CHARTER

Contents

Why HASC?

- 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, thereby reducing healthcare expenditures.

Goals

The primary goals of HASC are to**:**
1. Assist facilities in implementing and sustaining antimicrobial stewardship programs.
2. Reduce target and/or total antimicrobial use among participating hospitals, measured by Days of Therapy (antimicrobial days) per 1,000 hospital days.
3. Reduce healthcare-onset *Clostridium difficile* infection rate by 15% per 10,000 patient days among participating hospitals.

Other meaningful processes and endpoints (e.g., number of recommendations given and percent accepted, percent of target antimicrobials prescribed appropriately, antibiograms, and antimicrobial acquisition cost) will also be measured (Appendix 1).

Structure

HASC will comprise hospitals that agree to participate in this project, in conjunction with the Hawaii Department of Health (HDOH) and the Daniel K. Inouye College of Pharmacy at the University of Hawaii at Hilo (DKICP). Educational conference calls or webinars will be held at least once per quarter. Ongoing communication and optional technical assistance visits by project staff will assist facilities to identify, develop, and refine existing antimicrobial stewardship policies and guidelines. HASC will hold the first in-person meeting in summer 2015, followed thereafter by annual face-to-face meetings to review program successes and determine new project goals.

Participating hospitals will:
- Secure leadership support to participate in the collaborative and to assure prioritizing stewardship through a commitment form signed by senior management
- Establish a multidisciplinary team to participate in collaborative activities and achieve project objectives (if not already established):
    - o Complete baseline assessment and evaluation of process and outcome measures
    - o Work with project consultants to develop and implement at least one institutional ASP initiative, as well as a mechanism for evaluation and feedback of the initiative's impact
    - o Continue to develop and implement ASP strategies throughout the collaborative
- Continue to share *Clostridium difficile* data with HDOH through National Healthcare Safety Network (NHSN) reporting
- Share additional information and metrics with HDOH and project consultants —e.g., antimicrobial use
- Share relevant tools, implementation strategies, and lessons learned with the collaborative
- Maintain and safeguard the confidentiality of privileged information

- Maintain active communication with HDOH and project consultants through the duration of the collaborative

HDOH and DKICP will:
- Plan and implement learning activities (webinars, conference calls, and seminars), including securing speakers with subject matter expertise
- Perform optional technical assistance visits and deliver recommendations and guidance tailored to the needs of the specific facility
- Facilitate sharing between facilities and assist in developing tools as applicable
- Provide ongoing support and feedback to facilities in developing and maintaining their ASP
- Review facility progress and assist with evaluating outcomes/milestones
- Safeguard confidential information; report data to collaborative hospitals and stakeholders in aggregate
- Share overall program implementation process and lessons learned with stakeholders (e.g., Hawaii's Healthcare Associated Infection [HAI] Advisory Committee, facility leadership)
- Provide annual progress reports and milestones to the collaborative

Benefits
Support to achieve the objectives of HASC will be provided by:
- HAI collaborative coordinator: Zeshan Chisty MPH (HDOH)
- Infectious Disease pharmacy consultant: Roy Goo PharmD (DKICP).

In addition, hospitals will:
- Learn from and share best practices with other hospitals in the collaborative
- Be recognized as leaders in promoting appropriate antimicrobial use and patient safety

Activities Overview

Phase	Dates	Activities
Facility Onboarding	March – April 2015	1. Hospitals: a. Submit participation form b. Participate in HASC conference calls/webinars 2. HDOH will prepare self-assessment tools based on those from CDC
Baseline Measurement & Guidelines Development	April – May, 2015	1. Hospitals: a. Complete structured self-assessments b. Participate in HASC conference calls/webinars 2. Consultants: conduct technical assistance visits as needed
	June – July, 2015	Consultants and Hospitals: 1. Identify at least one institutional ASP initiative for implementation 2. Begin development/adaptation of facility specific interventions 3. Continue to conduct technical assistance visits by project staff

Formal Face to Face	Before August 30, 2015	1. In-person meeting held
		   a. Hospitals report back on assessments
		   b. Other topics as prioritized by collaborative hospitals
		   c. Team building and sharing best practices

Phase	**Dates**	**Activities**

Implementation	September 2015	1. Hospitals:
		   a. Test and launch facility specific interventions
		   b. Develop protocol for conducting post-prescription reviews, based on sustainable facility infrastructure
		   c. Participate in HASC conference calls/webinars
		2. Consultants to offer support as needed

Implementation	September – March 2016	1. Hospitals:
		   a. Implement facility specific interventions
		   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. Collect process measure data (e.g., antimicrobial use and Clostridium difficile infections data)
		   f. Participate in HASC conference calls/webinars
		
		2. Project staff conduct technical assistance visits as needed

Evaluation	March – June 2016	1. Hospitals and HDOH:
		   a. Analyze and summarize process measures
		   b. Analyze and summarize AU and CDI data, retrospectively
		   c. Participate in HASC conference calls/webinars

Formal closing	Before July 30, 2016	1. Summary meeting held
		   a. HDOH will present aggregate data from participating hospitals
		   b. Identify lessons learned and next steps

Team Member Composition

If a team is not in place, then the facility 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 the team understands the system being redesigned and to promote buy-in of the proposed changes.

Getting the right people on the team is critical to a successful improvement effort. Teams may 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**: (e.g., CEO, VP, or senior director) should have authority in the organization to institute suggested changes and to overcome barriers when they arise.
- **Day-to-Day Project Leadership**: Should understand the process being improved and the effects of any planned changes and will drive the project on a daily basis. This could be a clinical pharmacist, infectious disease physician, hospitalist, or other individual with a good understanding of antimicrobial stewardship.
- **Physician Champion**: Should be a clinical champion who will be able to motivate their peers, 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:** Must understand the facility's technical processes that affect care and clinical decision making (e.g., computerized physician order entry, electronic medication administration records, etc.) and how to adapt them to achieve desired outcomes.
- **Infection Prevention & Quality Improvement:** Should be 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.

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 project staff.	
Name	
Title	Telephone
Email	Fax
Alternate Contact (Serves as secondary contact)	
Name	
Title	Telephone
Email	Fax
Physician Champion This individual will be able to motivate their peers, understands the scientific and clinical foundations of the processes of care 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 Monday, March 16, 2015 to:
Zeshan Chisty
Zeshan.Chisty@doh.hawaii.gov
(Fax) 808-586-4595; (Phone) 808-587-6377

COMMITMENT TO PARTICIPATE

The Hawaii Antimicrobial Stewardship Collaborative, or HASC, is facilitated by the Hawaii Department of Health (HDOH) with technical expertise provided by the Daniel K. Inouye College of Pharmacy at the University of Hawaii at Hilo (DKICP). Collaborative goals are to decrease antimicrobial use, promote appropriate use, and reduce healthcare-onset *Clostridium difficile* infection rate by 15% among participating hospitals from baseline.

☐ **Yes**, our hospital would like to participate in HASC and agree to do the following:
- Provide senior leadership and project leader support to achieve project goals
- Establish a multidisciplinary team including 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
  - Quarterly 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 HDOH and project consultants from DKICP
- Share relevant tools, implementation strategies, and lessons learned with the collaborative
- Maintain and safeguard the confidentiality of privileged information
- Acknowledge participation in HASC and authorize email communication regarding the collaborative
- Maintain effective communication with HDOH and project consultants from DKICP throughout duration of the Collaborative
- Agree to HDOH publicly sharing lessons learned from the collaborative in aggregate form.

☐ **No**, we are unable to participate at this time.

Hospital Name	NHSN Facility ID (five digit ID)
Street Address, City, and Zip	

	Name	Email & Telephone
Project Leader		
Executive leader (e.g., CEO, Executive Medical Officer)	Name	
	Signature	

Please return form by email or fax by Monday, March 16, 2015 to:
Zeshan Chisty
Zeshan.Chisty@doh.hawaii.gov
(Fax) 808-586-4595; (Phone) 808-587-6377

Appendix 1- HASC Data Metrics

Data collection should begin one month before implementation. Table 1 includes minimum data metrics for facilities in HASC. Facilities will likely have additional facility specific metrics; Table 2 contains some examples.

Table 1: Minimum Metrics

Metric	Description
Pharmacist Intervention Data	
Type of Intervention	Number of recommendations made by Pharmacy Department
Type of Intervention	Number of recommendations that fall into the following categories: 1. IV to Oral Conversion 2. Narrow empiric therapy 3. Broaden empiric therapy 4. Streamline based on culture results 5. Change therapy based on culture-treatment mismatch 6. Change to less expensive agent with similar spectrum 7. Change due to actual or high risk adverse event 8. Discontinue antimicrobial(s) not indicated 9. Discontinue duplicate therapy 10. Clarify Indication 11. Limit duration to specific stop date 12. Clarify intended duration 13. Reorder antimicrobial stopped by Automatic Stop Order 14: Order laboratory monitoring 15. Recommend infectious disease physician consult 16: Recommend dose or frequency change 17: Other
Acceptance Rate	Number of accepted recommendations/ Total number of recommendations
Antimicrobial Acquisition and Utilization	

Monthly Acquisition Expenditures	Institution may choose to look at specific antimicrobial agents/ classes
Antimicrobial Utilization (Days of Therapy/ 1000 Patient Days)	Target Broad Spectrum and/or High Cost agents - Carbapenems - Daptomycin - Linezolid - Tigecycline - Voriconazole Other agents as determined by the facility
NHSN Data	
Clostridium difficile infection	Healthcare-onset infection rate per 10,000 patient days.

Table 2: Examples of Additional Data Metrics

Metric	Description
Total Antimicrobial Acquisition Cost	Total expenditures on Antimicrobial Agents during a pre-defined time period
Ratio of IV: Oral	Target agents with oral equivalents
Antibiograms	Used to monitor antimicrobial resistance trends, and assess potential target antimicrobials
Patient Outcome Data	- 30 day Mortality - 30 day Readmissions - Length of stay
Other metrics as determined by the facility	