

Quality Collaborative

A Partnership Sponsored by the Greater New York Hospital Association and the United Hospital Fund

Fighting Antibiotic Resistance in Outpatient Settings

Building on strong hospital interest and participation in the Antibiotic Stewardship Program, GNYHA and UHF are broadening the program's scope beyond its current inpatient focus to outpatient hospital-based practices.

Antibiotic resistance and the need to control multi-drug-resistant organisms continue to be major public health issues. The Obama Administration released a National Action Plan in March 2015 to combat the misuse and overuse of antibiotics that contribute to antibiotic resistance. National research suggests

there's a high degree of inappropriately prescribed antibiotics in outpatient settings, and it is widely believed that addressing this problem will substantially decrease the incidence of community-acquired *Clostridium difficile*.

Launched in spring 2015 by GNYHA and UHF, the Antibiotic Stewardship Program reinforces hospital efforts to combat antibiotic resistance. Through one-on-one support and educational programming to hardwire judicious antibiotic-prescribing practices, the program has been bolstering hospital efforts as they implement their own internal stewardship programs.

GNYHA and UHF partnered with the New York State Council of Health-system Pharmacists to offer three Antibiotic Stewardship Certificate Program sessions in May and July of 2015, and March 2016. A total of 204 infectious disease pharmacists, physicians, and nurse practitioners from more than 80 GNYHA member hospitals participated. The program's overall goal was to provide a knowledge base and peer mentorship to help participants' respective hospitals develop new or advance existing antimicrobial stewardship programs. Program attendees committed to remaining engaged after the training and developing a work plan to systematically assess and implement the Centers for Disease Control and Prevention's

Core Elements of Hospital Antibiotic Stewardship Programs.

In conjunction with the March certificate program, GNYHA and UHF hosted a symposium for all GNYHA member hospitals on the evening of March 15, featuring a keynote on outpatient antibiotic stewardship by Lauri Hicks, DO, Medical Director of the "Get Smart: Know When Antibiotics Work Program" at the Centers for Disease Control and Prevention. The program faculty, Belinda Ostrowsky, MD, MPH, from Montefiore Medical Center, and Libby Dodds-Ashley, PharmD, MHS, from Duke University, also facilitated a discussion and poster session highlighting the progress of the 2015 GNYHA Antibiotic Stewardship Learning Network participants. For the first time, clinicians from outpatient settings also participated in this educational offering as the first step in the program's expansion.

UHF grant-making and program management is supporting a complementary initiative, its new Outpatient Antibiotic Stewardship Initiative. Twenty-four outpatient practices from eight hospitals are undertaking chart reviews and key informant interviews to better assess current practices related specifically to adults with acute upper respiratory infections. Participants will later use their findings to create their own interventions to improve antibiotic practices. ■

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Montefiore—Early and Active on Antimicrobial Stewardship

GUEST COLUMNIST

Steven M. Safyer, MD
President and Chief Executive Officer
Montefiore Health System

Even before the current national focus, we saw many reasons to make an early investment in antibiotic stewardship. It's been eight years since we launched the Montefiore antimicrobial stewardship program, and we have seen a noticeable decrease in inappropriate prescribing of antibiotics because of our concentrated efforts. In addition to reducing antibiotic overuse, our program has resulted in reductions in both costs and complications associated with antibiotic resistance. We initiated the program in the inpatient care setting, where the issues are more acute. The interventions we started there have gradually been extended to our outpatient areas.

The reasons to start our program were easy and compelling. Too many antibiotics are prescribed in both the inpatient and outpatient care areas, and overprescribing has led to the growing problems of Methicillin-Resistant *Staphylococcus aureus* and *Clostridium difficile*. All of this antibiotic use is creating a situation where infections won't be able to be treated. While we focused first on the inpatient setting, there are many resistant organisms in different care settings, including outpatient, home health, and nursing homes. Fortunately, we were able to build on Montefiore's strong infectious diseases program, which developed

a formal antimicrobial stewardship program, led by Dr. Belinda Ostrowsky. She instituted an entirely team-oriented approach to promoting appropriate antibiotic utilization.

Dr. Ostrowsky's great team includes clinical pharmacists, infectious disease professionals, quality improvement specialists, and others. They meet monthly with leadership to review dashboard reports to evaluate

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progress. There are inevitable setbacks, and the team is responsible for figuring out why and implementing corrective actions, but we have fostered an environment in which people want to learn. The impact has been profound and far reaching, extending from medical residents applying what they have learned, to environmental services changing the way they clean patient rooms.

While hospitals are competitive, we are also collaborative and support good outcomes for all patients. And Montefiore has benefited greatly from participating in the GNYHA/UHF initiatives, including the programs to reduce central-line bloodstream infections and *Clostridium difficile* infections. These programs have helped us get to the next level by providing opportunities for collaboration among providers, sharing successes and best practices, and looking at our performance next to the aggregate performance of the collaborative. That is our responsibility. This is not proprietary information. We are also proud to support the collaboratives through Dr. Ostrowsky, who has served as clinical leader of the GNYHA/UHF Antibiotic Stewardship Program.

Among our goals, we hope that, by 2021, no one will get an infection from a urinary catheter or vascular access line. I also hope that metrics specific to hospital-acquired infections will be simpler and more accurate—to help us better understand if we are really making a difference. You need measures to consistently monitor this over time, similar to the comprehensive data reports that GNYHA/UHF provide in their Antibiotic Stewardship Program. GNYHA and UHF are truly meeting a care need, with their growing body of work promoting antibiotic stewardship throughout the region. ■

Improving Quality and Safety in OB/GYN

Because obstetric safety plays a crucial role in improving the lives of mothers and their babies, GNYHA and UHF are especially pleased that two members of the Clinical Quality Fellowship Program's Class of 2015–16 have focused on OB/GYN for their capstone quality improvement projects. Quality Collaborative spoke with each of them:

Quality Collaborative: Tell us about your project.

Maria Teresa Timoney, CNM, Director of Women's HIV Services, Bronx-Lebanon Hospital Center Health Care System:

The community we serve has the highest incidence in the city of women living with HIV. I wanted to focus on improving safety for mothers-to-be and their babies. I was inspired by a patient—a young woman who tested negative for HIV during her pregnancy but became infected very late in her pregnancy, which put the baby at high risk, as well. It turns out, she knew her partner was HIV+, but her clinician didn't; the woman was never asked, so she was never offered Pre-Exposure Prophylaxis, or PrEP, a once-a-day pill that is highly effective in preventing HIV infection for those at high risk. I wanted to see how we could better serve our families in the future.

QC: How did you approach it?

MTT: The best way to get the information we needed from our OB/GYN patients was to insert a question into the electronic medical record: What is your partner's HIV status—positive, negative, or "I don't know." In my project, I measured how often the question is asked over a period of time. For women found to be at risk and were therefore prescribed PrEP, we monitored whether the mother was

taking the medication and coming back for refills. We were also able to monitor if the women's partners were in care and taking their antiretroviral medications.

QC: Did you run into any unexpected challenges?

MTT: One surprising challenge was the initial hesitation from OB/GYN providers about asking the question, which some thought was stigmatizing. The OB/GYN nurses were much more comfortable having this discussion, and once the nurses took on that role, almost all of our pregnant women admitted to the labor and delivery unit—93 percent—were asked the question. Subsequently, the doctors have become more engaged and helped us focus more on whether the wording of the HIV question is right. It has unexpectedly helped us engage more clinicians, including physicians, midwives, physician's assistants, and nurses.

QC: What have the results been?

MTT: The pilot has been very successful. While we are a community-based hospital and the pilot was modest in scope, none of our pregnant women have seroconverted since we started. Senior leadership in the hospital is really interested in this. We are also engaging with the New York City Department of Health and Mental Hygiene, based on its three-pronged approach to end AIDS—"test, treat, and stay safe." And more broadly, it is helping us think more about expanding knowledge among our clinicians and learning more about our patients—bringing sensitive subjects like HIV and domestic violence into the open. The more we engage on these topics, the less stigma there is, and the more we can help.

QC: What was the inspiration for your capstone project?

Fouad Atallah, MD, Director of Patient Safety in the Department of Obstetrics & Gynecology, Maimonides Medical Center:

I recently heard J. Bryan Sexton, PhD, an expert on the relationship between culture and patient safety, talk about burnout in health care—a state of extreme physical, emotional, and mental exhaustion, often characterized by a decrease in motivation and performance. When I returned to work, I saw many of these elements at play. I chose to address burnout on our unit using a range of measures, including some we discovered in the literature and adapted.

QC: What can you measure regarding burnout?

FA: There are validated scales to use. Our baseline measurements, which included a staff survey, confirmed our empirical impression that more than 70 percent of our staff was experiencing moderate to severe burnout. So, the primary goal of my project was to reduce burnout by at least 20 percent by the end of the interventions, which spanned over a year. As a secondary goal, we hoped to decrease medical errors and increase patient satisfaction.

QC: What was your approach?

FA: Recognizing that no single approach would get us where we wanted to be, we undertook efforts grouped in four bundles: creating positive emotions, improving communication, promoting wellness, and training in mindfulness/narrative medicine; we have not implemented the mindfulness bundle yet. Some of the efforts were shorter-term exercises, while we expect others to offer benefits for the foreseeable future. For

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Case Review: An Effective Tool to Enhance Readmission Reduction Efforts

Case reviews—in-depth analyses of what occurred in the care of a patient that are used to identify breakdowns in processes or changes in condition—are an important tool for averting potentially avoidable patient transfers or admissions. They are an effective way to identify communication lapses during care transitions and to improve collaboration—and thus an important topic for the *IMPACT (Improve Processes And Care Transitions)* to Reduce Readmissions Collaborative, which promotes effective communication between hospitals and nursing homes. In January, the collaborative participants attended an interactive workshop on conducting case reviews, hosted by GNYHA.

The key elements of a successful case review, participants learned, include reviewing the medical record, using information derived from interviews with patients, and involving caregivers and clinicians. Ideally, the process is conducted by a group of interdisciplinary staff from both the hospital and nursing home. Because the perspectives of patients and family caregivers are also essential, Carol Levine, Director of UHF’s Families and Health Care Project, offered her insights and experiences on conducting interviews of patients and caregivers, emphasizing their different perspectives.

The workshop also provided practical strategies on using process

measurement to ensure that changes made to systems and processes are implemented.

In February, GNYHA hosted a webinar that reinforced many of the January workshop’s lessons on effective case review. The webinar featured a presentation by the team from John T. Mather Memorial Hospital and Island Nursing and Rehabilitation Center. Lorraine Farrell, FNP-C, RPAC, Assistant Vice President of Medical Affairs at the hospital, described the team’s monthly interdisciplinary forum for reviewing cases and identifying root causes of readmissions. Among the key process changes made in both the hospital and nursing home as a result of their *IMPACT* Collaborative work are implementing a 24-hour hotline between the hospital and nursing home connecting clinicians at both facilities at any time of the day, educating nursing home clinicians on acute care management to avoid transfers to the hospital, and modifying the sodium content of meals served to congestive heart failure patients.

The *IMPACT* Collaborative will continue to support hospital, nursing home, and home care teams with education in a number of areas, including increasing the ability of nursing homes to prevent avoidable hospital transfers of their residents and advanced care planning. For additional information on the *IMPACT* Collaborative, please contact Kelly Donohue (donohue@gnyha.org). ■

OB/GYN (continued)

example, as part of the “wellness” bundle, we created a “serenity lounge”—a quiet space where staff can take a break. We plan to keep that. In the “positive emotions” bundle, we introduced a “random acts of kindness” program, which encourages recognizing colleagues’ good deeds through short notes—for example, “Mary got me a coffee.” It need not be much; it’s creating the culture of appreciation that makes the difference.

QC: What have been the results?

FA: Because several of the projects are still underway, we don’t have the data yet, but plan to repeat the survey we conducted at the baseline. There is, however, anecdotal feedback, which is quite positive. Unsolicited remarks suggest that the atmosphere is better, there’s less friction, and communication is better. People seem to feel that the culture on the unit is better overall. But the numbers will tell us more. Another takeaway is the remarkable resiliency of people and the power of gratitude; support from department leadership and the Fellowship program was a great help too. These lessons have transformed my professional approach—for the better. ■

Quality Collaborative

Quality Collaborative is published three times a year, covering the efforts of the UHF/GNYHA partnership to improve hospital quality of care and patient safety.

GNYHA is a trade association representing more than 160 member hospitals and health systems, in the metropolitan New York area and throughout the State, as well as New Jersey, Connecticut, and Rhode Island.

United Hospital Fund is an independent, nonprofit organization working to build a more effective health care system for every New Yorker.

