



Georgia Develops Antibiotic Stewardship Honor Roll

Background



The Georgia Department of Public Health (GDPH) coordinates antibiotic stewardship activities through the Georgia Healthcare Associated Infections Advisory Committee (GHAIAC) and the Antibiotic Stewardship Subcommittee. The

Georgia Antibiotic Stewardship Subcommittee was initiated in the fall of 2012, meets periodically, and reports to the larger GHAIAC on its activities to obtain input and support for its work.

The first activity of the subcommittee was to develop a strategic plan for implementing stewardship across the state and to create a one-page logic model summarizing the plan. Members sought to leverage existing relationships, identify and establish new relationships with complementary programs, and identify and distribute tools to support these efforts. The subcommittee also identified that healthcare facilities needed to be motivated to engage in stewardship. Therefore, they developed the Georgia Honor Roll for Antibiotic Stewardship in 2013.

What Was Done



In alignment with the strategic plan, GDPH partnered with the Georgia Society of Health System Pharmacists in 2013 to provide training on antibiotic stewardship for hospital pharmacists in the state. Following the training, GDPH held a small focus group with pharmacists, and found that they needed more training in stewardship for infectious diseases. In 2014, GDPH provided scholarships for 25 hospital pharmacists to attend Making a Difference in Infectious Disease Pharmacotherapy (MAD-ID) training. In return, each hospital was required to provide documentation of the pharmacist's final MAD-ID project, and submit an application to the Georgia Honor Roll for Antibiotic Stewardship.

The Georgia Antibiotic Stewardship Subcommittee identified the need for an Honor Roll for Stewardship to motivate participation and in March 2013, the GHAIAC and Georgia Antibiotic Stewardship Subcommittee met with the Centers for Disease Control and Prevention (CDC) to define the elements of their Honor Roll. It publicly recognizes hospitals implementing antibiotic stewardship programs according to CDC's Core Elements of Hospital Antibiotic Stewardship Programs. The requirements for participation provide guidance to facilities on how to systematically implement an antibiotic stewardship program.

Structured in two phases, the Georgia Honor Roll for Antibiotic Stewardship requires facilities to obtain leadership support, identify an antibiotic stewardship team, and conduct at least one educational event on stewardship-related topics. In Phase II, hospitals go further to implement and measure their antibiotic stewardship activities. Hospitals are recognized with a certificate and featured on the Honor Roll website, with designation of hospitals that are meeting both Phase I and Phase II requirements.

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Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases





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How It Was Accomplished



GDPH staff used its logic model to communicate and gain support for the state plan from the Public Health Commissioner. In 2014, GDPH Public Health Commissioner issued a Call to Action to all Georgia hospitals to engage in stewardship and announced the Antibiotic Stewardship Honor Roll. GDPH staff review Honor Roll applications on a quarterly basis. GDPH partnered with the Georgia Hospital Association to ceremonially unveil the Honor Roll at the Georgia Hospital Association Annual Patient Safety Symposium in January 2015 when a total of 37 hospitals had joined the Honor Roll.

Impact



By developing a strategic plan and leveraging partnerships and resources, several results were achieved. First, the National Healthcare Safety Network (NHSN) Annual Facility Survey demonstrated that the Honor Roll increased stewardship activities in the state. According to 2014 surveys, Georgia hospitals¹ had higher than national rates in leadership (71% vs. 60%²), accountability (84% vs. 72%), and drug expertise (93% vs. 87%), and 2015 surveys demonstrate that Georgia hospitals had higher than national rates in education (72% vs 69%).³ Also in 2014, Georgia had slightly more hospitals reporting all seven core elements of stewardship than the national average (43.7% vs. 42.5%).

Additionally, a total of 25 pharmacists received MAD-ID training. Their respective facilities are now among the 59 hospitals that are included in the Honor Roll and these individuals have been called on to perform antibiotic stewardship webinar trainings. The stewardship practicums required by **MAD-ID training** participants increased stewardship activities in the state and addressed specific medical conditions, appropriate use of targeted antibiotics, and improved practices. Finally, through implementation of this stewardship plan, leaders identified additional resources, including the resources in GHAIAC and the Georgia Antibiotic Stewardship Subcommittee. An additional important resource is having pharmacists in hospitals who were found to be energetic, intelligent, and important in initiating and conducting stewardship efforts.

GDPH, GHAIAC, and the Georgia Antibiotic Stewardship Subcommittee are currently moving forward with their strategic plan, including exploring how to make the Honor Roll more specific and robust in the future and expanding the program to long-term care. They are currently looking to build relationships with long-term care facilities, professional societies, and pharmacists working in long-term care. They also see an opportunity to bridge the work between hospitals and long-term care facilities, as two of the MAD-ID practicums included hospital pharmacists working in their community to train long-term care providers in improved antibiotic therapy for urinary tract infections.

¹ The 2014 NHSN Annual Facility Survey includes 126 Georgia facilities (102 acute care hospitals, 15 long-term acute care hospitals, 5 critical access hospitals, 2 children's hospitals, 1 oncology hospital, and 1 psychiatric hospital).

² Comparison data obtained from HICPAC.

³ The 2015 NHSN Annual Facility Survey includes 126 facilities (103 acute care hospitals, 15 long-term acute care hospitals, 5 critical access hospitals, 2 children's hospitals, and 1 oncology hospital). 2015 survey used to compare education because the Honor Roll required education within one year.

