



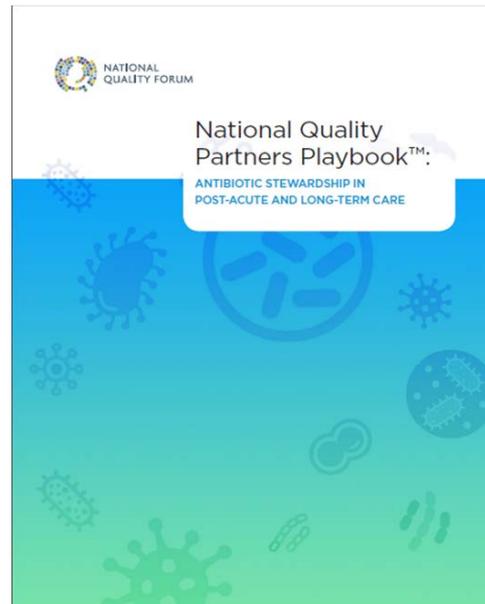
# **CMP Parade of Programs**

## **July 2, 2019**

**Tennessee Department of Health**  
**Healthcare Associated Infections and Antimicrobial Resistance Program**  
**Cullen Adre, PharmD**

# Introduction

- **Cullen Adre, PharmD**
- **Tennessee Department of Health**
  - **Healthcare Associated Infections and Antimicrobial Resistance Program (HAI-AR)**
- **National Quality Partners Playbook Initiative**



# Goals and Objectives

- **Provide every Long Term Care Facility (LTCF) in the state of TN with a playbook free of charge**
- **Gather data on the current state of antibiotic stewardship programs in LTCFs**
- **Provide tailored feedback to facilities on areas for improvement**

# Stakeholders

- **TDH HAI-AR**
- **NQF**
- **CMP**
- **All TN LTCFs**
- **THCA**
- **Leading Age**
- **QSource**

# Overview

- **Awarded: \$21,125**
- **Membership to National Quality Forum**
- **500 copies of the NQP Playbook**
- **316 facilities**
- **Criteria for participation:**
  - **Program Evaluation REDCap survey**
    - Initial
    - 6 month
    - 12 month
  - **\*Monthly reporting into the AU Point Prevalence Survey**
  - **\*NHSN enrollment and CDI Reporting**



# Program Evaluation REDCap survey

- **Online survey (or 3 page paper survey)**
- **Facility information**
  - Facility name
  - License Number
  - NHSN ID, if applicable
  - Bed size
  - Contact information
- **15 questions to determine core element achievement**
  - Based on current program actions
  - Feedback to facilities will be generated based on responses
  - Playbooks can be used to strengthen areas for improvement in regards to core element achievement

# LTCF Antimicrobial Stewardship Practices Evaluation

Record ID \_\_\_\_\_

If you are unable to submit the survey on REDCap, please fill out the PDF form and send to HAI.Health@tn.gov.

[Attachment: "LTCFAntimicrobialStewardshipPr.pdf"]

Name of Facility \_\_\_\_\_

Facility License Number \_\_\_\_\_

NHSN Facility ID, if applicable \_\_\_\_\_

Number of Facility Beds \_\_\_\_\_

Data Collector Name \_\_\_\_\_

- Role at Facility
- Director of Nursing
  - Assistant Director of Nursing
  - Physician
  - Pharmacist
  - Infection Preventionist
  - Stewardship Champion

Contact Phone Number \_\_\_\_\_

Contact Email \_\_\_\_\_

Date of Survey \_\_\_\_\_

## Antibiotic Stewardship Practices

- Are there one or more individuals responsible for the impact of activities to improve use of antibiotics at your facility?
- Yes
  - No

- If Yes, what is the position of the individual(s)? (select all that apply)
- Medical director
  - Consultant Pharmacist
  - Director of Nursing
  - Other

Does your facility have a policy that requires prescribers to document an indication for all antibiotics in the medical record or during order entry?

- Yes  
 No

If Yes, has adherence to the policy to document an indication been monitored?

- Yes  
 No

Does your facility provide facility-specific treatment recommendations for UTI, based on national guidelines and local susceptibility, to assist with antibiotic decision making?

- Yes  
 No

If Yes, has adherence to facility-specific treatment recommendations been monitored?

- Yes  
 No

Does your facility provide facility-specific treatment recommendations for respiratory infections (e.g. pneumonia), based on national guidelines and local susceptibility, to assist with antibiotic decision making?

- Yes  
 No

If Yes, has adherence to facility-specific treatment recommendations been monitored?

- Yes  
 No

Does your facility provide facility-specific treatment recommendations for skin and soft tissue infections (e.g. cellulitis), based on national guidelines and local susceptibility, to assist with antibiotic decision making?

- Yes  
 No

If Yes, has adherence to facility-specific treatment recommendations been monitored?

- Yes  
 No

Does your facility provide facility-specific treatment recommendations for Clostridioides difficile (CDI), based on national guidelines and local susceptibility, to assist with antibiotic decision making?

- Yes  
 No

If Yes, has adherence to facility-specific treatment recommendations been monitored?

- Yes  
 No

Is there a formal procedure for performing a follow-up assessment 2-3 days after a new antibiotic start to determine whether the antibiotic is still indicated and appropriate (e.g. antibiotic time out)?

- Yes  
 No

# Next steps

- **LTCFs will complete surveys**
  - 39 completed as of 6/26/19
- **Distribute download codes from NQF**
- **Project details dispersed via:**
  - Antimicrobial Stewardship and Infection Control call
  - Partners including but not limited to:
    - THCA, CMP team, organizations in attendance today
- **Upon receipt of surveys, reports will be compiled to determine opportunities for improvement**

# Questions?

- **Contact info:**
  - [Cullen.Adre@tn.gov](mailto:Cullen.Adre@tn.gov)