

Quality Collaborative

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

GNYHA/UHF Nursing Home Antibiotic Stewardship Initiative

This summer, Greater New York Hospital Association (GNYHA) and the United Hospital Fund (UHF) hosted more than 125 clinical staff from over 45 nursing homes as part of an intensive certificate program to train nursing home pharmacists, physicians, and nurses in implementing and sustaining a facility-based antibiotic stewardship program (ASP). Due to the overwhelming response from nursing homes, the program was held twice.

This program supports nursing homes establishing ASPs to improve antibiotic use and address the growing concern that antibiotic resistance is contributing to increased infections and morbidity for their residents. Implementation of an ASP is also a new Centers for Medicaid & Medicare Services (CMS) requirement that nursing homes must meet by November 2017 to ensure continued participation in the Medicare program.

GNYHA and UHF previously offered the certificate program as well as ongoing support for ASPs to hospitals. The nursing home initiative replicates this model and responds to the demand GNYHA has received from nursing homes for infection prevention and ASP technical support.

GNYHA and UHF have partnered with the New York State Council of Health System Pharmacists and expert faculty including Belinda Ostrowsky, MD, Montefiore Medical Center, and Elizabeth Dodds Ashley, PharmD, MHS, BCPS, Duke University to develop the program. The two-day course includes topics such as appropriate antibiotic selection, dosing, switching, and discontinuing use to maximize the therapeutic benefits of antibiotics

while minimizing risk to the nursing home resident population. Nursing homes are required to demonstrate institutional commitment by signing on nurse leaders, pharmacists, and physician teams to the program. These multidisciplinary teams are coached by the faculty on understanding the proper use of antimicrobials for certain conditions, identifying target antibiotics to monitor, and reducing illness caused by multidrug-resistant organisms.

Testing New Approaches

Both during and following the training, nursing home clinical leadership received practical coaching to curb antibiotic misuse and overuse related to certain conditions and patient populations. Over the summer months, program faculty provided guidance and support to participants as they developed plans to test and implement antibiotic stewardship interventions, draft policy, and review data. Participating nursing homes received assistance to advance their ASPs by using the collaborative approach and toolkits to uncover immediate opportunities for changing antibiotic use and leveraging the resulting improvements to adopt facility-wide policies. ■

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The Impact of CQFP: An Interview with Steven J. Corwin, MD

Greater New York Hospital Association (GNYHA) and United Hospital Fund (UHF) developed the Clinical Quality Fellowship Program (CQFP) in 2007 to address the unmet need for physician education and training in clinical quality improvement and patient safety. In 2011 the program was opened up to nursing candidates. CQFP is a 15-month program designed to develop the necessary skills in mid-career physicians and nurses to become quality champions who will promote and sustain quality improvement in their hospitals. The program requires Fellows to design and lead a capstone project, working with an interdisciplinary team of clinicians at their home institution. The project should advance an organizational quality or patient safety goal.

NewYork-Presbyterian Hospital (NYP), a venerable 10-hospital system, has participated in CQFP since its inception, both by providing expert faculty for the program and Fellows. We spoke with Dr. Steven Corwin, President and CEO, NYP, to discuss how CQFP, as well as other GNYHA/UHF quality collaborative initiatives, have helped to reinforce and enrich NYP's culture of quality.

Quality Collaborative: NYP has participated in CQFP since its first graduating class in 2009. Many CQFP Fellows have remained or advanced in clinical leadership positions at NYP.

How would you describe the program's contribution to NYP's ability to nurture the next generation of clinical leaders?

Dr. Steven Corwin: NYP's core values are clearly aligned with the goals of the GNYHA/UHF CQFP. We strive to be patient-centered in our delivery of cutting-edge, high-quality care through evidence-based practices across our system of hospitals. NYP has had a total of 11 CQFP graduates, most of whom have remained with NYP and have even advanced to leadership roles within our organization. The program provides a unique opportunity to not only network with professional peers and institutions in the greater New York region but also to learn from the best and the brightest quality improvement and patient safety leaders. The Fellows are given the opportunity to advance their understanding of the science of quality improvement including how to identify opportunities for improvement, develop creative solutions to address clinical and operational challenges, and implement those solutions. Today, these CQFP Fellows are advancing our system's mission for delivering the very best in health care for our patients, driving physician engagement and quality, and infiltrating all parts of the organization.

As an example, Dr. Steven Kaplan graduated from CQFP's inaugural class and has gone on to serve in a number of leadership positions since his participation nine years ago. Today,

he is the Associate Chief Medical Officer at NYP/Columbia University Medical Center and leads many of NYP's clinical excellence programs. Dr. Kaplan's leadership extends beyond the walls of NYP, however, as he is part of the core faculty for CQFP and plays a lead role in developing curriculum, implementing that curriculum, and coaching Fellows as they implement their capstone initiatives.

I also want to acknowledge with deep appreciation the significant contribution made to CQFP by the late Eliot J. Lazar, MD, MBA, former Senior Vice President, Quality and Patient Safety, NYP, who was the founding chair of CQFP.

QC: How has CQFP impacted NYP surrounding culture and patient safety efforts?

SC: The NYP system is vast, and in such a large system of individual hospitals with unique community identities, it takes a strong culture of safety to ensure there is uniformity in system quality and patient safety controls. Initiatives like CQFP and other regional quality improvement collaboratives allow us to break down siloes and standardize a culture of safety across the entire NYP system.

QC: How has CQFP's Capstone Projects contributed to NYP's process improvement efforts?

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UHF Launches Second Stage of Outpatient Antibiotic Initiative

Approximately 30 percent of outpatient antibiotic use in the United States is estimated to be unnecessary, and many of these prescriptions are written for acute respiratory conditions (ARIs), such as acute bronchitis, for which an antibiotic is generally not indicated. In response to this issue, the United Hospital Fund (UHF) launched an initiative focused on improving antibiotic prescribing for outpatients with ARIs in February 2016. Phase Two of this initiative began in April 2017 with seven hospitals and health systems as participants.

The findings from the initiative's Phase One indicated an overuse of antibiotics for patients with ARIs and that only a few of the 31 outpatient practices that were part of the initiative had an antibiotic stewardship program in place. Building on the lessons learned from data gathered on each clinic's antibiotic prescribing practices, the outpatient clinics in Phase Two will use this information to develop and implement best practices to promote antibiotic stewardship for ARIs. The participants will collect data using the same chart abstraction tool from Phase One and determine whether the interventions were effective in improving appropriate use of antibiotics.

Other activities in Phase Two include a survey and learning collaborative. The survey, developed by UHF, will inform our understanding of patients' knowledge of antibiotic use and communication on antibiotic prescribing between providers and

patients with ARIs. Participants will use the data to educate patients about the use of antibiotics for ARIs and discuss communication strategies with providers at the outpatient clinics.

The learning collaborative will engage the participants through in-person meetings and webinars, diving deeper into specific evidence-based interventions on antibiotic stewardship (e.g. clinical decision support tools, delayed prescribing, audit, and

feedback) with the help of expert faculty and external speakers.

The participants in the second phase of the UHF initiative are MediSys Health Network, Memorial Sloan Kettering Cancer Center, Montefiore Medical Center, Mount Sinai Health System, NewYork-Presbyterian/Queens, NYU Langone Medical Center, and Wyckoff Heights Medical Center. There are 35 hospital-owned outpatient clinics participating in the grant-funded initiative and close to \$300,000 in grants were awarded by UHF. ■

CQFP Featured in *American Journal of Medical Quality*

The Institute of Medicine reports "To Err is Human" and "Crossing the Quality Chasm" acknowledged that a lack of training in quality and patient safety for clinicians is an important factor contributing to patient safety problems in health care organizations. Since 2007, the GNYHA/UHF Clinical Quality Fellowship Program (CQFP) has been addressing this issue by training physicians and nurses in the New York region to be quality leaders in their organizations. In July 2017, the *American Journal of Medical Quality* recognized the accomplishments of this unique program and published an article showcasing the program and describing its results. The authors are Rohit Bhalla, MD, MPH, Hillary Jalon,

MS, and Lorraine Ryan, MPA, Esq., who were all integral to the conception and development of the program.

The journal article describes the program's structure and curriculum, participants' perceived value, improvement projects, and career paths. Findings are based on the program evaluations completed by the Fellows who graduated from the program between 2010 and 2014.

Program Successes

The fellows were asked to complete a self-assessment three months prior to the beginning of the program and two to three months following program completion. Results showed significant

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CQFP (continued)

improvement in all five areas of the self-assessment, which focused on skills using quality improvement tools; ability to measure quality using data; experience implementing quality improvement initiatives; use of health improvement technology to improve quality and patient safety; and experience organizing teams/teamwork. The two areas with the greatest relative increase in perceived skill were the use of quality improvement

tools (49 percent increase) and quality improvement implementation (42 percent increase), both of which are critical elements of the program curriculum.

During the study period, 87 fellows completed Capstone Projects representing a wide range of topics. However, three categories comprised 51 percent of all Capstone Projects: 1. improving efficiency in inpatient and emergency departments, 2. improving transitional care among inpatient, primary care, or other settings, and 3. reducing hospital-

acquired infections or improving sepsis care. These categories represent important initiatives with the potential for substantial impact on quality and patient safety.

Overall, 49 (56 percent) of the Fellows received a promotional opportunity after they completed the 15-month program. While the types of promotions varied, most were in the categories of chief medical officer or medical director, or in a chief quality officer/quality improvement leadership role. This finding provides evidence that the program is meeting its primary goal of providing clinicians with the knowledge and skills to become quality improvement leaders.

Interview (continued)

SC: The Capstone Project empowers up-and-coming clinical leaders in a very significant and meaningful way—introducing them to other clinical champions in their facility; allowing them to learn and navigate social, administrative, and structural nuances of the hospital ecosystem; and equipping them with tools and confidence to identify and implement improvement strategies that benefit their patients. One thing I really commend the program for is its approach to the Capstone Project. One of our institutional goals is to have the NYP brand permeate deep into our organization, not just be contingent on one or two star clinicians, but rather, reflected in every individual at every NYP location. At the end of the day, when we make system improvements, they should be deeply rooted in our process and a permanent part of our system. We are fortunate that our CQFP graduates have implemented improvement initiatives as a result of their Capstones that are, to this day, embedded in our institutional policies and procedures.

QC: How has providing faculty for CQFP benefited NYP?

SC: NYP strongly supports our quality leadership in their roles as both faculty and mentors to CQFP nursing and physician Fellows from other institutions. In addition to CQFP, you can find NYP experts at the helm of any number of other GNYHA-related clinical initiatives, including Dr. David Calfee heading infection-related initiatives in the New York State Partnership for Patients, and Dr. David Chong, who co-chaired the GNYHA/UHF *STOP* Sepsis Collaborative. This policy allows us to actively participate in a wider network of experts in the region with whom we can work collaboratively on clinical and operational challenges. We think of it as a symbiotic relationship and a unique opportunity for senior leadership to work with young clinical professionals.

Ultimately, NYP is committed to creating a culture that promotes optimal care in an environment that allows our workforce at all levels to do its best. CQFP has contributed to our capacity to ensure these goals can be met and we are grateful for GNYHA and UHF's commitment to providing us with this tremendous opportunity and resource. ■

Looking Ahead

As we anticipate the Class of 2018–19—the 10th CQFP class—GNYHA and UHF remain committed to the growth and success of the program. We believe that this unique program meets an important need for training in the New York health care community and contributes to the development of future quality leaders who will have a positive impact on the populations we serve. ■

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.

