NJDOH Antimicrobial Stewardship Recognition Program (ASRP)

Technical Assistance

Technical Assistance

- Housekeeping and Introduction
- "A Journey to Gold Status"- Gargi Patel, Pharm D
- Frequently Asked General Questions
- Open Discussion/Questions

NJDOH ASRP

- Jasmine Davis, MPH, CHES
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- Jason Mehr, MPH, CIC
- Suzanne Miro, MPH, MCHES
- Gargi Patel, Pharm D
- Krista Reale, MA, CHES

General Overview

- What is Antimicrobial Stewardship Recognition Program and its goal?

- When does the ASRP application process open and end annually?
  - June (first week)- August (first week)

- Where is the application found and how is it submitted?
  - [Department of Health | Communicable Disease Service | Antimicrobial Stewardship Recognition Program (nj.gov)](#)
  - Novi Survey

- When is the ASRP award ceremony organized?
  - Last week of November, or first week of December each year

- What time frame is considered applicable to meet the requirements of documents for the application to be considered appropriate?
  - One year from the date of last application

Antimicrobial Stewardship Recognition Program: A Journey to Gold Status

Gargi Patel, Pharm D
Infectious Disease Pharmacist

Poll Question # 1

- Was your facility aware of CDC seven core elements prior to NJDOH-ASRP initiated in 2019?

    a. Yes

    b. No

#NJ ANTIBIOTICS AWARE
LOCAL STEWARDSHIP LEADERS

Polling Question # 2

- Does your facility have compliance and escalation process established for stewardship outcomes?
  - a. Yes
  - b. No

Community Medical Center, RWJBH System
2019 Silver Award Recipient

- Compliance rate to Centers of Disease Control 7 core elements for Antimicrobial Stewardship Program in Hospitals (ASP) increased from 14% to 86% from 2018 to 2019
  - ➢ 43% Compliance to NJDOH –ASRP Gold Status
  - ➢ Core elements and their status for 2019:
    1. Leadership- Silver
    2. Drug Expertise- Gold
    3. Accountability- Gold
    4. Action- Gold/Silver
    5. Tracking-Silver
    6. Reporting- Gold/Silver
    7. Education- Gold

Leadership - Silver

- CMC had a letter of commitment and met the Bronze status

- ID Pharmacist job description was prepared and approved by the ASP committee
  - Basic activities of a clinical pharmacist from human resources
  - Accountability to non-compliance to stewardship activities
  - Stewardship specific activities related to the pharmacist
  - Job list specific to ASP listing all daily review and evaluations
  - Include the education, tracking and reporting of stewardship activities and outcomes

Budget for ASP – Missing element for Gold Scoring

Action- Gold/Silver

- Treatment guidelines for common infections (*C. diff*, CAP, HAP, UTI, Diabetic Foot infection, Antiviral treatment guidelines, surgical prophylaxis guidelines)

- Expanded restriction antibiotics policy with restricted use criteria approved by ID and/or ASP committee for the institution

- Guidance/De-escalation protocol for common infections was developed to help guide physicians to narrow antibiotics timely and appropriately

- Antibiotic time-out at 48 hrs (System)

- Education to nursing staff to involve nursing in ASP.

- ASP-Nursing collaboration involved rounding with unit nurses for a month to increase education and improve outcomes by daily stewardship feedback

- Antibiogram with unit specific data (ED, ICU) was provided to prescribers

- Medication use evaluation (retrospective review) of certain highly used antibiotics were performed with prescriber specific information to increase education about appropriate use

- Antimicrobial dosing and guidelines (Pocket card) was made available to all the departments through Pharmacy Homepage on intranet

- Expansion of stewardship activities to in-patient rehab unit

Nursing driven stewardship protocol- Not missing, but Gold/Silver was combined in 2019

#NJ ANTIBIOTICS AWARE
LOCAL STEWARDSHIP LEADERS

NJ Health
New Jersey Department of Health

PHAB
ACCREDITED HEALTH DEPARTMENT
PUBLIC HEALTH ACCREDITATION BOARD
Advancing public health performance

CDS
New Jersey
Communicable Disease Service

Tracking - Silver

- Antibiotic use metric- Silver
  - Provided score card with stewardship metric (DOT/1000 PD, DDD/1000 PD) to facility
  - Cost data
  - Facilitated retrospective review of highly used antibiotics and its appropriateness

Antibiotic use tracked for one or more focused groups/areas (e.g., patient population, specific unit, prescribing department, etc.- Missing element for gold scoring

Reporting- Gold/Silver

- Antibiotic metric is stratified per prescriber, department, patient condition, unit/location etc.

Gold/Silver was combined for 2019

Community Medical Center, RWJBH System 2020 and 2021 - Gold Award Recipient

- Leadership
  - ASP Budget (Salary, ID conference registration, CME, organization membership)

- Tracking
  - ==Action plan== for 2020 focused on tracking/reporting highly used broad-spectrum antibiotics based on MDRO rates (Eg: Vancomycin with MRSA rates > 40%) and provide department specific usage (ID and non-ID providers)
  - Annual ==ground rounds== provided to medical staff with updated protocols and treatment guidelines (eg: Skin and soft tissue infection treatment guidelines)
  - ==Targeting education== to appropriate department based on their usage (ED) on Vancomycin (one of the highly used broad spectrum)
  - ==GAP Analysis== of Vancomycin showed a 15% reduction in DOT/1000 PD of Vancomycin in 2020 vs. 2019 with education and ASP review
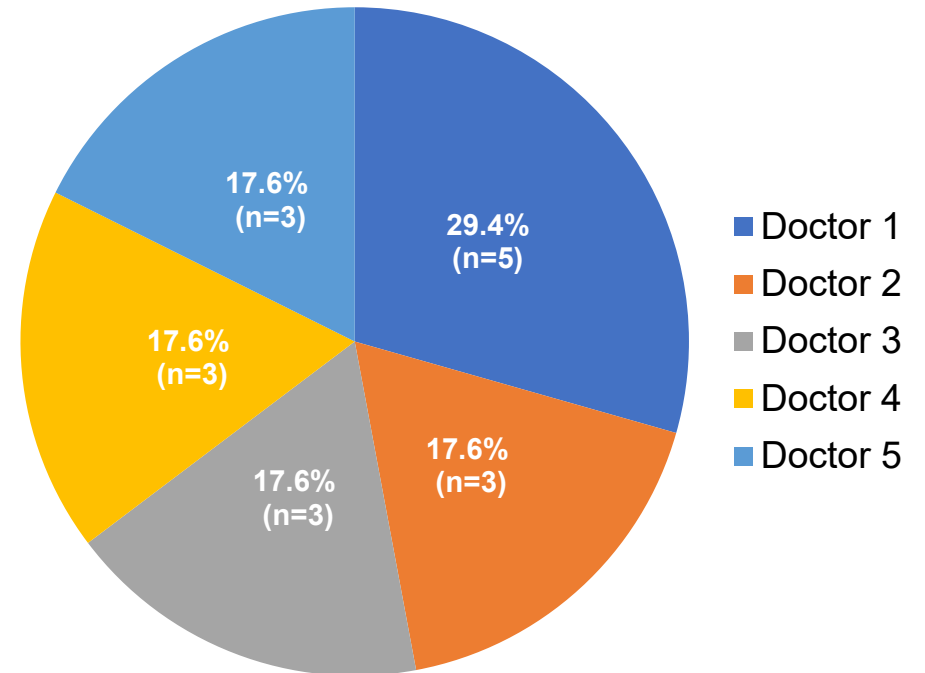
Expanded Medication Use Evaluation of Vancomycin

Documented Empiric (Includes Empiric and Documented) > 24 hrs Frequency (n=50)
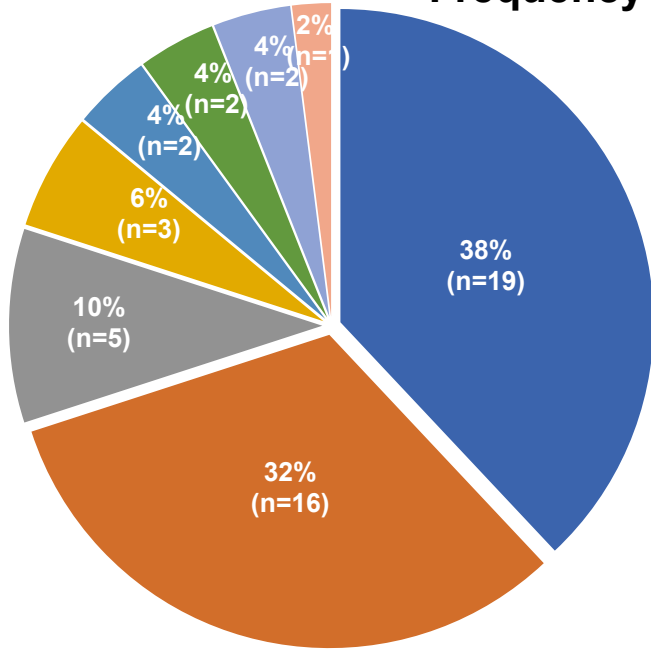
- Skin & soft-tissue infection (Cellulitis): 38% (n=19)
- Sepsis no clear source - Empiric: 32% (n=16)
- Bacteremia: 10% (n=5)
- Pneumonia, HAP/VAP: 6% (n=3)
- Diabetic foot infection: 4% (n=2)
- UTI-Uncomplicated (Cystitis): 4% (n=2)
- Intra-abdominal infection: 4% (n=2)
- CNS Infection: 2% (n=1)

Use per indication

Physician Prescribing - Count Total Empiric > 24 hrs (n=17)

- Doctor 1: 29.4% (n=5)
- Doctor 2: 17.6% (n=3)
- Doctor 3: 17.6% (n=3)
- Doctor 4: 17.6% (n=3)
- Doctor 5: 17.6% (n=3)

Use per prescriber

Poll Question # 3

- Is there a representation of quality department (QAPI) at your ASP committee?
  a. Yes
  b. No

Advanced Stewardship Initiatives:
Tracking/Reporting/Education

- Targeted outcome-based stewardship metrics in collaboration with quality department (healthcare associated infection team)
  - Hospital acquired C.difficile rates reduction by incorporating pharmacist driven review of high-risk C.difficile patients based on a screening tool in first 3 days of admission
- ASP driven automatic de-escalation of Ceftriaxone to oral antibiotics for Pneumonia and UTI
- Handshake stewardship:
  - Targeted and direct communication to the providers periodically to address non-compliance to facility specific treatment recommendations
  - Targeted stewardship goal to reduce inappropriate empiric use, improve de-escalation and shorten duration of therapy

Lessons Learned # 1

ASP goal to promote transparency and open lines of communication upfront

ASP team and leader

Senior leadership support (financial and promotional)

Action plan with multi-disciplinary committee

Lessons Learned # 2

Break the chain of commands and focus on local stewardship targets to overcome the barriers by involving department of quality

| Establish accountability personnel/platform to track, report and monitor ASP outcomes | GAP analysis: Re-define and re-structure processes and compliance measures | Escalation Process: Identify barriers to non-compliance to ASP outcomes |

Polling Question # 4

- What future initiatives would you like to be included in gold award recognition or beyond that ?
  a. Collaborative stewardship initiatives between AC/PAC/OP
  b. Transition of care stewardship models
  c. Benchmark for stewardship metrics (antibiotic use and outcomes) for a system
  d. All the above

Antimicrobial Stewardship Recognition Program - NJDOH

1. A great support and acknowledgement to receive from NJDOH for all the stewardship programs

2. A great incentive to help facilitate the core elements required by CDC , but also improve patient outcomes and reduce antimicrobial resistance, overuse and cost

Thank you

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Antimicrobial Stewardship Recognition Program

Frequently Asked Questions

General Questions

1) Does NJDOH ASRP team provide confirmation receipt after receiving an application from a facility?

- <mark>No</mark>, NJDOH does not receive automatic notification of an application once it is submitted
- If a facility would like confirmation of application submission, please email <mark>abxaware@doh.nj.gov</mark> with the name, facility type, and date of submission

2) What should the attestation letter consist of to meet the requirements for maintaining the same status as last year?

- The attestation letter should include at minimum the following information below in any format or language:
  - Re-address the seven core elements briefly (leadership, accountability, drug expertise, action plan, tracking, reporting and education)
  - Re-address the support from facility leadership (i.e., CEO, President, Vice President, board member, or administrator) that attests to ongoing antimicrobial stewardship programs (example of an ongoing stewardship action plan).
  - Provides commitment to at least same level of robustness as last year

General Questions

3) Can facilities with multiple institutions within same healthcare system are allowed to have one signed attestation letter from their corporate leadership to maintain their previous year status?

- <mark>Yes</mark>, all the facilities within the same healthcare system could use one attestation letter signed from their corporate leadership to maintain their previous year award status if the specific facility names are documented

4) Can a facility who is a recipient of the acute care antimicrobial stewardship recognition award in previous year apply for outpatient award separately?

- <mark>No</mark>, the outpatient application should be completed by the outpatient facility providing care to patients separately. If a health system has ownership over multiple outpatient healthcare facilities, they should not apply on behalf of the outpatient practices.

General Questions

5) Should a facility/program need to fulfill all gold-level competencies for the 7 core elements in order to achieve gold tier or if there is a threshold to meet in order to achieve overall gold (i.e., 5/7 core elements at gold competency)?

- To be eligible for a given award, the healthcare facility must demonstrate competency for the target tier and for all the tiers below the target tier. For example, to obtain the gold award, the facility must demonstrate competencies for all 7 core elements in the gold tier, as well as all the competencies for the silver and bronze tiers

6) What is the requirement to maintain the same award status as last year if there is a change in the facility's name?

- There are no specific requirements to maintain the same award status as last year if there is a change in your facility's name. We ask that you submit your new application with your current name but refer to the previous submission for ASRP application reviewers to reference when scoring applications.

Additional Questions?

abxaware@doh.nj.gov