

CDC *Vital Signs* Town Hall Teleconference
Q&A

Improving Antibiotic Prescribing in Hospitals
March 11, 2014
2:00 pm EDT

Dr. Dan Baden: Thank you very much to all of you for those great presentations. At this point, I want to remind everyone that you can get in queue to ask questions by pressing star 1. Just say your name when prompted and you'll be announced into the conference by the operator when it's your turn to ask a question. I encourage you all to take advantage of this opportunity to ask questions, to tell your own stories, your own experiences. Make this a good experience for everyone.

I know for me, this topic is really hitting home because I actually have a family member who's in the hospital right now, is receiving antibiotics and I've been worried about *C.difficile* as well as antibiotic resistance, all of these topics. So this has been critical for me or very interesting for me as well. I guess a question I'd like to start us off with is what would be the single most critical or the best first step for state or local health departments to do to get this type of movement progressing within their facilities? Can anyone answer that?

Jeanne Negley: This is Jeanne from Georgia and in our experience the single most important step for us was the first one we took which was to convene the stewardship subcommittee. Originally I thought what we would do as the state is get involved in the Get Smart Program which is an excellent program. But really the direction that my committee gave me is to do a plan that kind of lead us

into this direction of being able to kind of offer this training to pharmacists and physicians.

Angela Jackley: And Jeanne, this is Angela. And I agree with you wholeheartedly. I think that the very first thing a state health department can do is to convene some form of a work group and identify their subject matter experts within the state. You really need to open that communication and identify what barriers the hospitals are experiencing to moving their programs forward.

Dr. Dan Baden: Okay. Very good. At this point, operator are there any questions in the queue?

Operator: Yes. We do have a question from Susan Miller. You're line is open.

Susan Miller: Thank you very much for an interesting presentation to all of the speakers today. My question has to do with do you have any recommendations or guidelines for rapid testing of organisms and rapid testing of sensitivity in resistance patterns and how that can guide antibiotic uses at facilities?

Dr. Scott Fridkin: So this is Scott, Scott Fridkin. Right now there's a variety of FDA approved tests for different organisms that provide more speed perhaps than traditional culturing and culturing of blood cultures for identification of patients that maybe colonize or carrying certain multidrug resistant organisms. You know it depends on what the organism is you're focusing on. So you know I think that we have to differentiate a little bit between screening test and rapid susceptibility or rapid identification in the microbiology lab.

We don't have any standardized approach for all hospitals should be doing, one particular laboratory method because there's several methods that are approved by FDA and as long as you're using an FDA method, we stand by that.

Susan Miller: Okay.

Dr. Scott Fridkin: However in terms of which patients should be targeted for screening, for carriage of drug resistant organisms, you know that's going to depend on the situation that you are involved with. Hospitals that have a problem with transmission of an organism or the first time they've identified a CRE for example, did perform some type of screening as a part of their sort of detect and protect or prevent transmission within the facility of that drug resistant organism. So they should respond with some type of screening method.

We are actively working to identify a cheap and easier screening method than maybe currently available. So this is going to be an evolving process over the next year. But we do have some descriptions of an approach in our tool kit for CRE prevention that we can steer you to.

Susan Miller: Yes. I was looking at your checklist. And I actually thought it would be very helpful perhaps to include in the checklist just a frank recommendation that for unusual organisms or organisms that first appear within institutions contact number for the CDC.

Dr. Scott Fridkin: Okay.

Susan Miller: So that if people are writing policies or institutions are writing policies that that can be a mechanism to facilitate communication outside the system.

Dr. Scott Fridkin: Thank you.

Operator: We do have a question from Margie. You're line is open.

Margie Beaudry: Good afternoon everyone. Can you hear me?

Dr. Dan Baden: Yes.

Margie Beaudry: Great. So I'm with the Public Health Foundation in Washington, DC. Thank you so much for great presentations. We're very interested in this topic. And mostly I just wanted to share in response to the prompts that we might share our stories that the Public Health Foundation has been involved in some partnership work funded by CDC as well on antibiotic stewardship but focused a little bit more on the role of public health outside of the hospital walls.

And without going into a lot of details, I'll just share that we have some very preliminary pilot work from Connecticut, from Maine, and also from a local health department, Independence, Missouri. Independence is working with one of the hospitals that was a pilot sight for the hospital antibiotic stewardship work that CDC funded. And we have a driver diagram related to this work. Again, this is antibiotic stewardship outside the hospital walls that I would love for you all to know about. And it's on our website, www.PHS.org.

Just search on antibiotic stewardship. But just it's an evolving practice. And we're certainly looking to expand this work. But wanted everyone listening to it be aware of that resource.

Dr. Dan Baden: Alright. Thank you. Operator any more questions in the queue?

Operator: I show no further questions.

Dr. Dan Baden: Okay. Again, people press star 1 if you would like to get in the queue and we'll - we'll add you to conference for asking your question. In the meantime, I have a different question. What really is the role that electronic health records could play in fostering better prescribing mechanisms?

Dr. Scott Fridkin: Maybe - this is Scott Fridkin. I can take a quick stab at that. I mean electronic health records will you know inevitably provide an infrastructure for helping physicians prescribe better. However, probably one of the lowest hanging fruits related to electronic health records is electronic capture of really simple data related to antibiotic prescribing such as a day of therapy and the location where the patients are present in a hospital. These standardized data elements can be used to track aggregate measures of antibiotic use such as days of therapy per thousand patient days.

These are data that can be reported to the National Healthcare Safety Networks' (NHSN) antibiotic use option which is in place. Currently 50 hospitals are reporting data to NHSN in this matter. And it allows for comparison of patterns of usage at this aggregate level between facilities amongst similar types of patient care locations. And that can allow a health department to visually look at facilities usage patterns and identify outliers essentially which might leave facilities to target for some type of active stewardship initiative.

This is actually being done right now in the state of Illinois in partnership with some of the staff here to try to demonstrate how these sort of standardized data elements can be used to guide stewardship programs across multiple facilities. I'm not sure if others have any other thoughts on that.

Jeanne Negley: This is Jeanne Negley from Georgia. I just wanted to add to what Dr. Fridkin said. When we did our assessment in Georgia, we found asking individual questions about if the facility had an electronic medical record or computerized order entry or medical administration record didn't really give us a lot of information about how well that was really linked. And it was more important for us to ask if they could actually monitor consumption by using days of therapy would be preferred or define daily dose.

So I would recommend for states if you are doing an assessment to make sure you ask questions about if they can report you know how they're actually able to report the data, days of therapy, define daily dose or via pharmacy purchasing data.

Dr. Dan Baden: Alright. Great. Thank you very much. Operator, any more questions in the queue?

Operator: Yes. We do have a question from Jon Walker. Your line is open.

Jon Walker: Thank you. I'm a newspaper reporter in South Dakota. What is the takeaway please for the consumer, the man or the woman on the street? Are hospitals dangerous places? The use of antibiotics, any time you hear the term is it imply some significant risk? I mean if somebody goes in for gall bladder surgery or heat tests or anything, should he or she be wondering about all this?

Dr. Scott Fridkin: I think the person on the street only recognize antibiotics save lives. Prompt use of antibiotics treat infections and prevent the progression of infections to you know potentially deadly complications like sepsis. I mean overwhelmingly, the use of antibiotics is you know a key component of hospital care. However, recognize that the whole prescribing practice, the process of prescribing can be improved. These are complicated patients.

These are powerful antibiotics. And there are some simple steps that we think all hospitals can do to help providers do what they know is right. And some of that includes insuring they have the appropriate diagnostic test, reevaluating the necessity of antibiotics after we think about two days of treatment, reevaluating are these still really necessary or not. Some of these key steps can help produce unnecessary use and prevent complications from unnecessary use.

Dr. Dan Baden: Alright. Thank you very much. I have another question. Is there a good way for hospitals to support stewardships themselves rather than the health department?

Dr. Scott Fridkin: Well, we have identified 7 core elements for every hospital to develop as part of a stewardship program. And I think it - utilizing just one or two of these core elements is really unsatisfactory. I think every hospital needs to evaluate how they can implement each of these seven core elements and have an active stewardship program. Those include leadership commitment. That includes accountability having at least one individual accountable for the success and failure of the program.

Usually that's a physician. Having someone with drug expertise such as a pharmacist help design the actions to improve prescribing. Take action. Actively engage the providers in at least one activity to reduce prescribing errors. Track prescribing practices. There's several ways to do that. You've heard Jeanne and other talk about just monitoring overall antibiotic use. But there can be other more simplistic ways of tracking prescribing as well.

And report these data back to providers. And finally, provide some platform for some type of periodic educational program to improve prescribing. Those seven elements will lead to a successful stewardship program and reduce prescribing errors.

Dr. Dan Baden: Great. Thank you very much. And another question. It sounds like we've tried top-down approaches in South Dakota and it sounds like Georgia is doing outreach directly to providers. Are you seeing a lot of resistance from providers rather than the CEOs? And are there steps that could be taken to overcome resistance? How would you suggest addressing resistance if there is some?

Angela Jackley: Well this is Angela in South Dakota and we've been fairly fortunate where we've had systems that implement guidelines that the physicians are being heavily educated on. And so their providing many different forums for these physicians to have education so that they can have the buy in. And we're really seeing a positive result and positive feedback from that. And in addition, any and all education opportunities that the physicians have in South Dakota we have a stewardship work group expert on that particular platform.

And so we're really getting the message out there. And we're trying to get buy in on as many different angles as possible to reduce any issues that may come up. But everybody's been very supportive thus far.

Jeanne Negley: And this is Jeanne from Georgia. It was interesting kind of comparing Angela's story and mine because she does have a top-down approach but also there was outreach providers. And we kind of went the opposite direction. We started working providers first. But we are also - our commissioner is issuing a call for action. So that's kind of a top-down approach as well on the end there. And the other thing is we have launched all the requirements for meeting the honor roll on our website. And we've talked about it at meetings. And we've already got applications in.

They're very interested in participating and getting recognition.

Dr. Dan Baden: Okay. Very good. Operator, any more questions in queue?

Operator: Yes. We do have a question from Jon Walker. Your line is open.

Jon Walker: Thank you very much. I just wanted to follow up maybe with Angela please. How would you rate South Dakota's response? I mean I take it there's an eager response to be helpful on a professional commitment here? But we have all sorts of providers, elaborate hospitals in our cities and then also some very

small units here and there. I mean on a scale of 1 to 10, if you dare, I mean how are we prepared for this? How well are we doing with this?

Angela Jackley: Well I think we're very prepared. I mean we were incorporating many of these CDC recommended elements and have been doing so for the last year. We work very closely with the three largest systems of care because we know that we can affect you know change in 47% of the hospitals across South Dakota. And we can also kind of work on lessons learned throughout the larger systems of care before we try to take that into the next step and work with the smaller hospitals and facilities on that.

We do have plans to do that and to incorporate that. We're trying to touch base with those hospitals through our education efforts and having them you know want to do a stewardship program. But we understand that it's going to be on a much smaller level than what they can do on the system level. So I mean I really think that our systems and our hospitals and our providers deserve a 10 for their effort and for their willingness to do all of the work that they're doing without you know we're not able to offer any additional funding.

And so they're all doing this on offices of patient care wanting to provide the best care for patients in South Dakota.

Jon Walker: Thank you.

Dr. Dan Baden: Alright. At this point, are there any more questions in queue, operator?

Operator: I show no questions.

Dr. Dan Baden: Okay. I think we've had a good dialogue. Lots of questions. Lots of wonderful presentations. I think we'll go ahead and close out this call. But before we do,

we always ask and we would like to ask you as well if there's ways that we can improve these calls. And if there's ways that we can make them more beneficial or more useful to you, please let us know. Please email your suggestions to ostltsfeedback@cdc.gov. That's O-S-T-L-T-S feedback, all one word, at cdc dot gov.

We also hope that you'll be able to join us for next month's call which focuses on preventing teen fatherhood on April 8. And I wanted to do one more thank to our presenters and everyone who attended. And that will end our call for today. Goodbye.

Operator: This concludes today's conference call. Thank you for participating. You may disconnect at this time.