountability

- Antibiotic Stewardship Meetings
 - Report out to Infection Control Committee and to Board Quality Assurance Committee
 - Board QA Committee reports to the Board of Trustees monthly
 - Review restricted medication use and culture bug/drug use reports
- Antibiotic Stewardship Policy
 - Informed by gap analysis
 - Review of CDC Core Elements
 - Goal: To encourage safe, effective and appropriate use of antimicrobial agents
 - Ensuring quality care – surveillance and provider letters
 - Antibigram update cycle – every six months
 - Pharmacy developed order sets

Outcomes

- Celebrating Success

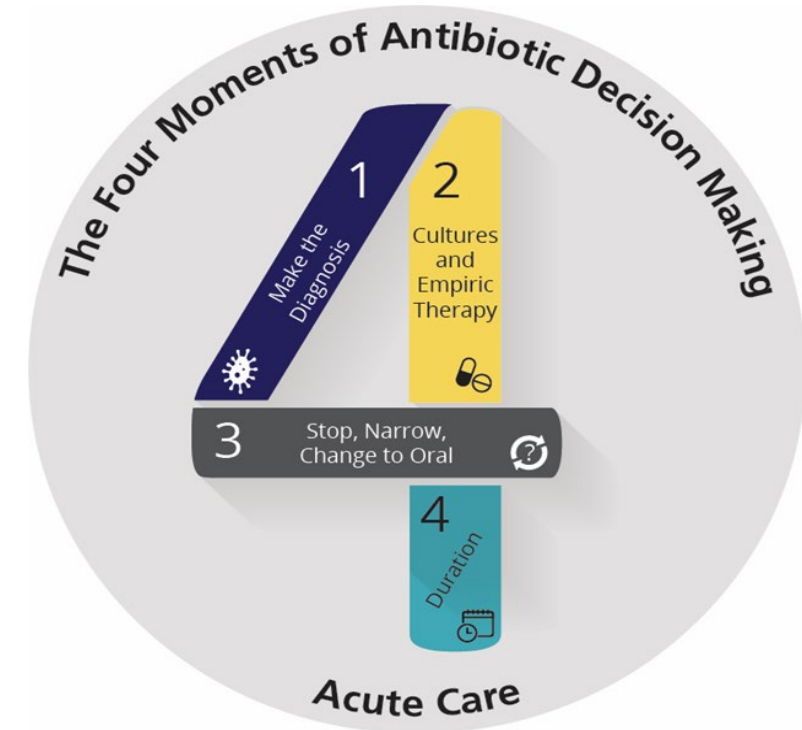
- Implementation of antimicrobial stewardship team led to pharmacy-driven protocols for:
 - Restricted medications
 - IV-PO Optimization
- Changes to prescribing practices have impacted susceptibilities of our common UTI isolates now allowing for resumed use of first- and second-line agents
- Changes to vancomycin dosing practices have decreased the amount of vancomycin provided per month
- Utilization of restricted medications has decreased (orders/month) by 20% over the last year

- Challenges

- EMR challenges
 - EMR cannot provide information required for AUR without significant data manipulation
- Provider Response
 - Active engagement by providers – willing to change their practices isn't always easy to get
 - Attending providers will influence practices of your residents
- Pandemic

Future Directions and Food for Thought

- Next Steps
 - Preparing for reporting requirements
 - Mitigating EMR challenges
 - Turn reporting of data for medication utilization into analysis on compliance with antibiotic guide recommendations
- Key Takeaways
 - Success isn't a straight line
 - You must engage both the head and heart of your team
 - Gap analyses are your friend, use them often
 - Change takes time
 - There's always more to be done



Panel Discussion

1. What strategies do you use to share antibiotic use and resistance data with leadership and other hospital staff? How do you communicate the importance of making ABS data-driven practice changes?
2. What sources of support have you relied on when gaining expertise in ABS best practices? What suggestions would you give to hospitals with limited access to resources?
3. Are there any pearls of wisdom related to starting or maintaining an ABS program that you wish you would have known when you started?



**Keriann Bennett, PharmD,
BCPS, BCIDP
Gritman Medical Center**



**Connie Osborn, Chief
Quality Officer
Gritman Medical Center**



**Stacie Larmon, PharmD, VP
Pharmacy, Performance
Improvement, and Patient
Experience
Northeastern Health System**



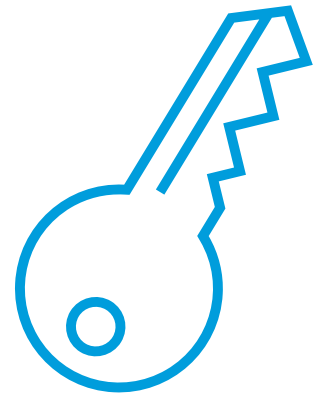
**Stefanie Stogsdill, PharmD,
BCPS
Clinical Coordinator-
Pharmacy Services
Northeastern Health System**



> Questions?

Key Takeaways

- Leverage data to communicate the importance of stewardship to your hospital's leadership and staff; gather findings from your antibiogram, EHR, and/or laboratory.
- Consider exploring alternative sources of funding such as statewide grants and programs that may be able to support the implementation of an AUR module vendor.
- Tap into peer networking resources such as the HQIC program, colleagues at nearby facilities or universities, UWTASP, IDSA forums and others to ask questions and stay up to date on the latest in stewardship.



Resources from Today's Speakers

- [The Core Elements of Hospital Antibiotic Stewardship Programs \(cdc.gov\)](https://www.cdc.gov/antibiotic-use/core-elements)
- Telligen Antibiotic Stewardship Program Gap Assessment
- [Four Moments of Antibiotic Decision Making | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/antibiotic-use/4-moments)
- [Antibiotic Stewardship Toolkits | Agency for Healthcare Research and Quality \(ahrq.gov\)](https://www.ahrq.gov/antibiotic-use/toolkits)
- [Practice resources – APIC](https://www.apic.org/practice-resources)
- [Home \(sidp.org\)](https://www.sidp.org/)
- Antibiotic Stewardship Policy Example, Antibiogram & More – Northeastern Health System

Upcoming Sessions



Register for the remaining sessions!

- **Pharmacy Expertise and Action**

- September 19, 2023
- 12 p.m. CT
- [Register Here](#)

- **Tracking, Reporting and Education**

- October 24, 2023
- 1 p.m. CT
- [Register Here](#)

Registration link coming soon for National Antibiotic Stewardship Updates occurring on November 9, 2023, 12 p.m. CT

Contact Us



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

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