



CHARTER

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Illinois Collaborative for Hospital Antimicrobial Stewardship Enhancement (ICHASE)

Why ICHASE?

- Overuse of antibiotics is associated with increasing prevalence of infections with multi-drug resistant organisms and *Clostridium difficile* infections.
- Prevention collaboratives are a quality improvement approach in which multidisciplinary teams implement best practice interventions and share experiences to improve patient care around specific goals. Antimicrobial stewardship, specifically, provides a way to monitor and improve the appropriateness of antimicrobial therapies, with a goal toward mitigating the unintended adverse consequences of antimicrobial use.
- From 2011 to 2012, the Illinois Department of Public Health (IDPH) implemented an antimicrobial stewardship collaborative with 5 acute care hospitals. The collaborative resulted in the development of an assessment framework for antimicrobial stewardship programs that will be applied in the Illinois Collaborative for Hospital Antimicrobial Stewardship Enhancement (ICHASE).

Goals -

The primary goals of ICHASE are to: -

1. Reduce target and/or total antimicrobial use among participating hospitals, measured by Days of Therapy (antimicrobial days) per 1,000 days present.
2. Reduce healthcare-associated *Clostridium difficile* infection rate by 15% per 10,000 patient days among participating hospitals.

Other meaningful processes and endpoints will be measured such as number of post-prescriptive reviews performed; number of recommendations given and percent accepted; percent of target antimicrobials prescribed appropriately.

Structure

The collaborative, ICHASE, will be comprised of at least seven acute care hospitals currently submitting data to the Antimicrobial Use module of the National Healthcare Safety Network (NHSN). ICHASE will kick off with an in-person meeting in late fall 2013 and close with a summary meeting in early July 2014, although hospitals will continue interventions and monitoring beyond this period as part of their antimicrobial stewardship efforts. Conference calls will be held 1-2 times per month and substituted with webinars as needed.

Participating hospitals will:

- Secure leadership support to participate in the collaborative by having a senior management sign a commitment form
- Establish a multidisciplinary team to participate in collaborative activities and achieve project objectives:
 - Complete baseline assessment and evaluation of process and outcome measures
 - Develop and implement institutional guidelines around a specific indication or antimicrobial
 - Implement post-prescription review and feedback after initiation of antimicrobial regimen
- Share antimicrobial use and *Clostridium difficile* data with IDPH through NHSN
- Share relevant tools, implementation strategies, and lessons learned with the collaborative
- Maintain and safeguard the confidentiality of privileged information
- Maintain effective communication with IDPH and project consultants throughout duration of the collaborative

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Illinois Department of Public Health will:

- Plan and implement learning activities, including securing speakers with subject matter expertise
- Review facility progress and provide ongoing feedback
- Safeguard confidential information; report data to collaborative hospitals and stakeholders in aggregate
- Facilitate sharing between facilities and assist in developing tools, as applicable
- Share implementation process and lessons learned with stakeholders

Benefits

Support to achieve the objectives of ICHASE will be provided by:

- A project director, based at the Illinois Department of Public Health, who will coordinate collaborative activities
- Infectious disease expert consultants David Schwartz, MD, Gail Itokazu, PharmD, and others based at the Centers for Disease Control and Prevention (CDC) Prevention EpiCenter, who will provide technical assistance

In addition, hospitals will:

- Receive scholarship to be applied towards the professional development of a staff member
- Learn from and share best practices with other hospitals in the collaborative
- Be able to make use of their Antimicrobial Use data submitted to NHSN to guide stewardship efforts
- Be recognized as leaders in promoting appropriate antimicrobial use and patient safety

Activities Overview

Phase	Dates	Activities	Tool
Facility Onboarding	Sept - Oct 2013	<ol style="list-style-type: none"> 1. Hospitals: <ol style="list-style-type: none"> a. Submit participation form b. Enroll in the IDPH NHSN user group for the Antimicrobial Use (AU) Module c. Participate in ICHASE conference calls/webinars 2. IDPH and project consultants prepare self-assessment tools 	For activity 1: -Collaborative charter
Baseline Measurement & guidelines development	Oct - Nov 2013	<ol style="list-style-type: none"> 1. Hospitals: <ol style="list-style-type: none"> a. Complete structured self-assessments (and, if feasible, analyze AU data for high use locations) b. Identify indication(s) or antimicrobials and hospital location(s) to target for intervention c. Begin development/adaptation of institutional guidelines around selected indication(s)/ antimicrobial(s) d. Participate in ICHASE conference calls/webinars 	For activity 1a: -AMS assessment framework -Organizational culture survey For activity 1c: -Institutional guidelines provided by expert consultants
Formal kickoff	Before Dec 14, 2013	<ol style="list-style-type: none"> 1. In-person kick-off meeting held <ol style="list-style-type: none"> a. Hospital report back on assessments b. Other topics and as prioritized by collaborative hospitals 	

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Phase	Dates	Activities	Tool
Implementation	Jan 2014	<ol style="list-style-type: none"> 1. Hospitals: <ol style="list-style-type: none"> a. Test and launch institutional guidelines b. Develop protocol for conducting post-prescription reviews, based on sustainable facility infrastructure c. Participate in ICHASE conference calls/webinars 	
	Feb -June 2014	<ol style="list-style-type: none"> 2. Hospitals: <ol style="list-style-type: none"> a. Implement institutional guidelines b. Perform post-prescription reviews and feedback c. Track data elements (e.g., # of reviews performed, # recommendations made, # accepted, etc) d. Keep staff and leadership engaged e. Participate in ICHASE conference calls/webinars 3. Project staff conduct site visits if needed 	
Evaluation	June 2014	<ol style="list-style-type: none"> 1. Hospitals: <ol style="list-style-type: none"> a. Analyze and summarize process measures b. Analyze and summarize AU and CDI data, retrospectively c. Complete organizational culture surveys d. Identify lessons learned and next steps e. Participate in ICHASE conference calls/webinars 	NHSN
Formal closing	Before July 14, 2014	<ol style="list-style-type: none"> 1. Summary meeting held 	

Team Member Composition

Each hospital will form a team to implement system changes related to antimicrobial stewardship. Teams should include persons from departments and work areas that will be affected by the changes to ensure that the team understands the system it is trying to redesign and to promote buy-in for the changes.

Getting the right people on the team is critical to a successful improvement effort. Teams vary in size and composition, with each organization building teams to suit its own needs. The most important success factor for a team is commitment to working together toward a shared goal.

Effective teams have representation from several different areas of expertise within the organization:

- ❑ **System Leadership:** Someone, such as the CEO, VP, or senior director who has authority in the organization to institute suggested changes and to overcome barriers when they arise.
- ❑ **Day-to-Day Project Leadership:** Someone who understands the process being improved, the effects of any planned changes, and who will drive the project on a daily basis. This could be a clinical pharmacist, infectious disease physician, or other individual with good understanding of antimicrobial stewardship.
- ❑ **Physician Champion:** A clinical champion who is well respected by colleagues, who understands the scientific and clinical foundations of the processes of care that are being improved and is interested in taking a leadership role in her/his community.
- ❑ **Information Technology:** Someone who understands the technical processes in place at the facility that affect care and clinical decision making (e.g. CPOE, electronic medication administration records, etc.) and how to adapt them to achieve desired outcomes.
- ❑ **Infection Prevention & Quality Improvement:** Someone who is involved with ongoing surveillance and quality improvement initiatives.
- ❑ **Other Team Members:** Microbiology, Nursing Leadership, and others who may contribute expertise and whose work flow may be affected by activities of the Collaborative.

Checklist for Selecting Team Members

An effective team has members who work well together and who have a combination of skills, styles and competencies. An effective team has members who:

- ❑ Are leaders
- ❑ Are team players
- ❑ Have specific skills and process knowledge relevant to quality improvement and infection prevention
- ❑ Possess excellent listening skills
- ❑ Communicate well verbally
- ❑ Are problem-solvers
- ❑ Are motivated to improve current systems and processes
- ❑ Are creative, innovative and enthusiastic



Team Member Designation

Day-to-Day Leader (Primary contact)	
This individual (e.g. Clinical Pharmacist, Infectious Disease Physician, etc) will drive the project on a daily basis to ensure cycles of change are tested, implemented, and documented. This individual understands the process being improved and effects of any planned changes, and maintains communication with IDPH and consultants.	
Name	
Title	Telephone
Email	Fax
Alternate Contact (Serves as secondary contact)	
Name	
Title	Telephone
Email	Fax
Physician Champion	
This individual is well respected by colleagues, understands the scientific and clinical foundations of the processes of care that are being improved and is interested in taking a leadership role.	
Name	
Title	Telephone
Email	Fax
Senior Leader	
This individual (e.g., vice president, CEO, senior director) supports the time and resources needed to achieve the team's aim, has authority to institute changes suggested, and assists with overcoming barriers when they arise.	
Name	
Title	Telephone
Email	Fax
Others Team Members	
Name	Title
Name	Title
Name	Title
Name	Title
Name	Title
Name	Title
Name	Title

Please return form by email or fax by Friday, October 11, 2013 to:

Chinyere Alu

Chinyere.Alu@illinois.gov

(Fax) 312-814-1953; (Phone) 312-814-2565



COMMITMENT TO PARTICIPATE

The Illinois Collaborative for Hospital Antimicrobial Stewardship Enhancement, or ICHASE, is led by the Illinois Department of Public Health’s (IDPH) Division of Patient Safety and Quality. Collaborative goals are to decrease antimicrobial use, promote appropriate use, and reduce healthcare-associated *Clostridium difficile* infection rate by 15% among participating hospitals.

- Yes**, our hospital would like to participate in ICHASE and agree to do the following:
- Provide senior leadership and project leader support to achieve project goals
 - Establish a multidisciplinary team that includes team members from the following specialties: Physician, Clinical Pharmacy, Information Technology, Microbiology, Infection Prevention, Quality, and Nursing Leadership
 - Participate in collaborative activities including
 - In-person kick-off and summary meetings
 - Monthly or twice monthly conference calls (webinars substituted as needed)
 - Performing hospital self-assessments and evaluation of process and outcome measures
 - Developing and implementing institutional guidelines focused around priority antimicrobial(s) or infectious syndrome(s)
 - Implementing post-prescription reviews and feedback
 - Monitoring interventions and analyzing antimicrobial use data
 - Share antimicrobial use data with IDPH through the National Healthcare Safety Network (NHSN)
 - Share relevant tools, implementation strategies, and lessons learned with the collaborative
 - Maintain and safeguard the confidentiality of privileged information
 - Acknowledge participation in the Antimicrobial Stewardship collaborative and authorize email communication regarding the collaborative
 - Maintain effective communication with IDPH and project consultants throughout duration of the Collaborative
 - Agree to IDPH publicly sharing lessons learned from the collaborative

No, we are unable to participate at this time.

Hospital Name		NHSN Login ID (five digit ID)
Street Address, City, and Zip		
Project Leader	Name	Email & Telephone
Executive leader (e.g., CEO, Executive Medical Officer)	Name	
	Signature	

Please return form by email or fax by Friday, October 11, 2013 to:

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