

Colorado Hospital Association's Antimicrobial Stewardship Collaborative

What is the antimicrobial stewardship collaborative all about?

The overall purpose of this collaborative is to disseminate evidence and strategies for antimicrobial stewardship and to assist hospitals in embedding those strategies in daily clinical practice. The focus of the collaborative will be proper prescribing of antimicrobials for Urinary Tract Infections (UTIs) and Skin and Soft Tissue Infections (SSTIs) with the dual goal of improving the accurate diagnosis of UTIs.

Through the work of the project we ultimately seek to also reduce the incidence of healthcare-associated *Clostridium difficile* infections (CDI). Although this is not the principal goal of the collaborative, we will help hospitals monitor their CDI rates to identify and report any impact the collaborative may have.

Why should I participate?

The Colorado Hospital Association is committed to helping Colorado hospitals form new antimicrobial stewardship programs or enhance ones that already exist. We will provide the following resources for you to succeed in your journey:

- Tools/Resources/Check Lists
- Team Recruitment Tools and Advice
- Ongoing Education
 - o Site Visits, Coaching Calls, Webinars, Statewide Meetings, Regional Meeting
 - o Evidence/Strategies/Interventions for UTIs and SSTIs
- Access to Local and National Experts
- Peer Mentorship Program
- Data Collection Support

Who can participate?

Any hospital team interested in forming or enhancing its facility's antimicrobial stewardship program is invited to participate. There will be two tracks each facility can chose from.

Beginner Track: This track is for those hospitals without a current antimicrobial stewardship program and who want coaching from CHA and mentorship from an experienced hospital/pharmacist/physician on how to implement a program. This facility will receive a site visit as early on in the collaborative as possible and will also get a check-in call once a month during the intervention phase and every other month during the sustainability phases.

Advanced Track: This track is for hospitals with existing antimicrobial stewardship programs but who need guidance in keeping key stakeholders involved and continuing forward progress to achieve desired clinical outcomes (lower c. diff rates, appropriate prescribing/diagnosis of UTIs and SSTIs). These hospitals will also focus on working with community partners (LTACs, SNFs, clinics) to improve outcomes.

What are the requirements of participation?

We ask that all hospital teams confer rights in NHSN for the Colorado Hospital Association to see their CDI data. We will also ask that each facility fill and out and return a certain number of UTI and SSTI data collection tools to the Colorado Hospital Association. The number of tools each facility needs to complete during the three data collection phases will be based on the number of yearly cases of UTIs and SSTIs at that specific facility.

What is the timeline of the collaborative?

Date	What's Happening?
April 3, 2015	Signed Commitments/"Current Activities" Survey Due
May 1, 2015	Kick-Off Webinar for Participating Hospitals
May 1, 2015	Official Project Launch
May - October 2015	Baseline Data Collection
	Monthly Educational Events (Webinars, Site Visits, Calls, Regional Meetings)
July 2015 - December 2015	Intervention Period
	Monthly Educational Events (Webinars, Site Visits, Calls, Regional Meetings)
December 2015 - May 2017	Sustainability Period and Quarterly Monitoring Data Collection
	Monthly Educational Events (Webinars, Site Visits, Calls, Regional Meetings)
May 2016	In-Person Meeting
March 2017 - July 2017	Project Evaluation
	Final Analysis
May 2017	Project End
	Final In-Person Meeting

What are the metrics and goals of the collaborative?

- 20% reduction from baseline in mean duration of treatment (SSTI and UTI)
- 30% reduction in proportion of patients exposed to an antibiotic with broad gram-negative activity (SSTI only)
- 30% reduction in proportion of patients exposed to a fluoroquinolone (UTI only)
- 15% increase in proportion of cases treated for UTI that meet clinical definition of UTI (appropriate diagnosis for UTI only)
- Secondary Goal - 25% reduction in *C. difficile* rates from 2013 baseline (CDC goal is 50% by 2020)