

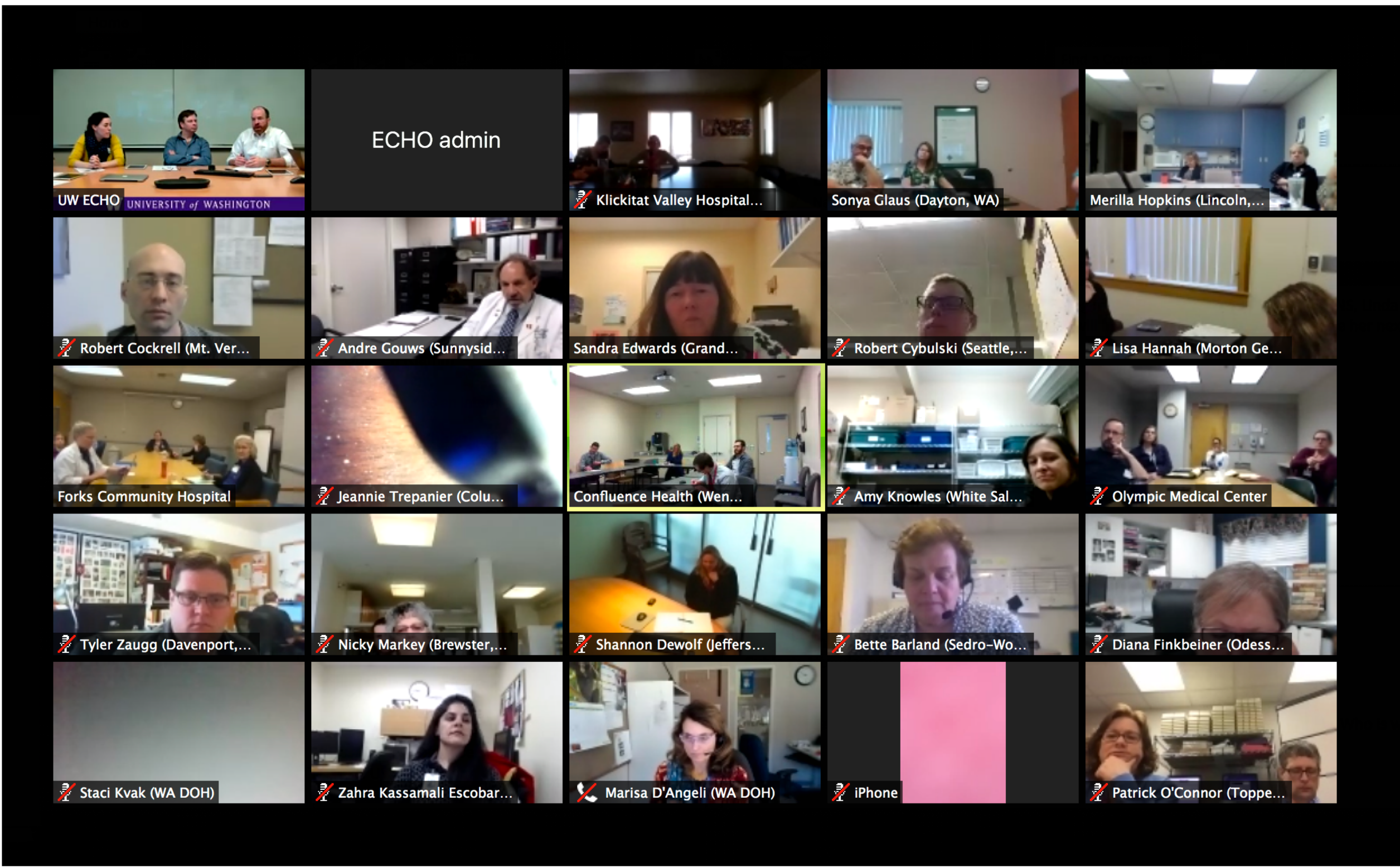
UW TASP: Implementing Tele-Antimicrobial Stewardship in Critical Access Hospitals in WA State

Natalia Martinez-Paz, MA, MPA¹, Chloe Bryson-Cahn, MD¹, Robert J. Cybulski, PhD⁴, Marisa D'Angeli, MD MPH², Rupali Jain, PharmD, FIDSA¹, Zahra Kassamali Escobar, PharmD³, Paul S Pottinger, MD¹, John B Lynch, MD, MPH¹

1. University of Washington Division of Allergy & ID, Seattle WA · 2. Washington State Dept of Health, Shoreline WA · 3. UW Medicine Valley Medical Center, Renton WA · 4. UW Clinical Microbiology, Seattle WA ·



The University of Washington Tele-Antimicrobial Stewardship Program (UW TASP) uses innovative communication technology to connect hospitals across Washington State to deliver high quality and high impact antimicrobial stewardship and infectious diseases education to build capacity, community, and to improve patient care. Participating sites work directly with the UW TASP team of Infectious Disease physicians, pharmacists, nurses, and clinical microbiologists to implement and adapt stewardship policies and procedures to their local settings.



Need for Tele-Stewardship in Washington

In 2016 the Centers for Medicare and Medicaid Services proposed that all acute care hospitals implement an antimicrobial stewardship program (ASP) as a condition of participation.

Core Elements of ASP

1. Leadership
2. Accountability
3. Expertise
4. Action
5. Tracking
6. Reporting
7. Education

- Most of the 39 "critical access hospitals" (CAH) in WA lack the resources to fulfill this mandate.
- The Federal Register highlights tele-antimicrobial stewardship (TAS) as a viable option for these centers.

"Critical Access"

- ✓ Beds ≤ 25
- ✓ Rural setting
- ✓ Different staffing requirements
- ✓ Different reimbursement
- ✓ "Too small to fail"

Implementation Timeline

- October 2016: TASP Inception
- November 2016: Approval by UW Leadership
- December 2016: Funding

from WA-DOH

- January 2017: Implementation
- Present: Ongoing program

Planning Period

1st Pilot Session

1st Live Session

2016

2017

Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept

- Assemble Clinical Team
- Develop Website, Curriculum

- Recruit Sites
- Baseline Evaluations
- Create Buzz & Publicity

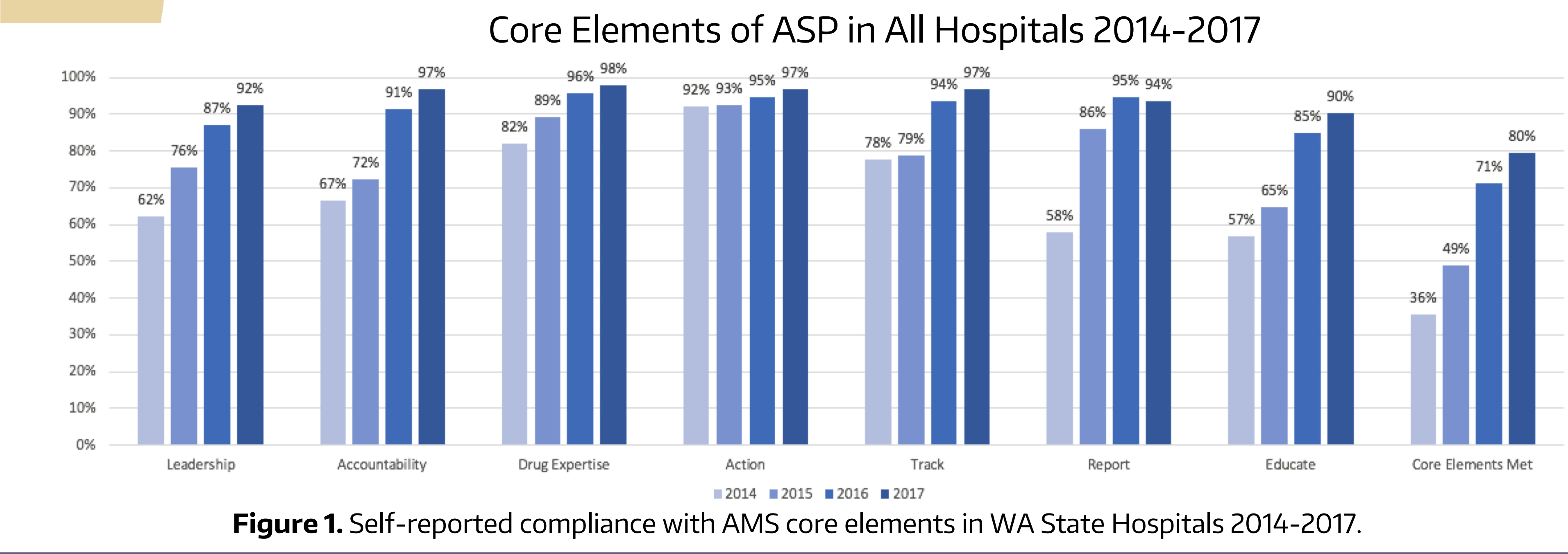
- Visit Sites, develop and implement toolkit

- Encourage Case Submission
- Semi-Weekly reminder e-mails
- Email Recommendations within 24 hrs
- Ongoing 24/7 Mentoring & Support

Program Structure and Deliverables

- Weekly online meetings, using ECHO model and ZOOM platform.
 - ✓ 15 minute didactic session.
 - ✓ 45 minute case discussion (each site presents 3 x per year).
- Ongoing access to UW Infectious Diseases
- Site visits.
- Gap analysis and remediation program.
- Resource Sharing
 - ✓ Order Sets & Care Pathways
 - ✓ Antibigrams
 - ✓ Formularies
- Approach: Conversational and multi-directional

ASP Core Element Trends



TASP Year 1 Highlights

(N = 41. Program described with summary statistics, survey sent to participating sites once annually using survey monkey. Responses were anonymous.)

- 100% of respondents believe that their participation in UW TASP **improves patient safety** at their facility
- 100% of respondents believe continuing to participate in UW TASP will be **valuable for their hospital team**
- 82% of respondents believe UW TASP has been successful in creating and nurturing a **Community of Practice**
- 78% of respondents believe UW TASP was successful in facilitating a **peer-to-peer learning environment**

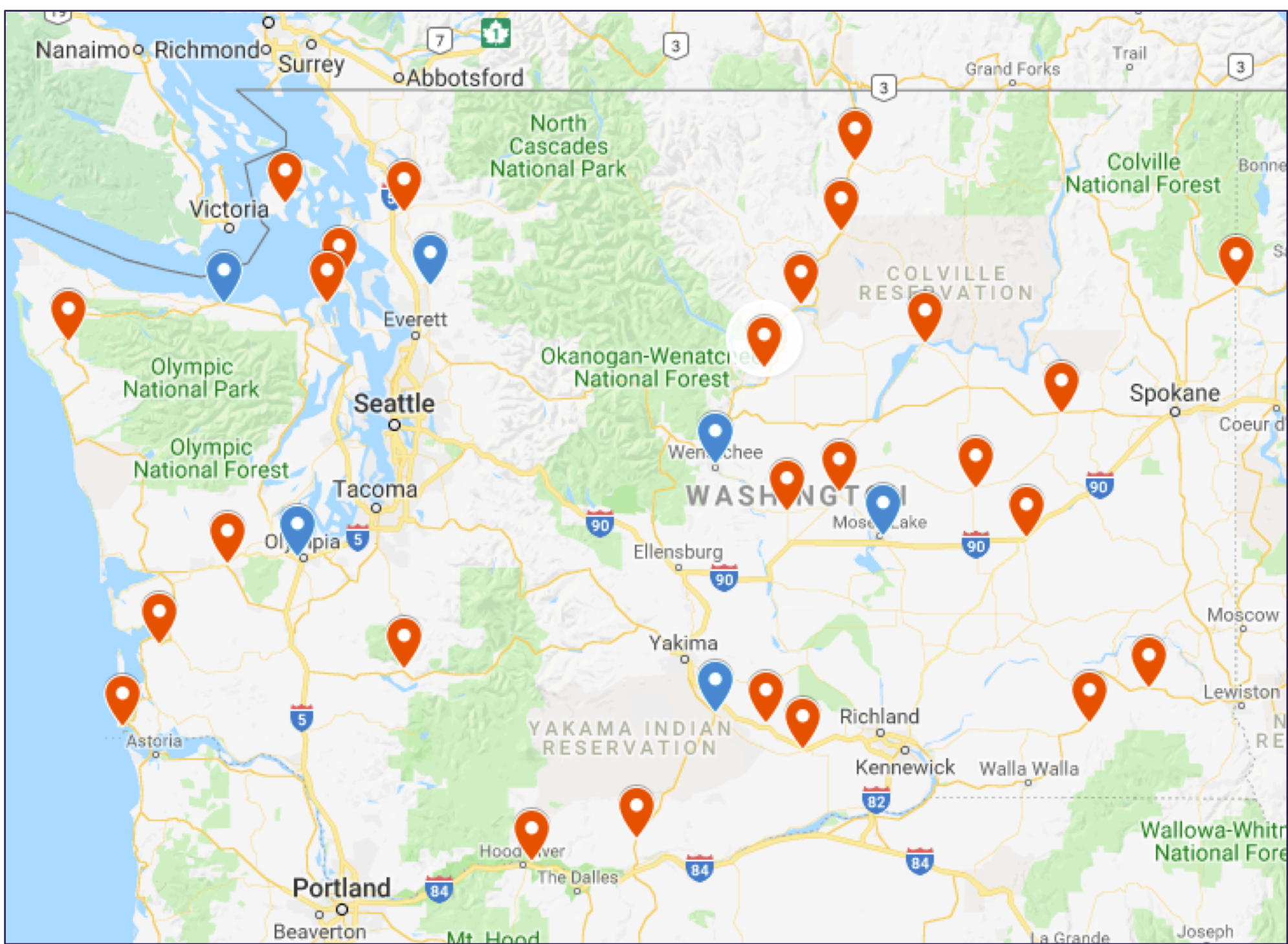
Select examples of changes in practice directly attributed to TASP participation

- Penicillin Skin Testing
- Follow-up blood culture protocol for bacteremia
- Asymptomatic bacteriuria educational provider education "module"
- Creation of surgical prophylactic antibiotic regimens

Participant Highlights

"TASP reinforces some of the things we were already doing like IV to PO conversions and also has helped us in revising order sets that are more conducive to best practices in stewardship. Our teams knowledge in these subjects has improved and made us more confident in our stewardship recommendations."

Hospitals Participating in TASP – 32 total



- Figure 2. Geographic distribution of participants in UW TASP ECHO. Red are CAHs, blue are non-CAHs
- Of 116 acute care hospitals in Washington State, 39 are designated CAH. 26 of these are currently participating in TASP.
 - An additional 6 non-CAHs have joined UW TASP
 - Each has unique setting, patient population, challenges.

Challenges and Next Steps

- Sustainable funding (currently supported by yearlong grant from WA-DOH).
- Building trust at a distance.... Site visits crucially important.
- Measure impact on antimicrobial consumption, patient outcomes, partner satisfaction.
- Pursue sustainable funding model (annual subscription).
- Expand to other areas