Pharmacy Roundtable

Implementing Antimicrobial Stewardship Programs - Suggestions for Rural and Critical Access Hospitals - a Hospital Story

Presenter: Jon C. Francisco, Pharm.D, BCPS
Clinical Specialist
Memorial Hospital Pembroke

Hosted by FHA Mission to Care HIIN
Phyllis Byles, RN, BSN, MHSM, BC-NEA, FHA Clinical Performance Improvement Advisor
Scott King, Pharm.D, Orlando Health Dr. P. Phillips Hospital

August 9, 2017
Agenda

• Updated core measures
  – ADEs, C-diff, falls, readmissions
• Presentation: Antimicrobial Stewardship
• Q&A / Discussion
• Tools & Resources
• Up Campaign –Soap Up!!
• Upcoming Events
ADEs – *Excessive Anticoagulation*

![Graph showing the rates of FL Rate and HRET HIIN Rate from BL to 05/17.](image)

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<tr>
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Source: Comprehensive Data System, August 3, 2017
ADEs – Hypoglycemia

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Source: Comprehensive Data System, August 3, 2017
**ADEs – Opioids**

![Graph showing ADEs over time for FL Rate and HRET HIIN Rate]

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Source: Comprehensive Data System, August 3, 2017
C. Difficile

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Source: Comprehensive Data System, August 3, 2017
# Falls

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| # FL Reporting | 88   | 83    | 84    | 84    | 86    | 85    | 85    | 77    | 68    |
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Source: Comprehensive Data System, August 3, 2017
Readmissions – 30 Days, All Cause

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Source: Comprehensive Data System, August 3, 2017
Readmissions – Medicare, All Cause

Source: Comprehensive Data System, August 3, 2017
Memorial Hospital Pembroke: 
Antimicrobial Stewardship Program 

JON C. FRANCISCO PHARMD, BCPS
Memorial Hospital Pembroke (MHP)

- Community hospital with 301 licensed beds located in Pembroke Pines, Florida

- MHP is part of the South Broward Hospital District. It is one of the six hospitals of the Memorial Healthcare System

- MHP serves a diverse population, ranging from different levels of acuity
New Antimicrobial Stewardship Standard

- Effective January 1, 2017

- The TJC standard has 8 elements of performance
  - Numerous available tools and resources

- ASP efforts must be clearly documented to reflect:
  - Documentation of policies/procedures
  - Documentation of training and data/quality measurement activities
ASP Tools

- TJC Standards for ASP*
- CDC Core Elements*
- NHSN AU Module
- NQF ASP Playbook
- IDSA-SHEA Guidelines
TJC Element of Performance (EP 1)

- EP 1— requires hospital leadership to establish antimicrobial stewardship as a priority
  - Leadership commitment and accountability
  - Strategic plan
  - Resources dedicated for ASP
TJC Element of Performance (EP 1)

- EP 1
  - Strategic plan
    - Formal written statement that administration places ASP as an organizational priority
    - Contains model for ASP team, core ASP practices and principles of performance improvement
    - Developed based on TJC, CDC Core Measures, and Leapfrog standards
  - Resources dedicated for ASP
    - Human
    - Financial
    - Technology
How do we get administration involved and interested?
Leadership Commitment/Accountability

- Develop and advance the “business case” to show an ASP provides high value by:
  
  **Improving patient outcomes**
  
  Patient experience
  
  **Reduction of adverse events**
  
  **Decreased Cost and Financial Savings**
Leadership Commitment/Accountability

- Designate a physician in the C-suite or individual that reports to C-suite accountable for program outcomes
- Integrate ASP activities into ongoing quality improvement and/or patient safety efforts in the hospital
  - i.e. Sepsis, C. Diff
- Create reporting structure that ensures information on ASP activities and outcomes are shared with leadership and administration
  - CMS related reports
Leadership Commitment/Accountability

- Seeking off-site support for ASP efforts
  - Enrolling in multi-hospital collaboration
    - State hospital associations or local public health agencies
    - Large academic medical centers
  - Including ASP services in contracts for external pharmacy services
EP 2 requires hospital staff and licensed independent practitioners to be educated in antimicrobial stewardship

- All staff responsible for ordering, dispensing or administering antimicrobials or monitoring the program must receive education upon hire

- Upon the granting of privileges and periodically as determined by the hospital
TJC Element of Performance (EP 2)

- EP 2

**All Staff**
- Annual Competencies
- Unit Huddles
- Staff Health/Skills Fairs

**Nursing**
- New Hire Orientation
- Unit/Staff Meetings

**Physicians**
- Departmental Committees and Meetings
- Continuing Education
- New Physician Orientation
- Grand Rounds
- Physician Lounge

**Pharmacy**
- Pharmacists Competencies
- Additional ASP training
DID YOU KNOW?

- CDC estimated number of illnesses and deaths caused annually by **antibiotic resistance**
  - At least 2,049,442 illnesses and 23,000 deaths

- **Treatment** of antimicrobial resistant infection:
  - Prolongs hospital length of stay by 6.4 – 12.7 days with a 6.5% increase in mortality

- The **antibiogram** is available on the intranet to identify the most effective antibiotic options

- Do your part by evaluating the 4 "D's" for all patients on antibiotics:
  - Right **DRUG**?
  - Right **DOSE**?
  - Right **DURATION**?
  - Potential **DE-ESCALATION**?

MHS Antimicrobial Stewardship Team
ASP in Patient Safety Efforts
TJC Element of Performance (EP 3)

- EP 3 requires patients and families to be educated:
  - TigrTV
  - Inpatient Medication Education
  - Follow-up Callback
  - Patient Education
  - Antibiotic information/material
  - Family/Caregiver Education
  - Discharge Education
TJC Element of Performance

- EP 4 requires the hospital to establish multidisciplinary antimicrobial stewardship team

  - Lead Infectious Disease Physician overseeing system ASP
    - System ASP Steering Committee

  - Chief Medical Officer of each site leads local ASP
    - Nursing
    - Pharmacy
    - Infection Control
**MHS Antimicrobial Stewardship Program (ASP) Committees**
3/15/17

**Steering Committee**
- Dr. P. Eckardt, ASP MD Director
- Dr. T. Macaluso, CQ & PS, MHS, Adm Lead
- Dr. S. Marks, CMO, MHS
- Dr. R. Reed, ID-Peds
- Dr. D. Kim, IM, CMO, MRH, MRHS
- Dr. D. Sereda, Surg, CMO, MHP
- Dr. T. Anderson-Rhodes, OB-GYN, CMO, MHM
- Dr. E. Freling, OB-GYN, CMO, MHW
- Dr. R. McCoy, Peds, CMO, JDCH
- Dr. D. Rogers, IM, IT-Medical Staff, MHS
- J. Kados, Adm. Dir. CE, MHS
- M. Hansen, CNO, MHS
- N. Zilban, Pharm. Safety & Med. Off., MHS
- B. Thom, Dir. Clin. Outcomes, ICP, MHS
- J. Foster, Project Manager, MHS
- E. George, BS, MT(ASCP)
- N. Miller, Tech. Dir. Micro. & Mol. I.D.

**ASP System-Wide Committee**
- Dr. P. Eckardt, ASP MD Director
- D. Andrade, Pharm
- J. Francisco, Pharm
- C. Frederick, Pharm
- E. George, Micro
- R. Kraljevich, Pharm
- N. Miller, Micro
- R. Nimroozi, Pharm
- J. Rodriguez, Pharm
- J. Spiro, Pharm
- N. Zilban, Pharm

**MHM**
- Dr. T. Anderson
- Rhodes, CMO
- Nursing, TBD
- K. Canavan, ICP
- P. Wilds, CE
- R. Nimroozi, Pharm

**MHP**
- Dr. D. Sereda, CMO
- J. Francisco, Pharm
- S. Delfin, CNO
- K. Ventura, ICP

**MRHS**
- Dr. D. Kim, CMO
- B. Kraljevich, Pharm
- R. Franco, ICP
- Nursing

**MRH**
- Dr. D. Kim, CMO
- C. Copeland, ICP
- L. Pollard, DNO
- L. George, Micro
- N. Miller, Micro
- Dr. C. Bustamonte, ID
- Dr. M. Albuernie, ID
- C. Frederick, Pharm

**JDCH**
- Dr. R. McCoy, CMO
- J. Rodriguez, Pharm
- J. Spiro, Pharm
- L. Pundervold, ICP

**MIHW**
- Dr. E. Freling, CMO
- M. Dominguez, DNO
- D. Andrade, Pharm
- A. Chavez, ICP

*Extrapolated from MHS ASP Steering Committee Documents*
MHP ASP Team

- Physician Champion
- Internal Medicine/Hospitalists
- Nursing Representatives
  - Nursing Leadership
  - ER
  - Critical Care
  - Outpatient
- Pharmacy Representatives
- Infection Control
- Quality/Clinical Effectiveness
- Education
Utilizing Nursing

- **Nurses role**
  - Review proper culture techniques
  - Review culture results with providers
  - Monitoring antibiotic response with feedback
  - Assess opportunities to convert to PO antibiotics
  - Education
  - Initiating “antibiotic time-outs” with clinicians and ASP team
TJC Element of Performance

- **EP 5 outlines core elements that should be in a hospitals’ stewardship program:**
  - Core elements designed to help hospitals define the keys to drive their programs and helps document expectations
  - Includes plan of recommended actions
EP 6 requires hospitals to have multidisciplinary protocol as part of the plan:

- Policies and procedures
  - Antibiotic Formulary restrictions
  - IV to PO/Pharmacokinetics
  - Guidelines/Ordersets
- Protocols should be based on the hospital’s population and experience
- Protocols should take into account common infections
EP 6 requires hospitals to have multidisciplinary protocol as part of the plan:

- Policies and procedures
  - Antibiotic Formulary restrictions
  - IV to PO/Pharmacokinetics
  - Guidelines/Ordersets

Protocols should be based on the hospital's population and experience.
Protocols should take into account common infections.

*Extrapolated from MHS ASP Steering Committee Documents*
Flow Chart: Antimicrobial Stewardship Interdisciplinary Relationships 9/7/2016

*Extrapolated from MHS ASP Steering Committee Documents
Extrapolated from MHS ASP Steering Committee Documents
MHS ASP Prescribing Interventions

- **Broad Interventions**
  - Restricted broad spectrum antibiotics
  - Prospective Audit and Feedback
  - Mandatory Indication and Duration
  - Facility Specific Treatment Guidelines

- **Pharmacy Driven Interventions**
  - Automatic IV to PO conversion
  - Dose adjustment for organ dysfunction
  - Dose Optimization/Pharmacokinetics
  - Clinical Decision Support Systems
IDSA Recommendations for Implementing an Antibiotic Stewardship Program (Strong Recommendations)
Interventions: CORE STRATEGIES

- Formulary restriction and Preauthorization
- Prospective Audit and Feedback (PAF)

  - Should serve as the foundation of a comprehensive ASP
  - Advantages and Disadvantages
  - Requires leadership support and allocated resources
Interventions: SUPPLEMENTAL STRATEGIES

- Education
- Guidelines and clinical pathways
- Computer surveillance and clinical decision support
- Rapid diagnostic testing
Optimizations

- Dedicated Pharmacokinetic Monitoring and Adjustment Program
  - Continuous quality improvement and assessment

- Increase Use of Oral Antibiotics as a Strategy to Improve Outcomes
  - IV to PO protocol
  - Initial therapy
  - Non oral equivalent IV antibiotic recommendations

- Interventions to Reduce Antibiotic Therapy to the Shortest Effective Duration
  - Facility guidelines/order sets with preset durations
  - Integrated in preauthorization or PAF process
  - Specifying duration at the time of order
CDC: Recommendations for Small and Critical Access Hospitals
Action (Interventions)

- High Yield
- Majority of all antibiotic use

Focus on three Syndrome Specific Conditions:
  - Community Acquired Pneumonia
  - Urinary Tract Infections
  - Skin and Soft Tissue Infections

Focus on specific key agents
  - Determination driven by provider discussions
  - Maximized when reviewed after 2 - 3 days of therapy initiation
TJC Element of Performance

- EP 7 requires hospitals to collect and analyze data as part of its stewardship program

- EP 8 requires hospitals to take action on improvement opportunities, based in part on that data
Data and Outcomes

- Data documentation should reflect:
  - Where the information goes once it is collected
  - Who gets the information
  - What feedback are prescribers receiving
  - What feedback do clinicians get
  - Is your data being reviewed by ICP and what you are doing to act on it

- “Closing the loop”
Tracking

Antibiotic use and outcome measures

- Antibiogram
- C. Difficile infection rates

Antibiotic use (consumption) metrics

- Antibiotics administered to patients per day
  DOT (Days of therapy)
- Direct expenditure for antibiotics
  Purchasing cost
## Reporting

| Annual Antibiogram distributed to prescribers with easy access of Antibiogram on workstations |
| Prescribers receive direct, personalized communication on improving antibiotic prescribing |
| Facility-specific reports on antibiotic use with prescribers |
| Data reported to local and system site ASP and appropriate committees |
| Evaluate data and identify opportunities for improvement and optimization |
Tracking Alternatives

- DOT/DDD alternatives

- Monitoring adherence to facility-specific treatment recommendations for CAP, UTI and SSTI

- Monitoring performance of antibiotic time outs and missed opportunities

- Performing MUE for selected antibiotics

- IV to PO services evaluation and missed opportunities
Tracking Alternatives

- Focus on Targeted Organisms
  - CDC threat report
  - Top relevant facility specific pathogens
- Partner with Quality Improvement and Infection Control to explore and identify ways to collect data
MHP TJC Survey

- February 2017
- Infection Control Session
- Policies/Procedures
- Informal Presentation
  - Summary of ASP activities
  - ASP team design
  - Preliminary Data
  - Future plans
MHP TJC Survey

- Recommendations
  - Expanding outpatient services
  - Continue educating providers in the community on ASP
    - Participation through CME
  - Continue collaborating with physicians with current guidance on antibiotic prescribing and microbiology data
    - ID and ER
References

- Memorial Healthcare System Antimicrobial Stewardship Program
• JFrancisco@mhs.net

Questions?
Tools & Resources

Hospital Improvement Innovation Network

Clostridium Difficile Infection

Importance: Clostridium difficile is an anaerobic spore-forming bacteria spread through fecal-oral transmission (Lefler & Lemont, 2015). C. difficile colonizes the large intestine and releases two toxins that can cause a number of illnesses including diarrhea, colitis and sepsis. Nonetheless, colonized patients do not always present symptoms. C. difficile transmission in hospitals occurs primarily from contaminated environments and through the hands of healthcare personnel (Cohen et al., 2010; Guerrero et al., 2012). However, C. difficile spores are resistant to the bactericidal effects of alcohol and the most commonly used hospital disinfectants. Antimicrobial therapy is the most important risk factor for C. difficile infections; the antibiotics destroy normal gut flora, allowing for the overgrowth of C. difficile. While all patients taking antibiotics are at risk of C. difficile infections, longer courses of antibiotic therapy and multiple courses of antimicrobials increase C. difficile infection risk. C. difficile is the most frequently reported hospital-acquired pathogen (Lefler & Lemont, 2015). A 2011 CDC surveillance study found that C. difficile caused almost half of a million infections and directly led to approximately 15,400 deaths in one year (Lessa et al., 2015). The majority of these deaths occur in Americans aged 65 or older. Learn more about the impact of CDI on patients.

Additional health care costs related to C. difficile infections are estimated at $4.8 billion for acute care facilities alone (Dubberke & Olsen, 2012). Cases commonly appear in outbreaks and clusters (Burdon, 1982). However, the CDC study estimates that only one-quarter of C. difficile infections occur in hospitals, with others occurring in nursing homes and community settings (Lessa et al., 2015). As a result, C. difficile infection prevention efforts should focus on antimicrobial stewardship and preventing disease transmission.

PPG Goal: By September 27, 2018, a 20 percent reduction in Clostridium Difficile Infections.

Adverse Drug Event (ADE)

Importance: An ADE is an injury to a patient resulting from a medication intervention, which can occur in any health care setting (Koebelk et al., 2004). A study of Medicare beneficiaries by the U.S. Department of Health and Human Services found that 30 percent of patients experienced an ADE (GIS, 2010). The Agency for Healthcare Research and Quality (AHRQ) estimated that drug-related adverse events occurred in nearly 1.9 million inpatient stays, which include events which caused little to no harm to those resulting in death (Lassa et al., 2011). Listen to Leah's story to learn more about the impact of ADEs on patients and their families. The Office of Disease Prevention and Health Promotion (ODPHP) released "The National Action Plan for ADE Prevention" in October 2014; the report focuses efforts on the group of ADEs that are common, directly significant, preventable and measurable; resulting from high-priority drug classes; and occurring largely in high-risk populations (ODPHP, 2014). The high-priority drug classes are also referred to as high alert medications (HAMS) (Emsteber, 2003). The Joint Commission defines HAMS as more likely to be associated with harm than other drugs – they cause harm more frequently, the harm they produce is likely to be more serious and they have the highest risk of causing injury when missed (The Joint Commission, 2007). For the purpose of the HIIN project and the ADE Action Plan, the drug classes of focus include: 1) anticoagulants, 2) diabetes agents and 3) opioids.

Accomplishments: From 2011 to 2014, the AHA/HRET HIIN prevented an estimated 8,115 ADEs with an estimated cost savings of over $24 million. From September 2015 to September 2016, the AHA/HRET HIIN prevented an estimated 15,511 ADEs with an estimated cost savings of over $75 million.

PPG Goal: By September 27, 2018, a 20 percent reduction in Adverse Drug Events.
**UP Campaign: Hand Hygiene**

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<th>Scrub: for 20 seconds with the right product. Remember soap for <em>C. diff</em>.</th>
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<tr>
<td>O</td>
<td>Own: your role in preventing HAIs.</td>
</tr>
<tr>
<td>A</td>
<td>Address: immediately intervene if breach is observed.</td>
</tr>
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<td>P</td>
<td>Place: hand hygiene products in strategic locations.</td>
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<td>Update: hand hygiene products and policies as needed to promote adherence.</td>
</tr>
<tr>
<td>P</td>
<td>Protect: patient and families, get them involved.</td>
</tr>
</tbody>
</table>
Upcoming Events

- **Aug. 10** – Readmissions Fishbowl Series 4
- **Aug. 15** – VTE Prophylaxis – Strategies to Decrease Patient Refusals
- **Aug. 17** – Readmissions Virtual Event: Community Partnerships
- **Aug. 22** – FHA MTC HIIN - How to: Performing Prevalence Studies for Pressure Injuries / 1-2 PM ET
- **Aug. 24** – ADE Opioid Safety Fishbowl Series 4
- **Sept. 18** – Readmissions Summit | The Westin Lake Mary
- **Sept. 26** – TCAB Cohort 2 Nursing Unit Launch Meeting | Harry P. Leu Gardens, Orlando
- **Sept. 27** – TCAB Cohort 1 Mid-point Meeting | Harry P. Leu Gardens, Orlando
- **Sept. 28** – Sepsis Workshop | Orlando
- **Nov. 7-8** – TeamSTEPPS Master Trainer Course | Indian River Recreation Center, Vero Beach (Sept. 28 Pre-meeting webinar)
- **Nov. 16** – Chasing Zero Infections Meeting | South Florida

Check your *MTC HIIN Upcoming Events* Weekly Email for details and registration
Submit your nominations today at [www.FHA.org](http://www.FHA.org)

(Nominations must be submitted by 11:59 p.m. EDT on August 18, 2017)
Register today at:
www.FHAAnnualMeeting.com