

# **Friday Focus 4 Health**

A diverse and collaborative learning experience designed to improve patient outcomes



## Patient Safety-C. Difficile Prevent, Educate, Antibiotic Stewardship Fridays | 12:00 - 12:30 pm CT March 10, 17, 24, 31

One topic. 4 weeks. 30 minutes. YOUR pace.







## **Patient Safety: C Difficile Session Review**

- Week 1: Impact, CDI Prevention Policy, how to build a team for CDI prevention
- Week 2: Risk and Detect, Guidance for stool collection, colonized vs infected, diagnostics including lab tests
- Week 3: Communicate, Contain, Clean
- Week 4: (TODAY) Prevention: Antibiotic Stewardship, Education
- MN DOH Safe from CDI Roadmap and Toolkit
- MN DOH C Difficile Toolkit for LTCFs
- GPQIN Quality Improvement Process Guide and Tools

## Antibiotic/ Antimicrobial Stewardship (ABS)? What is it and why do we care about it?

# ABS refers to programs and activities that promote the appropriate selection and use of antibiotics

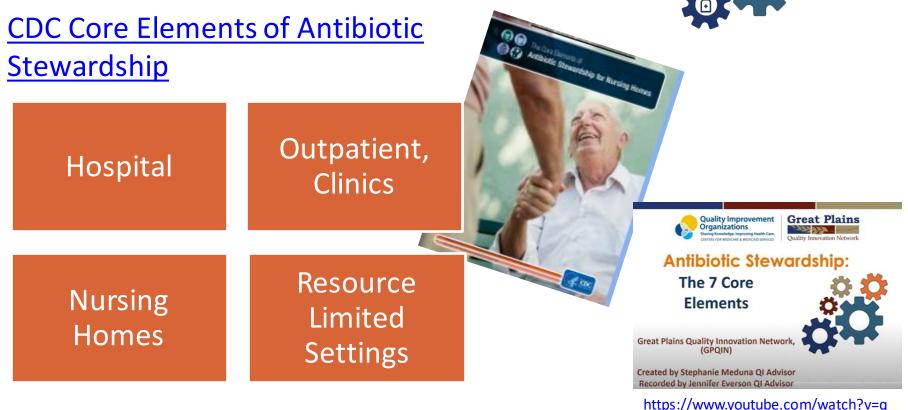
- Activities include:
  - Limit antibiotic use when not needed
  - Minimize the frequency, duration and number of antibiotics prescribed

## ABS is one of the most important way to prevent CDI infections AND:

- Improve outcomes for pts who really need antibiotics
- Prevent consequences of antibiotic side effects
- Prevent development of AB resistant bacteria and replacement of normal bacteria that cause infections such as C Difficle.

### Antimicrobial Stewardship Video by Janis Provinse 6 min. <u>https://youtu.be/jZgnJaOyo8c</u>

## How to start antibiotic stewardship?



<u>https://www.youtube.com/watch?v=c</u> <u>6mFKKGsNFc</u> 12 min video by Great Plains QIN

## **Core Elements Summary**

Regardless of toolkit; all settings essentially have similar core elements, checklists and resources to get you started.

### Summary of Core Elements for Antibiotic Stewardship in Nursing Homes



#### Leadership commitment

Demonstrate support and commitment to safe and appropriate antibiotic use in your facility



#### Accountability

Identify physician, nursing and pharmacy leads responsible for promoting and overseeing antibiotic stewardship activities in your facility



#### **Drug expertise**

Establish access to consultant pharmacists or other individuals with experience or training in antibiotic stewardship for your facility



#### Action

Implement at least one policy or practice to improve antibiotic use



#### Tracking

Monitor at least one process measure of antibiotic use and at least one outcome from antibiotic use in your facility



#### Reporting

Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff

#### Education

Provide resources to clinicians, nursing staff, residents and families about antibiotic resistance and opportunities for improving antibiotic use

## C. Difficile & Antibiotic Stewardship Posters, **Fact Sheets, Social** Media and Web **Graphics from the**

**CDC CDiff education resources** 

### CDC Antibiotic Stewardship **Education Resources**

CLOSTRIDIOIDES DIFFICILE (formedy known as Clostridium difficile) Clastridioides difficile (also known as C. diff) is a bacterium that causes diarrhea and colitis (an inflammation of the colon). C diff infection can IMPACT be life-threats diff infection is estimated to cause almost 22910 half a million illnesses in the United States ach year, and an estimated 29,300 deaths. About 1 in 6 patients who get C diff infection will get it again in the subsequent One in 11 people over 65 diagnosed with RISK 2-8 weeks." healthcare-associated C. diff infection die within a month.<sup>3</sup> HEALTHCARE PROFESSIONALS: BE ANTIBIOTICS AWARE C. DIFF INFECTION - IS YOUR PATIENT AT RISK? Consider your patient's risk of C. diff infection before prescribing ided stays in healthcare settings, such an antibiotic. spitals and nursing homes, also increase Higher-risk antibiotics that are more More than 80% of C. diff deaths occur likely to predispose your patient to C. diff can affect anyone, especially people with the following risk factors: in people 65 and older. C. diff infection include. 8% 雟 en people don't wash their with soap and water. It can also happen when one healthcare facility fails to notify another when it transfers a patient with C diff. 65+ Optimize antibiotic therapy to minimize the risk of C. diff infection: VENT C. diff by: of C. diff infection, avoid the use of higher-risk antibiotics when other effective Prescribe the most targeted and safe antibiotic. ur patient is truly allergi **High Risk Antibiotics** BE ANTIBIOTICS and relevant culture rest That Are More Likely To Predispose Your AWARE Wearing gloves and gowns Patients To C. diff Infection Include: when treating patients with Cleaning surfaces in rooms who C. diff-and remembering that ed to cause almost C. diff patients are treated with hand sanitizer doesn't kill C diff. EPA-approved, spore-killing tates each year. disinfectant (see list K). Clindamycin fealth and Marran Ser Fluoroquinolones CDC (e.g., ciprofloxacin, levofloxacin) petrol and Press 3rd and 4th generation cephalosporins (e.g., cefepime, ceftriaxone, cefdinir, cefixime) A COC



- Animated video- 13:43 min <u>Clostridium</u> <u>Difficile Training for Environmental Cleaning</u> <u>Staff - Bing video</u> (2017) Oregon Patient Safety Commission
- <u>CDC Effective Communication w residents</u> <u>families in wanting antibiotics</u>

# **QI Idea to Leave in Action**

Review your organization's antibiotic stewardship program

- Use the specific checklist for your setting under the CDC Core Elements of ABS
- If find, elements missing, revise & update
- If have all elements; select one or two implementation activities to expand your ABS program
- CDC Core Elements of Antibiotic Stewardship
- GPQIN Quality Improvement Project Guide and Tools
  - <u>GPQIN PIP template</u> next 2 slides will show an example of a QI project using this tool

### EXAMPLE: PIP in Clinic/OutpatientSetting – page 1



#### **Quality Innovation Network** CENTERS FOR MEDICARE & MEDICAID SERVICES

#### Performance Improvement Project (PIP) Guide

Start D	Date	Review Date(s)	Complete Date	PIP Squad Members			
3/20/2	23			1. Lori- Clinic IP nurse 2. Stephanie – Clinic QI Coordinator			
Project Leader Key Area for Improvement		Lori – Infection Preventionist Current antibiotic stewardship program at Happy Clinic has not been reviewed or updated since program inception in 2018.		<ol> <li>Br. Smith – Medical Director</li> <li>Jane Doe – PharmD (local pharmacist)</li> <li>6.</li> <li>7.</li> </ol>			
Goal:	Specific Measurable Action-Oriented Realistic Time Bound Inclusive Equitable	Happy Clinic will have an updated anti	ibiotic stewardship program by July	1, 2023			
What	is the Root Cause(s) for the <b>j</b>	problem? Ask 'Why is this happening:	?' 5 times. If you removed the roo	t cause, would this event have been prevented?			
1)	Employee turnover - respons	sibility never got reassigned					
2) Not considered an organization priority							
-/	<ol> <li>Staff wasn't aware that Antibiotic Stewardship Program existed</li> <li>Lack of education – concept never really was promoted</li> </ol>						
<ol> <li>5) Didn't realize the importance</li> </ol>							
What are potential barriers?							

Buy in from staff members and physician staff. Time issue in having to do one extra thing. "Patients want antibiotics when they come in and don't feel we have done anything unless we provide the antibiotic"

#### Brainstorm possible solutions and start your PDSA [PLAN DO STUDY ACT] Cycle - see page 2

Need someone responsible for upkeep. Could form an ABS workgroup to keep focus on program. Need to promote ABS concepts. Have posters in waiting rooms. Provide education. Could show short videos in closed circuit tv system in waiting rooms. Involve community in the ABS focus. Need actual antibiotic prescription data for baseline and then monitor Rx rates along the way. Monitor and track antibiotic side effects.

### Page 2 of the EXAMPLE PIP

Plan	Do			Study and Act		
List the tasks to be done	Responsible Team Member	Start Date	Completion Date	Comments/Lessons Learned	Adopt/Adapt/Abandon	
Find current ABS program plan and review	Lori	3/22/23	3/23/23	Not up to date. Doesn't look it had been looked at since program inception 2018.	ADAPT	
Review CDC's Core Elements for Outpatient Setting	All TEAM Members	3/21/23	3/30/23	Happy Clinic's plan missing some core elements.	ADAPT	
Utilize CDC Core Element Checklist and do audit – report at 4/1 mtg	Lori, Stephanie	3/25/23		Full report given at 4/1/23. Overall, unable to mark off several areas in the checklist in <u>all</u> element areas. Lots of areas for improvement.		
Add missing elements and revise ABS program to reflect current standards	Lori, Stephanie					

Benchmarks/metrics [how will we measure	Study and Act						
progress?]	<u>Baseline</u> Date	First <u>Measurement</u> Date	Second <u>Measurement</u> Date	Final <u>Measurement</u> Date	Comments		
Happy Clinic has an updated antibiotic stewardship program and	ABS program plan exists	First Draft of updated ABS program	2 <sup>nd</sup> , 3 <sup>rd</sup> Drafts if need be	ABS program updated.	*Once ABS program updated, will establish next goals and implementation steps for example: increase focus on patient education materials.		
process identified to ensure it is updated, reviewed and followed	Developed Jan 2018.	7/1/23			*Compiling antibiotic prescription data.		

This material was menared by Great Plains Quality Innovation Network a Quality Innovation Network – Qua

# **Office Hours**

# Questions & Open Discussion



# **April Friday Focus 4 Health Series**

- American Heart Association
- Life's Essential 8™
- Tools for Optimal Patient/Resident Health
- Fridays in April | 12:30 1:00 pm CT
- Visit our Friday Focus 4 Health Page to Register! greatplainsqin.org/friday-focus-4-health-series/



## Thank You For Joining | Share Your Feedback



## Scan the QR code OR... Access the link (via chat) to complete the evaluation

Join the conversation! Join our Community Coalition Listserv: <u>https://gaggle.email/join/communitycoalition@groups.greatplainsqin.org</u>





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