Antimicrobial Stewardship QAPI Checkpoint: Where are you since the Summit?

November 7, 2018

A collaboration between University of Maryland School of Pharmacy, Peter Lamy Center on Drug Therapy and Aging, and Maryland Department of Health
Objectives

1. Describe the Maryland State Antimicrobial Stewardship PA-LTC Program
2. Discuss key steps within implementing a Quality Assurance Performance Improvement Initiative
3. Identify common challenges and ways to overcome implementing change
Overview of Webinar

1. Updates on Antimicrobial Stewardship Activities
2. Process Steps for QAPI Implementation
3. Participant Updates: Where are you with your QAPI initiatives?
4. Questions and Answers
Updates on Antimicrobial Stewardship Activities

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Project Overview

**Purpose:** To create a program of training for LTC consultant pharmacists and medical providers around antibiotic stewardship and infection control in LTC setting.

**Four Program Elements:**
- Activity 1: Antimicrobial Stewardship Summit
- Activity 2: Targeted Educational Interventions and Support
- Activity 3: Adverse Drug Event Quality Assurance Program
- Activity 4: Marketing and Engagement
Grant Activities

• In Progress
• Completed Activities
• Remaining Activities

Activity 1
ABX Summit CE Coordination → ABX Summit → Summit CE Processing → Posting of Materials on Website

Activity 2
Educational Theme 1: → Educational Theme 2:

Activity 3
ADE Toolkit Mock-Up → ADE Tool Feedback & Development → Prototype Demonstration → Prototype Approval

Marketing, Website Des. & Dev.
Website Design & Development → Website Feedback & Launch → Marketing & Modifying

Faculty Office Hours
Design → Roll-Out

Gap Analysis
IRB Approval → Survey Completion → Analysis of Results
Participant Expectations

1) Active Engagement in:
   ✓ Post Summit Implementation Activity
   ✓ Educational Webinars
   ✓ Maryland Toolkit Development/dissemination

2) Train the Trainer Tracking
   ✓ Sharing resources
   ✓ Tracking impact and experiences in quarterly surveys
Antimicrobial Stewardship Website

• The website hosts live and online clinical programs, and educational training opportunities aimed at promoting antimicrobial stewardship among health care professionals in long-term care facilities.
Colleagues,

We are excited to kick off U.S. Antibiotic Awareness Week (USAAW) with you starting on Monday, November 12th! As you prepare for the week, we encourage you to check out CDC’s Be Antibiotics Aware partner toolkit, which contains key messages, social media content, graphics, and more.

Also, we’d like to share some specific CDC USAAW activities along with data and resources focused on improving antibiotic prescribing and use in human healthcare that we will promote during the week that may be relevant for you, your partners, and your organizations’ membership. We hope you’ll help share and promote these items in addition to the other activities you have planned.

Monday, November 12 (Veteran’s Day):

- Special edition CDC Safe Healthcare blog, which will feature a story about the successes in antibiotic stewardship program implementation to improve antibiotic use and prescribing for our nation’s veterans.
- CDC resources and data for healthcare providers:
  - CDC’s Online Antibiotic Stewardship Training Course
    - Provides up to 8 hours of free continuing education (CE)!
  - NEW! Publication that describes drivers of inappropriate antibiotic prescribing and potential interventions to improve outpatient antibiotic use. (Publishing on Monday, November 12th)
- CDC resources and data for patients and their families:
  - "The Right Tool" 15-second Public Service Announcement
  - "Antibiotics Aren’t Always the Answer" animated educational video
  - Virus or Bacteria: What’s Got You Sick? chart

Tuesday, November 13:

- 5 Ways Pharmacists Can Be Antibiotics Aware FREE webinar with CE at 1 pm EST, hosted by CDC in collaboration with Health Resources and Services Administration’s (HRSA’s) Federal Office of Rural Health Policy, the Society of Infectious Disease Pharmacists, and the American Society of Health-System Pharmacists.
  - Leading experts will discuss pharmacists’ roles in improving antibiotic prescribing and use in hospital settings.
- CDC resources and data for inpatient healthcare providers:
  - NEW! Percentage of Hospitals Meeting all 7 Core Elements of Hospital Antibiotic Stewardship Programs by State, 2017
  - Core Elements of Hospital Antibiotic Stewardship Programs

Wednesday, November 14:

- CDC resources and data for healthcare providers who provide care for older adults:
  - NEW brochure! Do You Need Antibiotics? Information about antibiotics for nursing home residents and their families
  - NEW customizable commitment poster for facilities! A Commitment to Our Residents About Antibiotics
  - Outpatient Antibiotic Prescribing Among Older Adults in the United States, 2011 to 2014.
THANK YOU!

IF INTERESTED IN JOINING

Email: nbrandt@rx.umaryland.edu or the lamycenter@rx.umaryland.edu
CAAUSE: MD Campaign for Appropriate Antibiotic Use

- Multidisciplinary collaborative formed in January 2016
  - Acute, LTC, community, academic, state, pharmacy, ID, IP

- **Objective:** to encourage proper antibiotic use and decrease drug resistance rates in MD by broadly promoting antibiotic stewardship

- **Outcome:** 100% of participating facilities meet the CDC 7 Core Elements

- **Goal:** Work with Acute and LTC to develop facilities to be prepared to meet the Joint Commission standards and the anticipated 2017 CMS Conditions of Participation as proposed by the CMS Proposed Rule 482.42 and CMS 81 FR 68688
CAAUSE — Phase 3

• Will end December 31, 2018 with potential to carry forward

  – Activities will continue to align with ongoing national perspective
  – Facilities will evaluate antibiotic stewardship program effectiveness and implement additional interventions as needed
  – Successful approaches will be disseminated at local/national venues and via publications
CAAAUSE: What’s Next?
Understanding outpatient antibiotic use

- MDH has purchased a proprietary database of outpatient antibiotic prescriptions
  - 2012–2017
  - Represents prescribing from retail, standard and specialty mail service, and LTC pharmacies
  - Patient and prescriber characteristics
  - Analysis ongoing; will inform public health interventions
Partnership with HQI

- Goal of reducing inappropriate antibiotic use in the outpatient setting
- Asked practices to make commitment to safe antibiotic use
- Posters to display in offices
Partnership with Aetna

- Targeted letters to Aetna providers in MD (and other states)
  - Used Healthcare Effectiveness Data and Information Set (HEDIS) to examine appropriate antibiotic use for ARI
  - Sent to under and over-performers
  - Co-signed by Aetna VP & MD Deput Sec. of Health

Dear Dr. X,

Help Us Fight Antibiotic Resistance

Antibiotic resistance is among the greatest threats to our health today, leaving more infections untreatable and complicating critical procedures. As you know, inappropriate prescribing of antibiotics threatens the usefulness of these agents, which may result in more prolonged and severe infections, potential need to use more toxic and less effective alternate-line therapies, and the emergence of "superbugs." In the United States, an estimated 2 million people become infected with antibiotic-resistant bacteria and at least 23,000 people die annually as a direct result of these infections. At least 80 million antibiotic prescriptions in the United States each year are believed to be unnecessary.

In order to combat this growing threat, Aetna is collaborating with Centers for Disease Control and Prevention (CDC) and Maryland Department of Health to focus on the topic of improving antibiotic prescribing among our clinical community. In addition to sharing best practices, we hope to help providers understand how their antibiotic-prescribing habits compare to those of their peers. As part of this effort, we are identifying and alerting prescribers who our data indicates are outliers in their antibiotic prescribing patterns. Based on Aetna’s analysis of our claims and pharmacy data over the past year, you have been identified as inappropriately prescribing antibiotics at least 90 percent of the time for acute uncomplicated bronchitis for at least 5 Aetna members. This analysis was based upon the Healthcare Effectiveness Data and Information Set (HEDIS) quality measure of adherence to antibiotic treatment in adults with acute
Process Steps for QAPI Implementation

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The Program’s objectives align with the HHS and CMS Quality Strategies and are designed to support their goals

- Promote effective prevention & treatment of chronic disease
- Make care safer & reduce harm caused in the delivery of care
- Promote effective communication & coordination of care
- Make care more affordable
Better Healthcare for Communities

Nursing Home Improvement Network

Care Transitions
Community Coalition Engagement
The Five Elements of QAPI
Element 1: Design and Scope

1. Address all systems of care and management practices
2. Include clinical care, quality of life, and resident choice
3. Aim for safety and high quality with all clinical interventions while emphasizing resident autonomy/choice
4. Utilize the best available evidence to define and measure goals
Element 2: Governance and Leadership

• Establish a budget to ensure that QAPI activities are supported
• Training to include quality improvement principles and practices
• The QAA Committee will have representation from leadership, general staff, and resident and/or family representatives (if appropriate)
• Report QAPI activities/outcomes during staff meetings, resident/family council meetings, and via newsletters
• Staff is encouraged to report errors and near misses to allow the organization to learn from those occurrences and make systemic changes to prevent recurrences.
Element 3: Feedback, Data Systems, and Monitoring

“Without data, you’re just another person with an opinion”

- W. Edwards Deming
Suggested Data Sources

**Feedback Systems**
- Resident/Family Satisfaction Surveys
- Staff Satisfaction Surveys
- Resident/Family Council Meetings
- Community Partnerships
- Regulatory Surveys
- Grievance/Compliment Logs
- Contract Vendor Reports

**Clinical Data**
- Quality Measures
- Medication Errors
- Vaccination Compliance
- Nutrition
- Unplanned Hospitalizations
- Unexpected Deaths
- Abuse/Neglect
- Decline in Functional Status
Benchmarking

• Against Who?
  • Peers
  • Yourself

• How Often?
  • Monthly
  • Quarterly
  • Annually

• What Should be Benchmarked?
  • Quality information consistent with strategic direction
  • Information necessary to demonstrate value
  • Information necessary to demonstrate quality of care
  • Key financial information
Data Engagement

✓ Add data to every meeting (in fact, make it a focal point!)

✓ Create charts and graphs that are visible around the facility

✓ Coach employees on what it means to see and use data

✓ Bring employees, residents, and families into the conversation – give them a voice

✓ Create a culture based on integrity that begins with doing the right thing
Element 4: Performance Improvement Projects (PIPs)

From State Operations Manual:

• QAPI program activities would be required to conduct distinct PIPs.
• Each facility would be required to implement at least one project annually.
Prioritize Opportunities Using Data

Choose problems or issues that you consider important; establish method to “rank” the opportunities in terms of risk

- High risk
- High frequency
- Problem prone
Element 5: Systemic Analysis and Action

**From State Operations Manual:**
The facility must take actions aimed at performance improvement and, after implementing those actions, measure its success, and track performance to ensure that improvements are realized and sustained.
Using the Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Plan

Do

Act

Study
PDSA Cycle

PDSA MODEL

ACT
• What changes are to be made?
• Next Cycle?

PLAN
• Objective
• Predictions
• Plan to carry out the cycle (who, what, where, when)
• Plan for data collection

STUDY
• Analyze data
• Compare results to predictions
• Summarize what was learned

DO
• Carry out the plan
• Document observations
• Record data

PDSA Worksheet

Team Name: ____________________________
Cycle start date: ____________________ Cycle end date: ____________________

Aim Statement:

PLAN: Area to work on: Describe the change you are testing:

What question does this test seek to answer? (If I do ‘x,’ will ‘y’ happen?)

What do you predict or expect the result will be?

What measure will you use to learn if this test is successful or has promise?

Plan for change or test: who, what, when, where

Data collection plan: who, what, when, where

DO: Report what happened when you carried out the test. Describe observations, findings, problems
Interventions are Implemented and Effective

- Choose indicators/measures that tie directly to the new action
- Conduct ongoing periodic measurement and review to ensure the new action has been adopted and is performed consistently
- Review some measures more frequently (even daily) by staff to show incremental changes, which can serve as a reminder for the new action and provide encouragement and reinforcement
- Based on measurement review, make changes in procedure(s) as needed to help facilitate the change
Domestic Lean Goddess
You Tube Videos

• The 5 S’s of Quality Improvement
  – How to apply the 5 S’s (sort, straighten, shine, standardize, sustain)

• Getting the Kids to School on Time – PDSA
  – How to apply the PDSA method

• Clothing Processing Center – Eliminating the 7 Wastes
  – How to analyze and eliminate the 7 Wastes in any process to improve it and make it more lean.
HQI Resource Center

IT HAS NEVER BEEN EASIER TO ACCESS HQI’S RESOURCE CENTER

Health Quality Innovators (HQI) recently launched a new online resource center. Now clinicians, partners and patients have easy access to a wide range of quality improvement resources at no cost.

Benefits include:

1. **No log-in needed:** You can access all our tools and resources; no password or username required.

2. **Multiple ways to search:** Either type in your search term(s) or sort by topic, audience or media type.

3. **A wealth of materials covering all settings:** You will find videos, webinar recordings, tip sheets, patient education materials and more. Materials cover all settings and address a wide range of topics from quality improvement basics to strategies for engaging patients and families.

www.hqi.solutions/resource-center

This material was prepared by Health Quality Innovators (HQI), the Medicare Quality Innovation Network-Quality Improvement Organization for Maryland and Virginia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.

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Participant Updates: Where Are You with Your QAPI Initiatives?

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12 Steps to QAPI

1. Define leadership responsibility & accountability
2. Develop deliberate approach to teamwork
3. Conduct a self-evaluation
4. Identify organizational guiding principles
5. Develop a QAPI plan
6. Conduct QAPI awareness campaign
7. Develop strategy for collecting and using QAPI data
8. Identify gaps and opportunities
9. Prioritize and charter projects
10. Plan, conduct, and document project management/implementation plans
11. Identify the root cause of problems
12. Take systematic actions
PDSA cycle

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

Act

Plan

Study

Do
Participant Sharing
Q & A

ALL FACULTY