Antimicrobial Steward Call
August 11, 2020
Tennessee Department of Health
Healthcare Associated Infections and Antimicrobial Resistance Program
• Q2 Reports being analyzed.
• Should be available for dissemination soon
• Deadline for Q2 Data – October 31, 2020
Remdesivir Update
Remdesivir Allocation

• Free allocated drug exhausted during the week of July 20th.
• Please see the AHA update on HHS announced changes to the COVID-19 Hospital Reporting.
• New daily reporting process is the only mechanism that will be used for RDV distribution calculations.
• TN Hospitals will continue to report COVID+ patient data into the Healthcare Resource Tracking System (HRTS) COVID-19 patient survey.
  – Including RDV utilization for previous data and amount of drug on hand
• TDH will allocate product based on individual hospital COVID+ patient volume entered by the hospital and past RDV utilization. This allocation will be communicated to HHS and AmerisourceBergen Corporation (ABC).
• HHS will pull data from HRTS on Wednesday of each week to make State allocations.
• Purchase product will be available through ABC and hospitals are advised to access their allocation as it becomes available.
• Patient specific clinical criteria will no longer be necessary for allocation purchase, but should always be used for appropriate clinical decision making on treatment course selection.
Remdesivir Distribution

- ABC contacts specified hospital pharmacist contacts to confirm acceptance of allocated quantities and coordinate purchasing.
- ABC has committed to ship vials of RDV in quantities requested by hospitals, up to allocated amounts.
  - The average treatment course per patient is 6.25 vials.
- Facilities without a current relationship in place with ABC must complete the ABC Direct Bill Account Questionnaire.
- ABC will generate an invoice to hospitals upon shipping.
- RDV will be distributed directly from ABC to the hospital.
Remdesivir Action Items

- Coordinate with ABC for procurement confirmation
- Complete ABC Direct Bill Account Questionnaire, if no established ABC account exists
- Retain access to RDV usage per patients for reporting purpose as retroactive medication use evaluation may be requested
- For distribution questions about remdesivir, the national donation inquiry line is 877-987-4987.
New Adult Criteria – as of August 5, 2020

Remdesivir should be considered if an ADULT patient (≥ 18 years old) meets all of the following indications, which were adopted by TDH:

- Hospitalized with confirmed positive SARS-CoV-2 PCR
- One of the following clinical situations:
  - Patient on greater than 2 liters of supplemental oxygen or non-invasive ventilation AND ≤14 days since onset of symptoms*
  - Patient on invasive mechanical ventilation or extracorporeal membrane oxygenation (ECMO) AND ≤ 7 days since onset of symptoms
- Absence of medical conditions that would limit six month survival in the absence of COVID-19
- Absence of all of the following contraindications to remdesivir:
  - Known hypersensitivity to remdesivir
  - eGFR < 30 ml/min
  - ALT > 5 times the upper limit of normal

* Denotes change in criteria
Pediatric Criteria – as of August 5, 2020

- Remdesivir should be considered if a PEDIATRIC patient (< 18 years old) meets all of the following indications, which are adopted by TDH:
  - Hospitalized with confirmed positive SARS-CoV-2 PCR
  - Evidence of lower respiratory tract infection or multisystem inflammatory syndrome in children (MIS-C) presenting with fever, laboratory evidence of inflammation, and dysfunction in >2 organs
  - ≤14 days since onset of symptoms
  - Receiving one of the following types of respiratory support:
    - Supplemental oxygen
    - Non-invasive ventilation
    - Invasive mechanical ventilation
    - Extracorporeal membrane oxygenation (ECMO)
  - Absence of medical conditions that would limit six month survival in the absence of COVID-19
  - Absence of all of the following contraindications to remdesivir:
    - Known hypersensitivity to remdesivir
    - eGFR < 30 ml/min
    - ALT > 5 times the upper limit of normal
Duration of Therapy Change

- Based on additional data, extending the duration of therapy beyond 5 days is no longer recommended for adult or pediatric patients on ECMO/invasive ventilation.
Contacts

• TDH Contacts:
  – Calita Richards Calita.Richards@tn.gov
  – Paul Petersen Paul.Petersen@tn.gov

• THA Contact:
  – Chris Clarke cclarke@tha.com
COVID-19 Treatment Survey
Core Element
Achievement
Percent of ACH Facilities achieving All 7 Core Elements in 2019

- Memphis Delta: 93%, N=14
- West TN: 91%, N=11
- Mid-Cumberland: 100%, N=20
- Upper-Cumberland: 100%, N=7
- South Central TN: 89%, N=9
- Southeast TN: 100%, N=12
- East TN: 94%, N=18
- Northeast TN: 80%, N=10

Tennessee: 94%
% of Hospitals Achieving 7 CE

- 2014: 32%
- 2015: 49%
- 2016: 68%
- 2017: 86%
- 2018: 88%
- 2019: 94%
Leadership Breakdown

Percent of ACH Achieving Leadership in 2019

Components of the Leadership Core Element

<table>
<thead>
<tr>
<th>Component</th>
<th>Mid-Cumberland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement of Support</td>
<td>97%</td>
</tr>
<tr>
<td>Staff Communication</td>
<td>81%</td>
</tr>
<tr>
<td>IT Resources</td>
<td>81%</td>
</tr>
<tr>
<td>Stewardship Committee</td>
<td>97%</td>
</tr>
<tr>
<td>Staff Training</td>
<td>92%</td>
</tr>
<tr>
<td>Pharmacist Lead Job Description</td>
<td>53%</td>
</tr>
<tr>
<td>Physician Lead Job Description</td>
<td>44%</td>
</tr>
</tbody>
</table>
Action Breakdown

Percent of ACH Achieving Action in 2019

Components of the Action Core Element

<table>
<thead>
<tr>
<th>Component</th>
<th>East TN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indication Documentation</td>
<td>81%</td>
</tr>
<tr>
<td>Duration Documentation</td>
<td>43%</td>
</tr>
<tr>
<td>Prospective Audit and Feedback</td>
<td>71%</td>
</tr>
<tr>
<td>Antibiotic Time-out</td>
<td>90%</td>
</tr>
<tr>
<td>Developed Abx Guidelines</td>
<td>76%</td>
</tr>
<tr>
<td>Targeted Select Diagnoses</td>
<td></td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>24%</td>
</tr>
</tbody>
</table>
Tracking Breakdown

Percent of ACH Achieving Tracking in 2019:
- West TN 100%
- Mid-Cumberland 100%
- Upper-Cumberland 100%
- East TN 100%
- Northeast TN 100%
- South Central TN 100%
- Southeast TN 100%
- Tennessee 100%

Components of the Tracking Core Element:

<table>
<thead>
<tr>
<th>Component</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defined Daily Doses Tracked</td>
<td>14%</td>
</tr>
<tr>
<td>Days of Therapy Tracked</td>
<td>91%</td>
</tr>
<tr>
<td>Expenditures Tracked</td>
<td>77%</td>
</tr>
<tr>
<td>Resistance Patterns Tracked</td>
<td>68%</td>
</tr>
<tr>
<td>Guidelines Monitored</td>
<td>64%</td>
</tr>
<tr>
<td>Indication Documentation Monitored</td>
<td>77%</td>
</tr>
</tbody>
</table>
Education Breakdown

Percent of ACH Achieving Education in 2019

Components of the Education Core Element

<table>
<thead>
<tr>
<th>Component</th>
<th>West TN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic Education to Nurses</td>
<td>77%</td>
</tr>
<tr>
<td>Antibiotic Education to Pharmacists</td>
<td>85%</td>
</tr>
<tr>
<td>Antibiotic Education to Prescribers</td>
<td>69%</td>
</tr>
</tbody>
</table>
Public Facing

• Concerns with making these data public facing

• Other facility types
  – LTCF
  – CAH
  – IRF
  – LTACH
  – AR/AU Facilities
NHSN AU Reporting Deadline CHANGED!

- Bed size of >250 – First month submitted by January 1, 2022
  - Official Notice Coming

- Bed size between 100–250 – First month submitted by January 1, 2022

- Bed size of < 100 and Critical Access Hospitals – First month submitted by January 1, 2023
TN Updated Facilities

• 36 facilities have reported at least one month of AU data into NHSN

• 22 facilities have reported at least one month of AR data into NHSN
2020 Reporting

• Please keep reporting as you’re able

• Retrospective reporting is welcome!
  – Remember to update your reporting plans
  – Double check location mapping
If your facility moved units around to accommodate COVID-19 patients, there are 3 options:

- Map temporary locations
  - [https://www.cdc.gov/nhsn/pdfs/covid19/location-mapping-508.pdf](https://www.cdc.gov/nhsn/pdfs/covid19/location-mapping-508.pdf)

- Submit data to locations as they are currently mapped

- Submit data only for FacWideIn and outpatient locations
Addition of Remdesivir

• AU Option now accepts manually uploaded AU CDA files containing remdesivir
  – Optional inclusion for files dated January – June 2020
  – Required inclusion for files dated July 2020 forward
    • (Will be rejected if remdesivir not included)

• Include all remdesivir use that be accurately electronically captured:
  – FDA EUA
  – Clinical trials
  – Compassionate use
AR Quarterly User Call

• Started August 3
• Goals:
  – Provide education and resources to users and HDs
  – Obtain feedback from facilities to address issues
  – Encourage AR Option participation
  – Learn how facilities are using or planning to use AR data
AU and AR Primary Contact

• New in December 2020
  – Ability for facilities to designate points of contact for the AU and AR Options
  – More information will be forthcoming
Next Steps

• Next Call
  – October 13 at 2pm Eastern/1pm Central Time
  – Topic TBD (USAAW?)

• Feedback always appreciated
  – Christopher.evans@tn.gov