

## Antimicrobial Stewardship Workgroup

March 7, 2018

AlaHA Boardroom 1 to 3 p.m

**Members in Attendance:** Kahlia Bell, Margaret Borders, Matt Brown, Marilyn Bulloch, Edward Chan, Miriam Lee, Darrell Childress, Teresa Fox, Leigh Ann Hixon. Dee Jones, Tammy Langlois, Rachel Lee, Darryl Pendergrass, Michael Smith. **Members present by phone:** Janet Chance, Spencer Durham and Allison Roebing. **Others present:** Yolanda Ellison (Prattville Baptist Hospital), Jessica Hardy (ADPH – Telehealth), Heather Jones (MedMind), Filicia Matthews (MedMined) and Sherry Wall (Prattville Baptist Hospital).

Leigh Ann Hixon provided an overview of what had been going on since the last meeting. During Antibiotic Awareness Week, posters were placed in the front and rear lobby of the RSA Tower, posters were placed in all the breakrooms of the RSA tower and a press release was posted to the ADPH Website. Leigh Ann also met District Clinic Directors and provided new CDC posters and will provide them in additional languages when available through CDC. Updates were made to Facebook and Twitter accounts as well. Leigh Ann was interviewed for a PSA aired by Alabama Public Television Capitol Journal November 17 & 19. Financial redirect was awarded last week making it possible to sponsor the annual lab conference on May 9-10, 2018. Leigh Ann will have three (3) speed-networking tables set up. These tables will be to provide 15 minute presentations with 5 minutes for discussion. Anyone interested in one of the tables should contact Leigh Ann. Additional monies will be appropriated to educating pharmacists through SIDP to become certified ID pharmacists, antimicrobial stewardship education information to run on indoor digital screens in restaurants, provider offices and the YMCA and placed in local magazines like BOOM, River Region's Journey River Region and Joy to Life Magazine.

Rachel Lee & Matt Brown updated the group on IDSA & SHEA. Techniques on how to improve adherence were discussed. Rachel also stated they applied for a \$100,000 fellowship grant and more information will be provided if awarded.

Margaret Borders informed the group that BCBS had 33 hospitals sign on to be involved in antimicrobial stewardship and they are still pushing the message to all hospitals. Rosemary Blackmon reiterated that the efforts to align with BCBS are on a voluntary basis.

Leigh Ann informed that there is printing available in-house at most hospitals for posters and brochures, but we can provide these to them if they cannot print them. This will be added to the website.

Michael Smith gave a brief overview of the Telehealth program.. Michael explained that Dr. Harris and other leaders decided to move the program from a pilot program to a program now operated under Field Operations with its' own division. The growth of the program has been great with plans to establish telehealth clinics at all county health departments, collaborate with all healthcare providers to facilitate all telehealth services especially in the rural areas of the state.

The program was started in 2014 and components were purchased to build the carts. Being capable of building them in-house reduced the cost from \$30,000 per cart to \$11,000 per cart. By 2015, 44 of 66 county health departments were equipped with bandwidth for telehealth and 6 carts were deployed. In 2016, an additional 10 carts were deployed. By 2017, 60 of 66 county health departments had the bandwidth for telehealth and another 13 carts were deployed. In 2018, grant funding was received to enable deployment of 31 additional carts by June 2018, totaling 60 carts.

Kahlia posed the question about facilities truly not on the grid at all with computer. How can we encourage them? Michael replied it starts with 1 person, a self-appointed champion. This would be someone who has the interest, responsibility and know-how to think outside box to make connections to the right people to get the ball rolling. We all need to educate each other.

Telehealth first worked with Medical AIDS Outreach (MAO) and grew to working with UAB School of Medicine, AIDS AL, ADPH STD, USA, VA (Bham). There are currently 32 active sites with 28 new sites planned by June 2018. Until now, telehealth efforts in Alabama have been individual telehealth networks providing single health care services. Now, Alabama county health departments are single point of entry for telehealth clinics for all health care services. This comes through partnerships and collaboration. Telehealth Providers/Partners at present are: Alabama Public Health STD Program, AIDS Alabama, Children's Rehabilitation Services, Medical Advocacy and Outreach, University of Alabama at Birmingham Medical Center, University of South Alabama and Veterans Affairs (Birmingham). Partnerships that are under development are: Alabama Public Health Clinical Laboratories, Alabama Public Health Family Planning Program, Alabama Coalition Against Rape, Auburn University, Children's Hospital of Alabama, Veterans Affairs (Montgomery), Vision Coalition of Alabama.

The current telehealth services provided are STD patient education, counseling and partner tracing; mental health counseling; pediatric neurology consultations; HIV/AIDS treatment, follow-up and support; Nephrology for home dialysis patients, nephrology consults; diabetes education. New telehealth services being developed are genetic counseling; maternal fetal medicine counseling; opioid agonist therapy; pediatric neurology for patients with epilepsy; colposcopy for family planning patients; patient education prior to colonoscopy procedure; diabetic retinopathy screening. Telehealth carts are also used for meeting and training.

States with parity laws for private insurance coverage of telemedicine are growing. Alabama has not overcome that barrier yet. Telehealth is working to get reimbursement clinicians, legislation passed for parity and third party reimbursement.

Rachel asked if there was an opportunity to expand laboratory services through telehealth. Michael stated the possibilities are there, the foundations just need to be built.

Darrell asked if there was a microscope and camera at each facility to study organisms. Jessica stated that they have been documenting with camera and found they are capable of examining the cells that way right now. There are plans to include microscopes with USB outlets on the carts and then conducting competency testing on staff members to ensure they can do it correctly. They are also

talking with Ashley at the State Clinical Laboratory about working with them on this. Cost for the microscope with USB outlet would be approximately \$2200 each.

Telehealth is working on grants through the Agency for Healthcare Research & Quality and UAB School of Public Health. If its health related telehealth will work with you to get services and explore all financial resources.

Michael stated that the most challenging obstacle in providing the telehealth services has been broadband services and IT. Pipelines are being built to each county health department.

Rosemary asked if someone in rural area can remote into from hospital. Michael said this should be possible.

Michael said there are full time staff at UAB working on telehealth and they recently received a USDA grant for approximately \$750,000. This grant will provide Telehealth infrastructure for UAB; Telehealth carts for eight (8) rural hospitals and ten (10) Telehealth cars for ADPH county health departments.

Marilyn Bulloch asked if this is just centered at UAB. Michael said UAB is working with all Alabama medical and healthcare providers to establish a comprehensive statewide telehealth network that is interoperable and can connect to all facilities. The University of South Alabama Medical Center is also working on this effort and has an initial maternal-fetal-medicine telehealth project with Monroe County Hospital, the Monroe County Health Department the USA obstetrical specialists.

Dee Jones asked how Alabama compares to other states. Alabama is behind the curve; Mississippi has approximately 6,000 telehealth encounters a month (schools, county health departments). But Alabama is benefiting from their best practices, technology, bandwidth capacity and will have quicker rollout times through observing other state programs.

Rosemary mentioned trying to get BCBS to agree to fund getting carts in hospitals. Hospitals could then tap into the already established network and would be able to video as well.

Sherry Wall said that the carts that are already being used for stroke patients can be used for all. If needed during rounds, could use laptop or Ipad.

Yolanda Ellison with Prattville Baptist Hospital presented their Antimicrobial Stewardship Program that is currently being used. Prattville Baptist is licensed for 80 beds with an average census of 45. They have established a Pharmacy & Therapeutics Committee that is a system committee. As part of the Baptist Health Montgomery system, providers can rotate through all three (3) hospitals, but they have a core group of Hospitalist and ED providers that service Prattville Baptist.

Yolanda shared the following Margaret Chan (WHO) quotes:

“If the world fails to mount a more serious effort to fight infectious diseases, antimicrobial resistance will increasingly threaten to send the world back to a pre-antibiotic age.”

“Some experts say we are moving back to the pre-antibiotic era. No, this will be a post-antibiotic era, in terms of new replacement antibiotics, the pipeline is virtually dry. A post-antibiotic era means, in effect, an end to modern medicine as we know it. Things as common as strep throat or a child’s scratched knee could once again kill.”

The goals of their Antimicrobial Stewardship are:

- Improve patient outcomes & safety
- Containment of resistance to antibiotics. “Preserving the Power of Antibiotics”
- Antibiotics only when clinically indicated.
- Right antibiotic, at the right dose and route, for the right duration.
- Minimizes adverse effects.
- Decreases length of stay.
- Reduces costs to patient & hospital.

The foundation of their AMS program was based on the CDC Checklist for Core Elements of Hospital Antimicrobial Stewardship Programs. These elements include:

- Leadership Support – They enlisted the support of their CEO & CNO, which included a formal, written statement of commitment to Antibiotic Stewardship.
- Accountability – They identified a physician champion, a pharmacy champion and an Infection Prevention champion to collectively ensure their program outcomes.
- Drug Expertise – They receive guidance from their physician & pharmacy program leaders, as well as the system pharmacy & therapeutics committee.
- Action to support optimal antibiotic use:
  - Multiple disciplines (providers, pharmacy, infection prevention, laboratory, IT, quality and nursing) are involved at the system level in developing policies/guidelines/order sets for optimal antibiotic use.
  - Pharmacy-driven interventions have also been implemented to guide antibiotic decision making (renal dosing, IV to PO auto-conversion, daily huddles with providers).
  - Pharmacy & Infection Prevention review of culture report for de-escalation recommendations and therapy optimization.
  - Pharmacy & Infection Prevention collaborated for a joint performance improvement project for treatment of C-diff.
  - Pharmacy performs Medication Usage Evaluations (MUEs) that are presented to hospital and physician leaders.
  - Physician Champion reviews fallouts and provides provider guidance when needed.
- Tracking – Monitor prescribing habits; use (DOT) and resistance (antibiogram). Providers completed a survey on AMS prior to beginning education and interventions.
- Report Information to Staff: Feedback provided to the ED and inpatient prescribing providers through various forums. A facility specific Antibiogram is shared with providers annually. They also report information to the system P & T committee and facility leaders at both the local and system level.

- Education – Ongoing education is provided to clinicians in monthly meetings. Their AMS offers an opportunity for providers to participate in teach webinars. Nursing has also been included in education efforts and plans are to increase nursing involvement in their local AMS activities.

The Joint Commission's (TJC) new Antimicrobial Stewardship Standard, **Medication Management Standard MM.09.01.01** became effective January 1, 2017. The organization must have an antimicrobial stewardship program based on current scientific literature.

Current scientific literature emphasizes the need to reduce the use of inappropriate antimicrobials in all health care settings due to antimicrobial resistance.

Yolanda shared results of their triennial TJC survey. During the Medication Management session they shared their facility's Antimicrobial Stewardship program and provided their AMS notebook which contained documents of their program development. The notebook contained a completed CDC checklist, their AMS policy and other supporting documentation.

Their AMS Story tips:

- Strategically assemble your AMS committee.
- Focus on one thing at a time:
  - o C diff
  - o COPD exacerbation
  - o UTI
- Celebrate the small victories
- Be creative
- Give Praise

Teresa Fox said that fluoroquinolones are still the number one drug prescribed and this needs to be decreased.

Darrell Childress said nurses see numbers and not sure what to use. If they could be shown numbers on the antibiogram, it could recommend what is best. He will share any information he has with anyone who would like it.

Yolanda further explained their "Huddle" – their three (3) hospitalists make rounds; there is only one (1) pharmacist on duty when rounds are made so they are unable to make rounds with them. They meet daily at 2:00 PM to focus on antibiotic timeout, questions about what they are treating, and talk through IV to PO conversions. They don't go through entire patient list but place emphasis on the ones on antibiotics.

Darrell Childress informed the group about a CE opportunity. ALIDS is sponsoring an event on July 28, 2018 in Birmingham (4 hours CE).

Leigh Ann thanked everyone for coming and will be sending out information about the next meeting.