

Quality Collaborative

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

GNYHA/UHF Work with Nursing Homes on Antibiotic Resistance

This summer, GNYHA and UHF will host more than 40 nursing homes in an intensive two-day certificate program to train nursing home pharmacists, physicians, and nurses in implementing and sustaining a facility-based antibiotic stewardship program. Due to the overwhelming response from nursing homes, the program is being held twice over the course of two days. This program supports area nursing homes working to establish antimicrobial stewardship programs (ASPs), which will help them better manage antibiotic use, address the growing concern that antibiotic resistance

is contributing to increased infections and morbidity for their residents, and meet the Centers for Medicaid & Medicare Services (CMS) requirement to implement ASPs by November 2017.

GNYHA and UHF previously ran this certificate program with the New York State Council of Health System Pharmacists for hospitals, and are now offering the same successful strategy to nursing homes. The program provides technical education by an expert panel of physicians and pharmacists on appropriate antibiotic selection, dosing, switching, and discontinuing use to maximize the therapeutic benefits of antibiotics while minimizing risk to the nursing home resident population.

and leveraging the resulting improvements to adopt facility-wide policies.

GNYHA and UHF hosted a well-attended symposium on ASP successes last November for hospital and nursing home staff about antibiotic management, including a presentation on the Centers for Disease Control and Prevention's (CDC's) core components for nursing home ASPs, as well as effective approaches for communicating between providers about a shared patient's medications and risk for infections. Since then, GNYHA and UHF have worked with nursing homes to understand current practices around antibiotic stewardship and the maturity of organizational policies that need to be in place to ensure programs are effective.

A Wide Range of Initiatives

GNYHA's long-term care affiliate, the Continuing Care Leadership Coalition, as well as the CMS-funded New York–Reducing Avoidable Hospitalizations project are the primary participants in a GNYHA/UHF ASP initiative.

The New York State Partnership for Patients (NYSPFP), a joint initiative of GNYHA and the Healthcare Association of New York State to improve patient safety and reduce hospital-acquired conditions, has also recently launched an antibiotic stewardship initiative targeting hospital use of antibiotics. The initiative is designed to

continued on page 4

Inside

- 2 **UHF Focuses on Misuse of Antibiotics in Outpatient Care**
- 3 **GNYHA and UHF Welcome New Class of Fellows**
- 4 **Understanding the CARE Act: A New Toolkit for Hospital Staff**
- 4 **IMPACT Collaborative Toolkit Available**



Testing New Approaches

Both during and following the training, nursing home clinical leadership will receive practical coaching to curb antibiotic misuse and overuse related to certain conditions and patient populations. Over the summer months, program faculty will provide guidance and support to participants as they develop plans to test and implement antibiotic stewardship interventions and draft policies. Participating nursing homes will receive assistance to advance their ASPs by using the collaborative approach and chart review tools to uncover immediate opportunities for changing antibiotic use

UHF Focuses on Misuse of Antibiotics in Outpatient Care

Over the past several years, UHF and GNYHA have demonstrated a strong commitment to antibiotic stewardship across the continuum of care. Because many efforts in this field addressed appropriate prescribing in hospitals rather than in the community, in the spring of 2016 UHF began an initiative to assess the current state of antibiotic stewardship in the outpatient setting.

This initiative focused on acute respiratory infections (ARIs), a set of conditions particularly relevant for antibiotic prescribing practices in the outpatient setting. Forty-four percent of all outpatient prescriptions for antibiotics are written for acute respiratory conditions (e.g., sinus infections, middle-ear infections, pharyngitis, and bronchitis), many of which are caused by viruses and will resolve without the use of an antibiotic. It is estimated that approximately half of these prescriptions are unnecessary.

Participants in the UHF initiative include nine hospitals and health systems: Interfaith Medical Center, Medisys Health Network, Memorial Sloan Kettering Cancer Center, Montefiore Medical Center, Mount Sinai Health System, NewYork-Presbyterian Queens, Northwell Health, NYU Langone Medical Center, and Wyckoff Heights Medical Center. In all, 31 hospital-owned outpatient clinics participate in the grant-funded initiative and a total of \$310,180 was awarded by UHF.

The initiative offered the participating clinics an opportunity to learn more about approaches and challenges to implementing antibiotic stewardship practices. Grantees benefit from the input of expert faculty. UHF staff provide technical assistance by developing a series of data collection tools that enabled organizations to conduct chart reviews and prescriber surveys. UHF also has provided a detailed analysis of the data to each

Most practices surveyed have antibiotic stewardship programs, but few focus on outpatient care

organization, enabling them to better understand their current antibiotic prescribing patterns for ARIs, the status of stewardship activities in their organizations, and information about providers' knowledge and interest in stewardship. Utilizing the findings from their own health system's data, the participants were asked to develop an action plan to improve the treatment of patients with ARIs. Participants shared their lessons learned and action plans during a final meeting at UHF on January 31.

Some of the key aggregate findings are described below.

- The chart reviews indicated an overuse of antibiotics for patients with ARIs.
- The average rate of antibiotic prescribing for patients with ARIs

across all outpatient practices was 37% (although there was considerable variation).

- Macrolides were widely used (59% of prescribed antibiotics), though they have been associated with antibiotic resistance in common pathogens and are not the recommended first-line antibiotic for acute respiratory conditions indicating antibiotics (e.g., sinusitis).
- Two-thirds of the practices surveyed have an antibiotic stewardship program in their health system; however, only 11% included any outpatient-specific activities.
- The prescriber survey findings pointed to a need for more formal approaches to stewardship in the outpatient setting.

Next Steps

UHF will fund a second phase of the initiative in which the participating health systems will build upon the findings and action plans they developed from Stage I to inform, implement, and evaluate interventions over a 12-month period. The specific interventions selected will address the areas of opportunity identified in Stage I and will continue to focus on improved antibiotic management of patients with ARIs. By identifying measurable goals and focused metrics, the next phase will help health systems identify which interventions are most effective in changing provider practice and improving the antibiotic management of patients with ARIs. ■

GNYHA and UHF Welcome New Class of Fellows

In January, GNYHA and UHF welcomed the ninth class of the Clinical Quality Fellowship Program (CQFP). The 2017–18 class of fellows attended a two-day learning retreat at the IBM Center in Armonk, followed by another two-day program in March. The fellows benefited from the enthusiasm and expertise of faculty, who presented engaging sessions designed to provide the fellows with the background and tools to become quality leaders in their organizations on topics that included the evolution of health care quality and patient safety, the intersection of quality measurement and policy, and many others. The format of the program included teaching sessions as well as opportunities

for discussion, role-playing, and team-based activities. Fellows and faculty also had the chance to interact informally and continue their learning at meals and breaks—a key benefit of the retreat format.

The new class of fellows, comprising nineteen physicians and nine nurses from hospitals and health systems across the region, come from diverse inpatient and outpatient clinical backgrounds, and bring a range of perspectives to the program.

With the guidance of an assigned CQFP mentor, each participant will develop a “capstone” quality improvement project with interdisciplinary teams at their home organization. The varied backgrounds and interests of the fellows are reflected in the

wide range of topics they have chosen to address, including a decreasing length of stay for end-stage renal disease patients, improving “door to doc” time in the emergency department, improving daily weight monitoring for congestive heart failure patients, and reducing the use of imaging among certain patients with acute headaches.

“We are looking forward to working with our fellows over the 15-month program,” said Joan Guzik, Director of Quality Improvement at UHF’s Quality Institute. “The organizations and the fellows are both excited about developing these quality improvement skills that will help improve the delivery of care.” ■

Clinical Quality Fellowship Program, Class of 2017–18

- Gifty Amankwah, RN, BS, MSN—NYC Health + Hospitals, Segundo Ruiz Belvis
- Kathleen Asas, MD, MPH, FAAP—SBH Health System
- Komal Bajaj, MD, MS-HPed—NYC Health + Hospitals, Jacobi Medical Center
- Michael Bouton, MD, MBA—NYC Health + Hospitals, Harlem Hospital
- Alexis Colvin, MD—Mount Sinai School of Medicine
- Cynthia Figueroa, RN, MSN-INF, C-EFM—Bronx Lebanon Hospital Center
- Jacqueline Ford, MD, FACOG—NYU Lutheran
- Xenia Frisby, MD—NewYork-Presbyterian, The Allen Hospital
- Carrie Gerber, MSN, RN—Mount Sinai Medical Center
- Shi-jun Jean (Jean) Hsieh, MD, MS-HPed—Montefiore Medical Center
- Paul Huang, MD—Stamford Hospital
- Susan Khalil, MD—Jamaica Hospital Medical Center
- David Koterwas, MS, NP—NYC Health + Hospitals, Bellevue Hospital Center
- Olena Ksovreli, MD, FACP, D-ABIM—NYU Lutheran
- Vijay Lapsia, MBBS, MD—Mount Sinai Hospital
- Jeffrey Lazar, MD, MPH—SBH Health System
- Melissa Lee, MD, FAAP, FACP—NYC Health + Hospitals, Kings County
- Kelly Maydon, MSN, BSN—NewYork-Presbyterian, Lawrence Hospital
- Raquel Mayne, MS, MPH, RN, CPHQ—Hospital for Special Surgery
- Nita McNeil, RN, MA, CPHQ—NYU Langone Medical Center
- Eve Merrill, MD—Mount Sinai Beth Israel
- Edward Meyer, MSN, RN-BC—NewYork-Presbyterian, Hudson Valley Hospital
- Charito Patel, MHA, RN, NE-BC—South Nassau Communities Hospital
- Lalitha Ranga, MD—Northwell Health, Southside Hospital
- Ram Roth, MD—Icahn School of Medicine at Mount Sinai
- Tara Sanft, MD—Yale University School of Medicine, Smilow Cancer Hospital
- Matthew Shaines, MD—Montefiore Medical Center
- Nasen Zhang, MD—Winthrop University Hospital

Understanding the CARE Act: A New Toolkit for Hospital Staff

What is New York State’s CARE Act and what does it mean for hospital staff? UHF has created a toolkit that helps hospital staff meet new requirements for engaging family and other patient caregivers as they move from the hospital to home. UHF has also prepared two free guides to help patients and caregivers understand New York State’s Caregiver Advise, Record and Enable (CARE) Act.

Many caregivers don’t feel prepared to take on new responsibilities and perform new and often challenging medical/nursing tasks. The CARE Act, which grew out of the conclusions in the AARP/UHF study *Home Alone: Family Caregivers Providing Complex Chronic Care*, was developed to require hospitals

to include family caregivers in the discharge planning process and receive instructions about post-discharge care. Over the past two years, more than 30 states have enacted versions of the CARE Act to better support caregivers.

New York State’s CARE Act requires hospitals to:

- Proactively ask the patient on admission if he or she wishes to identify a caregiver—a person able to assist with care at home—and document the caregiver’s contact information in the medical record
- Obtain written patient consent to share personal medical information with the identified caregiver
- Inform the caregiver and patient of the anticipated discharge date
- Provide instruction to the caregiver about home care needs

The UHF toolkit is organized around these four requirements and adds a fifth section on post-discharge follow-up. Each section has frequently asked questions, points to remember, and additional resources.

The patient and caregiver guides—a short version and a longer, more detailed document—are free and available on UHF’s Next Step in Care website in English, Spanish, Chinese, and Russian and includes a user survey to provide feedback on the guides. ■

Stewardship (continued)

support hospitals in their work to reduce antibiotic overuse by supporting hospitals implementing the CDC “Core Elements of Hospital Antibiotic Stewardship Programs” through a series of rapid cycle improvement programs. For more information, visit the NYS Partnership for Patients website, www.nyspfp.org. ■

IMPACT Collaborative Toolkit Available

GNYHA and UHF recently released the *IMPACT Collaborative Toolkit* for providers looking for guidance and resources on improving communication and coordination of care between hospitals and nursing homes and to help standardize processes during care transitions. The toolkit brings together findings and resources developed as a result of the *IMPACT (Improving Processes And Care Transitions)* to Reduce Readmissions Collaborative that GNYHA implemented with support from

UHF in 2014. The *IMPACT* Collaborative focused on improving transitions between hospitals, nursing homes, and home health care organizations by implementing new approaches that streamlined and improved care coordination and reduced avoidable readmissions.

The toolkit intends to provide a basic framework for improvement that can be tailored to suit the needs and challenges of each organization.

For more information about the *IMPACT* Collaborative or the Toolkit, visit the NYS Partnership for Patients website, www.nyspfp.org. ■

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.

