Troubleshooting Your CAH's Stewardship Program FAQs

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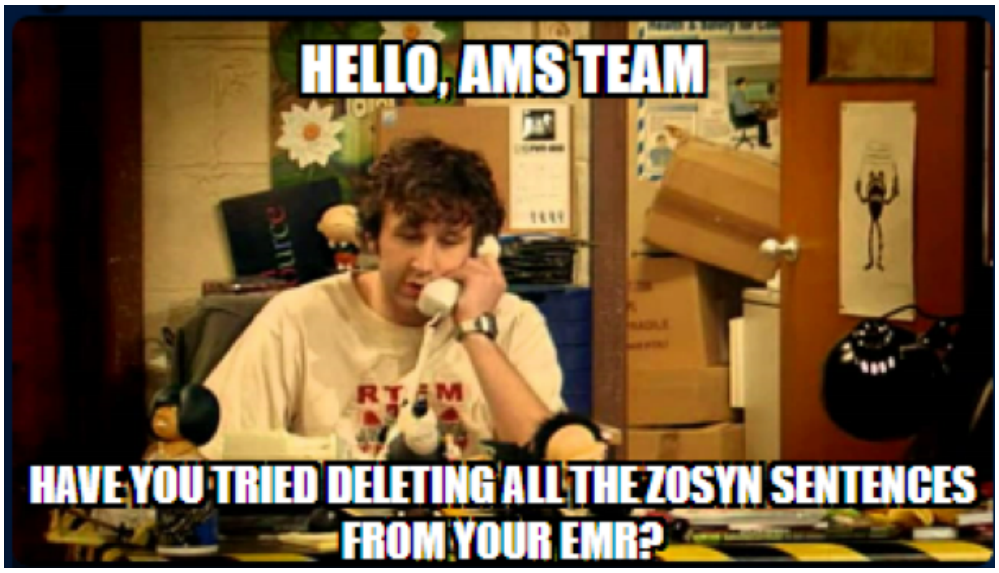
CSiM CENTER FOR STEWARDSHIP IN MEDICINE

About this Document



This FAQ contains some ideas that we hope will help get your program unstuck. Correlate these suggestions to that of your own individual institution's policies and procedures. Always obtain proper approvals and support prior to modifying institution policies and protocols. This guidance does not replace clinical judgement and all links were current as of time of writing.

If you have examples of ways that you overcame these barriers in your organization, please share them so that we can update this FAQ!

Buy-In

Q: I have tried sharing the benefits of stewardship with my hospital's leadership team, but I feel like we are on different pages. How can I align our goals?

A: Consider the current landscape of your facility – what projects are your leadership currently focused on? If facility is short-staffed – can your program help to reduce staff workload? Think about ways that your stewardship program goals can benefit the current needs of your facility. Track adverse drug reactions and share those stories with your leadership team. Learn from any stewardship initiatives that may not go as planned and put those new lessons into practice.

Management of antibiotic shortages is one example of mutual goal alignment and may be of particular interest to your CMO/CNO. Shortages are opportunities for programs to reinforce clinical guidelines and/or de-escalations. See the "Resources" section of this FAQ for evidence-based facts that can be shared on this topic.

See the toolkit resource entitled "Tips for Obtaining C-Suite Buy-In" for more detailed assistance.

Q: I have the same question as above, only the audience is now clinical staff. This includes physicians, nursing, and pharmacists. What can I do to get their support?

A: Find out what quality measures that your hospital is currently focused on and see if stewardship initiatives can tie in with these. Two common quality measures that hospitals focus on include the SEP-1 measure for sepsis and rate of hospital-acquired *C. difficile* infections. Stewardship can assist with these by optimizing the use of antibiotics for sepsis and driving down *C. difficile* rates, respectively [1]. Tracking adverse drug reactions and sharing those patient stories are an additional way to communicate the importance of your initiatives. See previous question as well for a suggestion surrounding antibiotic shortages.

Additionally, share with your prospective partners how your stewardship initiatives can directly benefit them. For example: De-escalating antibiotics from IV to PO can reduce pharmacy technician workload through fewer runs to the floor for deliveries. See the Preserving Scarce Resources section in the "Tips for Obtaining C-Suite Buy-In for Stewardship at a CAH" toolkit document for more suggestions.

Always track and report outcomes from stewardship efforts on a regular basis and in all appropriate forums

Multiple Hats

Q: The COVID pandemic has been very tough on my staffing. I often find myself stretched thin and unable to devote time to stewardship. What can I do to make this easier on myself?

A: First, look at the tasks that you already do daily side-by-side with the CDC's Core Elements of Hospital Antibiotic Stewardship Programs. It is quite possible that you are already meeting these and don't even realize it! Additional time-saving tips include:

- **Making use of your IT resources**
  - Can you work together with your IT resource to build or even modify already-created reports that automatically print out the desired metrics on a scheduled basis?
  - How can your EMR help you with your current stewardship initiative? Integrate someone from IT into your stewardship team. Run all new stewardship initiatives by them and ask if they have suggestions that involve the facility's current technological capabilities
- **Coming up with solutions that fit into your current workflows**
  - An example of this might include looking at reports that already print automatically and putting the data into the form of another metric
- **Building or modifying existing order sets to promote the desired stewardship intervention**
  - An example of this might include taking an already-built, commonly-used order set (example: pneumonia) and updating it to include guideline-concordant first-line therapy recommendations
- **Precepting 4th-year pharmacy students**
  - Being a part of an AMS program is an incredibly valuable experience for a pharmacy student! Students can help you with data collection, stewardship recommendations, and creating educations or in-services to share with clinical staff
- **Start small and do what you are able to**
  - If you are doing stewardship for the very first time, pick a small initial goal and track it. Celebrate all of your wins – there is no such thing as a win that is "too small." As you grow and learn, you will find that your efforts will naturally evolve along with you!

Staff Turnover & Locum Services

Q: What can I do to "turnover-proof" my program? By the time I get someone trained or on-board with stewardship, they're on to their next adventure!

A: Build stewardship into your systems! Write stewardship duties into job descriptions[2] . Start with a policy that clearly defines roles and responsibilities. Then, work with your medical staff and nursing leads to put stewardship into your orientation processes (see "Resources" section for suggestions). This can be accomplished several ways: through a learning management system module, through an introduction letter that is written by the stewardship team and cosigned by medical/administrative leadership, by assigning the stewardship policy to be read within 30 days of hire, and by directly meeting all new providers that are hired onto your facility during orientation processes. When you finally obtain that Holy Grail of support for a stewardship initiative, try to find a way to get that initiative written into a facility policy somewhere. This will ensure that it becomes a process that is carried out in the future.

Q: Our hospital system relies almost entirely on locum provider staffing. New providers who come on board are often unaware of our program or our current initiatives. How do we introduce them to our program and also encourage consistent participation?

A: Check to see if orientation processes apply to locum staff. If so, work on integrating stewardship into orientation (see "Resources" section for suggestions).

Discuss with leadership and/or medical staff services if it would be possible to put stewardship into the facility's locum provider contract and/or credentialing & privileging forms. This can be as simple as adding a statement to the contract that states that locum providers are expected to actively participate in the antimicrobial stewardship program. Adding stewardship to their contract can assist your facility with meeting the "Hospital Leadership Commitment" portion of the new CDC's Priorities for Hospital Core Element Implementation[2]

Staff Turnover & Locum Services

Q: What are some good ways to share education or information with our locum providers?

A: Identify a contact at your locum organization or within your own medical staff who might be willing to disseminate education on your behalf (ensure support from facility leadership for a point-of-contact within the locum organization prior to initiating this strategy).

Work with your IT department to see if you can centrally disseminate information (e.g. UW-CSiM Antibiotic Pocket Guide, institution-specific guidelines) on a company Intranet page or via your learning management system.

"Handshake stewardship" rounds may also offer limited opportunity to share education and information. Review the CSiM presentation titled "Productive Conversations in AMS: Garnering Physician Buy-In" to maximize this opportunity

Q: We've heard about the huge importance of creating and maintaining professional relationships as part of a stewardship program on CSiM. What can we do to work towards this with locums?

A: Consider performing "handshake stewardship" rounds during the week to ensure that you can meet face-to-face with members of your locum provider staff. In addition to this being a fantastic relationship-building opportunity, there exists data showing a higher acceptance rate with in-person recommendations vs. computerized or telephoned ones[3].

Q: Our pharmacy department has recently hired a new pharmacist to lead/join our stewardship program; however, this individual has not received formal training in infectious disease or stewardship. How can I get them trained?

A: First, we are so excited to welcome them to the wonderful world of antimicrobial stewardship! Second, plan a mandatory orientation with them after 6 months of employment to give them time to get settled. Some suggestions for your orientation process are listed in the "Resources" portion of this FAQ. Consider also supporting your new steward in obtaining certification (links in the "Resources" portion)

Financial Barriers

Q: I am grateful to have support for my program from my leadership team; however, we are collectively struggling to come up with ways to pay for extra stewardship resources. Are there potential sources of revenue that can assist with this?

A: If you work in the pharmacy department, stewardship duties can be integrated into an already-existing pharmacy FTE. Work with your human resources department to write the dedicated time into that person's job description.

Track and share with your leadership team any 340B savings, savings on drug expenditures, and savings on hospital supplies (if significant) associated with stewardship interventions to justify purchasing additional resources. Be sure to also include any cost savings from diagnostic interventions performed in cooperation with your lab (e.g. not sending extra urine cultures, *C. difficile* tests not performed).

An example specifically showing cost savings from a diagnostic intervention on *C. difficile* is included in the toolkit document "AMS Cost Reduction Examples."

Resources

Buy-In:

- Antibiotic Shortages in Pediatrics - American Academy of Pediatrics
  - Evidence-based messaging for drug shortages
- Priorities for Hospital Core Element Implementation: Supplemental Guidance - CDC
- Toolkit Document: Tips for Obtaining C-Suite Buy-In
- Toolkit Document: AMS Cost Reduction Examples

Orientation Resources for Newly-Hired Pharmacists:

- UW-CSiM Toolkit + Antibiotic Pocket Guide
- CDC's Core Elements of Hospital Antibiotic Stewardship Programs
- IDSA Guidelines for Community-Acquired Pneumonia, UTIs, and Skin and Soft Tissue Infections
- UW-CSiM Presentations:
  - Key Actions of an ASP Pharmacist (Jun 4th, 2019)
  - Pharmacists Getting Provider Buy-In (Jul 9th, 2019)
  - Productive Conversations in AMS: Garnering Physician Buy-In (Jan 20th, 2022)
  - Asymptomatic Bacteriuria: Tips and Tricks to Reduce the Urge to Treat (Jan 26, 2022)
  - Myths Surrounding UTI Diagnosis (May 6th, 2020)
  - UTI… or ABU? (Jan 5th, 2021)
  - Hospital Highlights (All)
  - [Re]CAP (Jan 12th, 2021)
  - Skin and Soft Tissue Infections Parts 1 and 2 (Jul 25th and Aug 1st, 2017)

The two organizations linked below each offer an excellent certificate program to get your new stewardship pharmacist trained:

- Making a Difference in Infectious Diseases (MAD-ID)
- Society of Infectious Diseases Pharmacist (SIDP)

Suggested Resources for New Provider Orientation:

- Select as per your facility's existing orientation processes:
  - Order set cheat sheets
  - A learning management system lecture on stewardship
  - A copy of your institution's policy and procedure on stewardship
  - A letter introducing your stewardship program to the provider signed by leaders of the program and of the facility
  - A copy of your facility's antibiogram and institution-specific guidelines
  - A hard copy of the UW CSiM Antibiotic Guide
  - A meet-and-greet with your new provider

Images:

Images were generated using the following website: https://imgflip.com/memegenerator

Sources:

1. CDC. Core Elements of Hospital Antibiotic Stewardship Programs. Atlanta, GA: US Department of Health and Human Services, CDC; 2019. Available at https://www.cdc.gov/antibiotic-use/core-elements/hospital.html
2. CDC. Priorities for Hospital Core Element Implementation | Antibiotic Use | CDC [Internet]. Antibiotic Prescribing and Use. CDC; 2022 [cited 2022 Dec 28]. Available from: https://www.cdc.gov/antibiotic-use/core-elements/hospital/priorities.html
3. Durand A, Gillibert A, Membre S, Mondet L, Lenglet A, Mary A. Acceptance Factors for In-Hospital Pharmacist Interventions in Daily Practice: A Retrospective Study. Frontiers in Pharmacology. 2022 Mar 23 [cited 2022 Nov 7];13. Available from: https://www.frontiersin.org/articles/10.3389/fphar.2022.811289/full