

HENRY FORD HEALTH



**HENRY FORD HEALTH +
MICHIGAN STATE UNIVERSITY**
Health Sciences



**International
Vaccine
Institute**

Integrated Activity and Tools for Antimicrobial Stewardship, Infection Prevention & diagnostic Stewardship

Leadership in Clinical Engagement: Developing Clinical Champions



CAPTURA
Capturing data on Antimicrobial resistance
Patterns and Trends in Use in Regions of Asia



TACE ASIA
Technical Assistance for Clinical Engagement

M M
MOTT
MACDONALD



The Fleming Fund
Regional Grants

Learning Objectives

1. Understand measures to develop clinical champions
2. Understand measures to influence organizational culture, change
3. Identifying challenges in different health care settings, strategies for overcoming resistance to change

Developing Clinical Champions

- Starts with commitment to reduce unneeded antibiotic use and leadership commitment of dedicated time to do
- Training in AMR, AMS methods
- Develop skills in communication, leadership skills, overcoming resistance to change

Overcoming Challenges: Goal is to Minimize Inappropriate Antimicrobial Utilization

- How to get hospital leadership to provide dedicated time to do as part of job
- How best to implement AMS in low income country setting
- Methods
 - Become familiar with intervention methods
 - Accurate and timely data evaluating antibiotic utilization
 - Continuation of disease-based stewardship activities and potential expansion of antibiotic oversight
 - Benchmarking
 - Incorporation of new tests, technologies
 - How to manage regulatory, governmental issues

Antimicrobial Stewardship in LMIC: The Contextualization

- Diagnostic challenges
 - High burden of infectious diseases and often limited laboratory capacity
- Knowledge and awareness
 - Health care workers prescribing antibiotics with different backgrounds, lack of information on antibiotic use. Guidelines limited by lack of locally applicable high level evidence.
- Access to quality assured antibiotics
 - Many LMIC have poorly regulated or limited access to essential antibiotics, non prescribed use, variable financial incentives
- Health care facilities often have limited infrastructure
 - Lack of infrastructure and equipment, availability of interdisciplinary personnel
- Context, tools
 - Local examples, initiatives at the facility and community level
 - National and international initiatives
 - WHO GAP sets out a roadmap needed to combat AMR
 - The WHO antimicrobial stewardship toolkit, plan for evaluation of feasibility in LMIC

Practical Pearls for an Effective AMS Champion

- (1) Be helpful
- (2) Be respectful
- (3) Show your value
- (4) Work on issues important to your institution
- (5) Measure important process measures and
- (6) Measure important outcomes
- (7) Get a single win and demonstrate the value of that win
- (8) Changing provider behavior is a key factor
- (9) Stewardship is a collaborative process
- (10) Keep in mind ultimate goal is to improve patient outcomes!

Influencing Organizational Culture, Change: How Do You Change Behavior?

- Starts with leadership support, multi disciplinary consensus, understand perspective of other person
- Peer – to – peer education; reference materials (eg updated consensus guidelines)
- Audit and feedback
- Communicate, communicate, communicate

Incorporating change theory into your practice

| Rule # | Rule description | Application |
|--------|--|--|
| 1 | Find sound innovations | If your ASP stewardship team is the 'early innovators', give them the resources to make good decisions |
| 2 | Find and support innovators | Provide time and resources for innovators to seek out new ideas (travel, professional meetings). Remember, innovators may not be the easiest individuals to deal with. |
| 3 | Invest in early adopters | Get these champions on your committees! |
| 4 | Make early adopter activity observable | This is better done through a social network than formal processes (curbside consult) |
| 5 | Trust and enable reinvention | All innovations will require new local processes requiring reinvention of the innovation. |
| 6 | Create slack for change | Don't expect immediate results. Allow champions protected time. |
| 7 | Lead by example | Leaders must be prepared to begin change with themselves. <i>You have to eat your own sauerkraut</i> |

Influencing Prescriber Behavior

- Be Helpful
 - Make your provider's easier and better!
 - Give them good advice
 - Work on issues your providers care about
 - Fit into provider's daily workflow

Influencing Prescriber Behavior

- Be Respectful
 - Be diplomatic
 - Acknowledge your provider's knowledge and expertise
 - Avoid disparaging comments
 - Team a team-based approach

Changing Prescriber Behavior

- Engage senior leadership (clinical and administrative) is critical
- Understand local culture and patient population!
- Changing prescriber behavior is a key factor in improving antibiotic use in the long run
 - But changing behavior is hard and the solution is likely multi-factorial

Changing Behavior: Showing your Value

- Focus on value
 - Better quality, for less money
- Get a single win and demonstrate your value
 - Decreased antimicrobial expenditures
 - Decreased days of therapy

Can Behavior be Changed

Table 2.
Compliance with Quality Indicators of Antibiotic Use

| Indicator | Fraction (%) Courses Compliant With Indicator | | <i>p</i> |
|--|--|--------------------|----------|
| | Control Phase | Intervention Phase | |
| Documented indication for antibiotic therapy | 76/80 (95) | 80/80 (100) | 0.12 |
| Appropriate cultures collected | 70/80 (87) | 76/80 (95) | 0.09 |
| Appropriate empirical therapy | 55/80 (69) | 65/80 (81) | 0.06 |
| Appropriate deescalation ^a | 41/57 (72) | 52/58 (90) | 0.01 |
| All indicators concurrently | 13/80 (16) | 43/80 (54) | <0.001 |

^aDenominator is number of courses for which deescalation was indicated.

Communication is the element that
maintains and sustains relationships in
organizations

Communication

- Develop a strong communication process
- Determine the best approach to communicate your guidance
- Antimicrobial stewardship should be supported by:
 - Clinical data
 - Clinical studies
 - Expert and local guidelines

Impact of Data Driven Approach

- A multi-center, randomized, controlled trial demonstrated that patients who receive appropriate initial empiric therapy for ventilator-associated pneumonia for 8 days had similar outcomes to those who got 14 days.
- Trial of Short-Course Antimicrobial Therapy for Intraabdominal Infection: approximately 4 days were similar to those after a longer course of antibiotics (approximately 8 days)

Chastre J, et al. JAMA 2003; 290:2588-2598.

Sawer RG et al NEJM 2015;372:1996-2005

Monitor and Report

- Specify metrics at initiation
- Feasible to show improvement
 - Measurable within existing infrastructure
 - Associated with strong evidence
- Reporting Structure
 - To whom?
 - How often?

Important Steps for Communication: Guidelines

- Alerts in order entry system/Other IT programming/forcing functions
- Memos, Newsletters
- Posters
- Grand rounds
- Huddles, informal departmental meetings
- When do you bring in experts (eg communication/public relations)?

Micro-lab based Communication

- Real-time bacteremia review & intervention
- Real Time Culture Alerts in Stewardship Workflow
- Report comments
- Alerts: Carbapenem-resistant organisms
- Antibigram

Communication

- Empower your prescribers with the decision to have positive impact on patients
- Provide evidence-based recommendations
 - Be prepared with rationale and risk-benefit
- Be a motivator!

Building Rapport

- Build rapport by trying to understand before being understood (harmonious understanding)
- Measures
 - Have eye contact for about 60 percent of the time without staring
 - Use non threatening and safe topics for initial small talk
 - Listen
 - Ask questions and paraphrase
 - Use peoples names
 - Show empathy

Myths and Misconceptions about Communication

- Meanings are in words
- Communication is a verbal process
- Telling is communicating
- Communication will solve all our problems
- Communication is a good thing
- The more communication, the better
- Communication can break down
- Communication is a natural ability

Effective Communication

- Communication is the element that maintains and sustains relationships in organizations
- Functions of communication
 - Informative
 - Regulative
 - Integrative
 - Management
 - Persuasive
 - Socialization
- Organizational communication networks
- Formal communication flow and impact
 - Downward, upward, horizontal communication

Effective Communication

- Be concise, accurate and relevant
- Think in bullet points
- Be consistent when communicating information; consider SBAR
 - Situation (the headline)
 - Background
 - Assessment
 - Recommendation
- Communication is not what I say, it is what you hear!

Communication Tip: Use Discretion

Don't write anything you can phone

Don't phone anything you can talk

Don't talk anything you can whisper

Don't whisper anything you can smile

Don't smile anything you can nod

Don't nod anything you can wink

- Earl K. Long

Kurtz ML and Peoples MD

Earl K. Long: The Saga of Uncle Earl and Louisiana Politics

LSU Press

Upward communication: communication to bosses

- 5 factors most likely to influence upper levels of an organization
 - Positive message
 - Appropriate time, timely
 - Supports current policy
 - Forward to those who can act on it
 - Intuitive appeal, an idea that 'sounds good'

Effective communication: Building Rapport

- Know how to set up the right connection
- Be aware of how to tune in to others
- Be able to both follow and lead in a conversation
- Be ready to take lead after rapport is built
- Be sensitive to cultural context

Nelson Mandela

‘ if you talk to a man in a language he understands, that goes to his head. If you talk to him in his language that goes to his heart’

Becoming a AMS Champion Summary

- Putting your knowledge, communication and leadership skills together to get results.