



Outpatient Antibiotic Stewardship

Quality Insights Renal Network 3 Annual Meeting

October 5, 2017

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**Quality Improvement
Organizations**

Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES



**Quality
Insights**

Agenda

- Introduction to the Quality Insights Quality Innovation Network (QIN)
- Issues surrounding antibiotic use
- Core Elements of Outpatient Antibiotic Stewardship
- Learn how Quality Insights can partner with dialysis centers

What are Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)?

QIN-QIOs are contracted with and work under the direction of the Centers for Medicare & Medicaid Services (CMS) to assist providers (hospitals, nursing homes, home health agencies, physician offices, dialysis facilities etc.) to improve the quality of care that they provide to Medicare beneficiaries while protecting the Medicare Trust Fund.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html>

QIN-QIO: Quality Insights

- Contract with CMS
- Includes five states:
 - Delaware
 - Louisiana
 - New Jersey (HQSI)
 - Pennsylvania
 - West Virginia



Key Roles of QIN-QIOs



- Provide education
- Provide coaching and consultation
- Convene healthcare providers to improve coordination of care
- Provide support in use of improvement tools
- Provide data services to measure effectiveness of interventions

QIN/QIO Initiatives

- Cardiovascular Health
- Everyone with Diabetes Counts
- Nursing Home Quality Improvement
- Quality Reporting and Payment Programs
- Preventing Adverse Drug Events
- Adult Immunizations
- Outpatient Antibiotic Stewardship

Combating Antibiotic Resistant Bacteria through Antibiotic Stewardship in Communities



Antibiotic Stewardship

“[Antibiotic] stewardship is a coordinated program that promotes the appropriate use of antimicrobials (including antibiotics), improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms.”

Association for Professionals in Infection Control and Epidemiology

Antibiotic Resistance: Not a New Concern

"In such cases, the thoughtless person playing with penicillin is morally responsible for the death of the man who finally succumbs to infection with the penicillin-resistant organism. I hope this evil can be averted." -Alexander Fleming, 1945

Gaps in Knowledge of Antibiotic Resistance

- Limited National, state and federal capacity to detect and respond to urgent and emerging resistance threats
- Currently, No systematic international surveillance of resistance threats
- Data on antibiotic use in human healthcare and agriculture not systematically collected
- Programs to improve antibiotic prescribing not widely used in US
- Advanced technologies can identify threats much faster than current practice

<https://www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf#page=13>

National Action Plan for Combating Antibiotic-Resistant Bacteria (2015)

- Slow the emergence of resistant bacteria and prevent the spread of resistant infections
- By 2020:
 - Establishment of antibiotic stewardship programs in all acute care hospitals and improved antibiotic stewardship **across all healthcare settings**
 - Reduction of inappropriate antibiotic use **by 50% in outpatient settings** and by 20% in inpatient settings

https://www.cdc.gov/drugresistance/pdf/national_action_plan_for_combating_antibiotic-resistant_bacteria.pdf

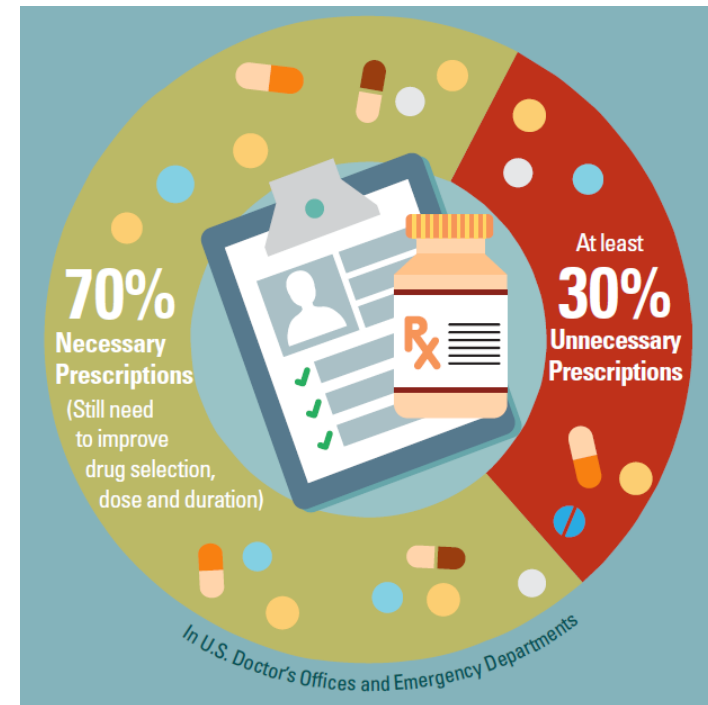
Does Your Facility/Practice Have an Antibiotic Stewardship Program?

- Yes
- No
- Don't Know

(Slido Question)

Why Antibiotic Stewardship in Outpatient Settings?

- High levels of antibiotic use
 - Majority of human antibiotic use occurs in outpatients
 - 30% of outpatient antibiotic prescriptions are unnecessary
 - 50% of antibiotics for acute respiratory conditions are unnecessary
- It's a matter of patient safety
 - Side effects from antibiotics lead to an estimated 143,000 emergency department visits per year
 - Antibiotic treatment is the most important risk factor for Clostridium difficile infection
- Inappropriate antibiotic use is primary modifiable driver of antibiotic resistance



People at Especially High Risk

- Cancer Chemotherapy
- Complex Surgery
- Rheumatoid Arthritis
- **Dialysis for End-Stage Renal Disease**
 - Increased risk for blood stream infections (2nd leading cause of death in dialysis patients)
 - Effective antibiotics help ensure that patient can continue to receive life-saving treatment
- Organ and Bone Marrow Transplants

<https://www.cdc.gov/drugresistance/threat-report-2013/pdf/ar-threats-2013-508.pdf#page=13>

Antimicrobial Use and Stewardship Programs among dialysis centers

- 30-40% of chronic hemodialysis patients receive at least one dose of antimicrobials in outpatient centers over a one year period
- 30% are prescribed inappropriately per national guidelines
 - Failure to de-escalate to a more narrow-spectrum antibiotic
 - Criteria for infection, esp. skin and soft tissue infections are not met
 - Indications and duration for surgical prophylaxis for minor vascular-access-related procedures do not follow recommended guidelines
 - Vancomycin, third or fourth generation cephalosporins and cefazolin are the most common antibiotic classes prescribed inappropriately
- ASPs reduce both inappropriate exposure and associated costs

Semin Dial, 2013 Jul-Aug;26(4):457-64.doi; 10.1111/doi/12090. Epub 2013 Apr22.

Why are antibiotics prescribed inappropriately?

- Fear of Complications
 - Patient pressure
 - Habit
 - All of the above
 - Other Reasons
-
- (Slido Question)

Why are Antibiotics Prescribed Inappropriately?

- **Fear of complications**
 - Providers cite fear of infectious complications
- **Patient pressure and satisfaction**
 - Providers universally cite patient requests for antibiotics
 - Effective communication can help
- **Habit?**
 - Peer comparisons may be a key mitigation strategy for habitual prescribers

Sanchez, EID; 2014; 20(12);2041-7

Jones. Ann Int Med 2015;163(2):73-80.

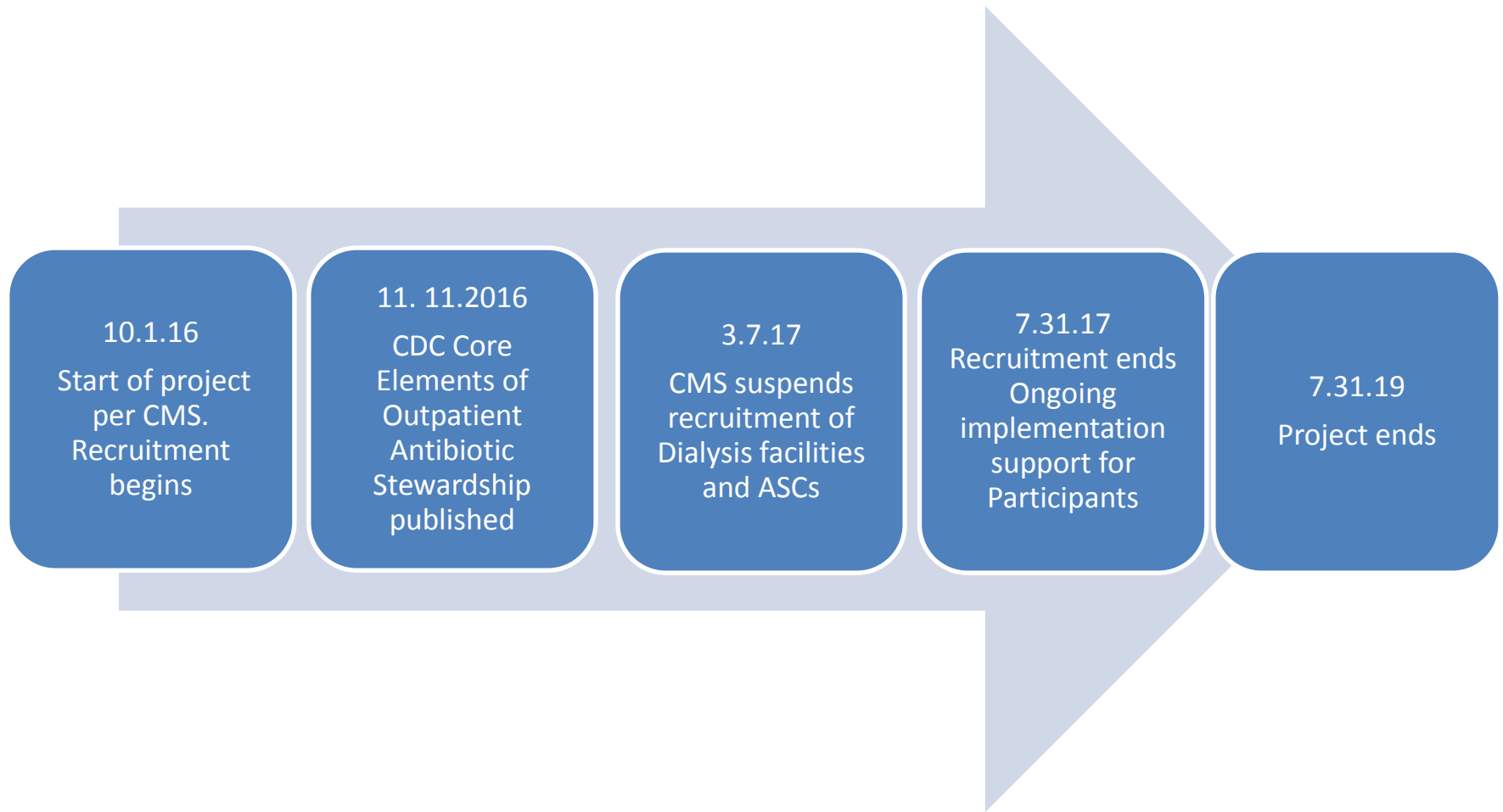
Gerber. JPIDS 2015;4(4): 297-304.

Advantages of Outpatient Antibiotic Stewardship

- Slower development of resistant bacteria
- Decrease in expenditures on antibiotics
- Patient safety
 - Optimize clinical outcomes
 - Right drug, right dose, right duration
 - Minimize unintended consequences
 - Allergic reactions
 - Clostridium difficile
 - Other side effects



Quality Insights Outpatient Antibiotic Stewardship Project Timeline



Outpatient Antibiotic Stewardship Recruitment Targets and Progress

Target

- Nationally: 5186
- Quality Insights: 664
- New Jersey: 250
 - Emergency Departments (13)
 - Physician Practices (449)
 - Dialysis Centers (3)
 - Urgent Care Centers (6)
 - Pharmacies (4)
 - Federally-Qualified Health Centers (18)

Final

- 7627
- 1071
- 493

Purpose of Quality Insights' Outpatient Antibiotic Stewardship Project

- Assist providers in multiple outpatient settings to implement and maintain programs to monitor, reduce and prevent misuse and/or overuse of antibiotics
- Support the implementation of the CDC's Core Elements of Outpatient Antibiotic Stewardship
- Focus efforts when needed (specific antibiotics, high-use providers)

Learning and Action Networks (LANs)

- LANs convene stakeholders, providers, patient/family representatives, and improvement experts in an “all teach, all learn” environment
- Through the LAN, Quality Insights’ networks:
 - Provide educational webinars and conferences
 - Allow for the sharing of best practices
 - Support for adapting and spreading successful improvements

CDC's Core Elements of Antibiotic Stewardship for Hospitals and Nursing Homes

2014

Core Elements of Hospital Antibiotic Stewardship Programs

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

2015

The Core Elements of Antibiotic Stewardship for Nursing Homes

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

Core Elements of Outpatient Antibiotic Stewardship

- Four Core Elements
 - Commitment
 - Action
 - Tracking and Reporting
 - Education and Expertise



COMBINED CHECKLIST FOR CORE ELEMENTS FOR OUTPATIENT ANTIBIOTIC STEWARDSHIP

Facility Name:

Commitment		
Can your facility demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety related to antibiotics?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, indicate which of the following are in place. (Select all that apply.)		
<input type="checkbox"/> Write and display public commitments in support of antibiotic stewardship. <input type="checkbox"/> Identify a single leader to direct antibiotic stewardship activities within a facility. <input type="checkbox"/> Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria. <input type="checkbox"/> Communicate with all clinic staff to set patient expectations.		
Action		
Has your facility implemented at least one policy or practice to improve antibiotic prescribing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, indicate which interventions are in place. (Select all that apply.)		
<input type="checkbox"/> Use evidence-based diagnostic criteria and treatment recommendations. <input type="checkbox"/> Use delayed prescribing practices or watchful waiting, when appropriate. <input type="checkbox"/> Provide communications skills training for clinicians. <input type="checkbox"/> Require explicit written justification in the medical record for non-recommended antibiotic prescribing. <input type="checkbox"/> Provide support for clinical decisions. <input type="checkbox"/> Use call centers, nurse hotlines, or pharmacist consultations as triage systems to prevent unnecessary visits.		
Tracking and Reporting		
Does your facility monitor at least one aspect of antibiotic prescribing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Self-evaluate antibiotic prescribing practices. (This intervention only applies to solo practitioners or practices with fewer than 5 clinicians as long as all clinicians participate.) <input type="checkbox"/> Participate in continuing medical education and quality improvement activities to track and improve antibiotic prescribing. (This intervention only applies if all clinicians in the practice participate in the activity.) <input type="checkbox"/> Track and report antibiotic prescribing for one more high priority conditions. <input type="checkbox"/> Track and report the percentage of all visits leading to antibiotic prescriptions. <input type="checkbox"/> (If already tracking and reporting one of the above) Track and report, at the level of a health care system, complications of antibiotic use & antibiotic resistance trends among common outpatient bacterial pathogens. <input type="checkbox"/> Assess and share performance on quality measures and established reduction goals addressing appropriate antibiotic prescribing from health care plans and payers.		
Education and Expertise		
Does your facility provide resources to clinicians and patients on evidence-based antibiotic prescribing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, indicate how your facility provides antibiotic stewardship education to patients. (Select all that apply.)		
<input type="checkbox"/> Use effective communication strategies to educate patients about when antibiotics are and are not needed. <input type="checkbox"/> Educate about the potential harms of antibiotic treatment. <input type="checkbox"/> Provide patient education materials.		
If yes, indicate how your facility provides antibiotic stewardship education to clinicians. (Select all that apply.)		
<input type="checkbox"/> Provide face-to-face educational training (academic detailing). <input type="checkbox"/> Provide continuing education activities for clinicians. <input type="checkbox"/> Ensure timely access to persons with expertise.		

This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization for West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QI-C315-020617

** Outpatient clinicians and healthcare facilities can take steps to implement antibiotic stewardship activities. Use this checklist as a baseline assessment of policies and practices which are in place. Then use the checklist to review progress in expanding stewardship activities on a regular basis (e.g., annually).



Commitment

Can your facility demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety related to antibiotics?

- Write and display public commitments in support of antibiotic stewardship
- Identify a single leader to direct antibiotic stewardship activities within a facility
- Include antibiotic stewardship-related duties in position descriptions or job evaluation criteria
- Communicate with all clinic staff to set patient expectations

Commitment Example



Dear Patient,

We promise to treat your illness in the best way possible.

This commitment includes not prescribing antibiotics if they are likely to cause more harm than good.

Sincerely, _____



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Action

Has your facility implemented at least one policy or practice to improve antibiotic prescribing?

- Use evidence-based diagnostic criteria and treatment recommendations
- Use delayed prescribing practices or watchful waiting, when appropriate
- Provide communications skills training for clinicians
- Require explicit written justification in the medical record for non-recommended antibiotic prescribing
- Provide support for clinical decisions
- Use call centers, nurse hotlines, or pharmacist consultations as triage systems to prevent unnecessary visits

Action Examples

Rx Name: _____
Date: ____/____/____

GET SMART
Know When Antibiotics Work

Diagnosis:

Cold Middle ear fluid (Otitis Media with Effusion, OME)
 Cough Viral sore throat
 Flu Other: _____

You have been diagnosed with an illness caused by a virus. **Antibiotics do not cure viral infections.** If given when not needed, antibiotics can be harmful. The treatments prescribed below will help you feel better while your body's own defenses are fighting the virus.

General instructions:

Drink extra water and juice.
 Use a cool mist vaporizer or saline nasal spray to relieve congestion.
 For sore throats, use ice chips or sore throat spray; lozenges for older children and adults.


Specific medicines:

Fever or aches: _____
 Ear pain: _____

Use medicines according to the package instructions or as directed by your healthcare provider. Stop the medication when the symptoms get better.

Follow up:

If not improved in ____ days, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.
 Other: _____

 Signed: _____

For More Information call 1-800-CDC-INFO or visit www.cdc.gov/getsmart

What is Delayed Prescribing?

GET SMART
Know When Antibiotics Work

WAIT. Do not fill your prescription just yet. Your healthcare professional believes your illness may resolve on its own.

First, follow your healthcare professional's recommendations to help you feel better without antibiotics and continue to monitor your own symptoms over the next few days.

- Rest
- Drink extra water and fluids
- Use cool mist vaporizer or saline nasal spray to relieve congestion
- For sore throats in older adults and children, try ice chips, sore throat spray, or lozenges

If you **do not feel better** in ____ days/hours, or **get worse**, go ahead and fill your prescription.

If you **feel better**, you **do not need the antibiotic**, and do not have to risk the side effects.

Waiting to see if you really need an antibiotic can help you take antibiotics only when it is actually necessary. Antibiotics can cause side effects like a skin rash, diarrhea, a yeast infection, or worse.

Antibiotics can also make future bacterial infections stronger and harder to treat. You can protect yourself and others by learning when antibiotics are and aren't needed.

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

For more information visit www.cdc.gov/getsmart

08270228C

Tracking and Reporting

"If you can't measure it, you can't improve it." Peter Drucker

"The greatest value of a picture is when it forces us to notice what we never expected to see." John Tukey, American Mathematician

Tracking and Reporting

Does your facility monitor at least one aspect of antibiotic prescribing?

- Self-evaluate antibiotic prescribing practices. (This intervention only applies to solo practitioners or practices with fewer than five clinicians as long as all clinicians participate.)
- Participate in continuing medical education and quality improvement activities to track and improve antibiotic prescribing. (This intervention only applies if all clinicians in the practice participate in the activity.)
- Track and report antibiotic prescribing for one more high priority conditions.
- Track and report the percentage of all visits leading to antibiotic prescriptions.
- (If already tracking and reporting one of the above) Track and report, at the level of a health care system, complications of antibiotic use and antibiotic resistance trends among common outpatient bacterial pathogens.
- Assess and share performance on quality measures and established reduction goals addressing appropriate antibiotic prescribing from health care plans and payers.

Tracking and Reporting Examples

- Decisions should be made in each practice or facility based on your opportunities for improvement and practice needs
- Examples:
 - Quality measures that are already being reported
 - CMS's Quality Payment Program for physician practices
 - Dialysis Event surveillance
 - Antibiotic prescribing for one or more high-priority conditions (e.g. acute bronchitis)
 - Percentage of all visits leading to antibiotic prescriptions
 - At the level of a health care system
 - Complications of antibiotic use (e.g. adverse drug events, *C. difficile* infections)
 - Antibiotic resistance trends among common outpatient bacterial pathogens

Tracking and Reporting for Larger Systems

- Effective feedback interventions often include peer performance comparisons
 - Comparing clinician’s antibiotic selection patterns for respiratory conditions to colleagues’ performance¹
 - Led to increased use of guideline recommended agents
 - Comparing clinician’s percentage of inappropriate antibiotic prescribing for acute respiratory conditions to “top-performers” in their practice²
 - Led to decreased inappropriate antibiotic prescribing for acute respiratory infections that should not be treated with antibiotics (e.g. colds and acute bronchitis)
 - Notifying clinicians that they prescribe more antibiotics than 80% of their peers, based on the percentage all visits leading to antibiotic prescriptions³
 - Led to decreased overall antibiotic prescribing and cost-savings

1. Gerber. JAMA 2013; 309(22): 2345-2352.

2. Meeker et al. JAMA 2016;315(6): 562-570.

3. Hallsworth et al. Lancet 2016; 387(10029): 1743-1752.

Education and Expertise

Does your facility provide resources to clinicians and patients on evidence-based antibiotic prescribing?

- Use effective communications strategies to education patients about when antibiotic are and are not needed
- Educate about the potential harms of antibiotic treatment
- Provide patient education materials
- Provide face-to-face educational training (academic detailing)
- Provide continuing education activities for clinicians
- Ensure timely access to persons with expertise

Educating Patients Through Effective Communication

- Clinicians cite patient demand for antibiotics as a reason they prescribe inappropriately¹
- Overt requests for antibiotics are rare
- When physicians think parents want antibiotics, they are more likely to prescribe
 - 62% when they thought parent wanted antibiotics
 - 7% when they thought parent did not want antibiotics
- Physicians are terrible at predicting which parents want antibiotics

1. Sanchez, EID; 2014; 20(12);2041-7.
Knapf *Family Practice* 2004;21(5):500-6.
Mangione-Smith *Pediatrics* 1999;103(4):711-8

Communication Training as an Antibiotic Stewardship Intervention

- Enhanced communication training reduces antibiotic prescribing for respiratory infections in all ages while maintaining patient satisfaction
- Communication goals
 - Understanding the patient's expectations
 - Explaining why antibiotics will/will not help
 - Providing symptomatic recommendations
 - Discussing when to return if the patient is not better
- Effect appears to be sustainable over time

Education and Expertise Examples

Battling ANTIBIOTIC RESISTANT Infections

What can patients do?

USE ANTIBIOTICS CAREFULLY
Do not demand antibiotics from your doctor or take antibiotics that were not prescribed for you. When taking antibiotics, do not skip doses, and **make sure** to follow the directions about how much, how often and how long to take them.

USE COMMON SAFETY AND HYGIENE METHODS

- Get updated and regular recommended vaccinations
- Wash your hands before eating and after using the restroom to avoid putting drug-resistant bacteria into your body
- Wash your hands after handling uncooked food to prevent ingesting drug-resistant bacteria that can live on food
- Cook meat and poultry thoroughly to kill bacteria, including potential drug-resistant bacteria



 **Quality Improvement Organizations**
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 **Quality Insights**

Adapted from Centers for Disease Control and Prevention, Antibiotic Resistance Threats in the US
This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization for Utah, Virginia, Pennsylvania, Colorado, New Jersey and Louisiana under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy.
Publication number: QI-C310-002117

Taking Your Antibiotics



You have just filled a prescription for an antibiotic...

READ THIS IMPORTANT INFORMATION

- Take it exactly as your healthcare professional tells you
- Do not skip doses
- Do not share it with others
- Do not save it for later and talk to your pharmacist about safely discarding leftover medicines

Why is this checklist so important?

All medicines have good and bad side effects. Antibiotics can make future bacterial infections stronger and harder to treat. You can protect yourself and others by learning when antibiotics are and are not needed.

Take antibiotics the right way.

 **U.S. Department of Health and Human Services**
Centers for Disease Control and Prevention

For more information visit www.cdc.gov/getsmart

03/17/2014

Education and Expertise Examples

- <https://youtu.be/iLitefsTHTA>




Education and Expertise Examples

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WELCOME TO MY QUALITY INSIGHTS

As a benefit of joining a Quality Insights Learning & Action Network (LAN), you receive exclusive access to Quality Insights University, where you can learn through interactive, on-demand courses 24 hours a day, seven days a week. You also have access to customized resources, discussion boards and more, just for LAN members. Click on the MY QI UNIVERSITY or MY QI COMMUNITIES icon below to get started.



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You are here: [Home](#)

Education and Expertise Examples

The screenshot shows a web browser window displaying the course page for "Antimicrobial Stewardship: Safeguarding Our Future". The page includes a navigation menu, a breadcrumb trail, a course image, and a completion status table. The completion status table shows that the course has not yet started and lists required criteria such as activity completion. There are also sections for "Additional Materials" with links to CDC Core Elements, ASP Toolkit, and Best Practice Intervention Package, and a "Certificate" section.

Course: Antimicrobial Stewardship

Secure | <https://www.qi.tomorrowshealthcare.org/lms/course/view.php?id=53>

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Antimicrobial Stewardship: Safeguarding Our Future

Home > My Courses > Healthcare-Associated Infections in Hospitals > Antimicrobial Stewardship: Safeguarding Our Future

Antimicrobial Stewardship: Safeguarding Our Future

[Click here to access e-learning course](#)

POST-TEST **EVALUATION**

[Click here to take the POST-TEST after reviewing the e-learning course](#) [Click here to take the EVALUATION](#)

Additional Materials

- CDC Core Elements of Hospital ASP
- CDC Core Elements of Hospital ASP Checklist
- ASP Toolkit
- Success Story
- Best Practice Intervention Package

Certificate

COURSE COMPLETION STATUS	
Status: Not yet started	
All criteria below are required:	
Required criteria	Status
Activity completion	0 of 3
More details	

DISCLOSURE AND CONFLICT OF INTEREST

[Disclosure and Conflict of Interest Statement for the Course Description for:](#)

Antimicrobial Stewardship: Safeguarding Our Future (live: 06/17/2016; expiration: 06/17/2018)

Successful completion of the e-learn

- Requires completion of the entire e-learn, completion of the post-test with 80% or higher grade, and completion of the evaluation
- No partial credit will be rewarded for this event

Conflicts of Interest

- All planners and presenters have signed Conflict of Interest Disclosures
- No conflicts declared

Commercial Support

- No commercial support has been received for this e-learn

Pittsburgh Regional Health Initiative, Center for Perfecting Patient Care is an approved provider of continuing nursing education by the Pennsylvania State Nurses Association an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Education and Expertise Examples

The screenshot shows a web browser window with the URL https://www.qin.tomorrowshhealthcare.org/index.php?option=com_content&view=category&layout=blog&id=201&Itemid=738. The page title is "Outpatient Antimicrobial Stewardship".

Navigation: HOME | LOGOUT | RETURN TO QUALITY INSIGHTS | HELP

Left Sidebar:

- HOME
- MY QI UNIVERSITY
- MY COMMUNITIES
- OUTPATIENT ANTIMICROBIAL STEWARDSHIP HOME**
- RESOURCES
- BLOG
- NEWS
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Main Content:

Outpatient Antimicrobial Stewardship

From this page you can browse the latest resources, check on scheduled events, share information and learn.

RESOURCES
Need a Tool?
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BLOG
Read insights from our partners, patients and family members, providers, participants, and project coordinators.

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Footer: You are here: Home > MY QI COMMUNITIES > Outpatient Antimicrobial Stewardship
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Other Resources

- Branching Out for Success in Outpatient Antibiotic Stewardship Outlines
 - recommended actions and associated resources/interventions



Educational Events

- Educational events: (Registration with My Quality Insights Required)
 - Previous webinars:
 - August 30, 3-4:30 p.m. ET: *Understanding Physician-to-Patient Communication Strategies to Avoid Unnecessary Antibiotic Prescribing*
 - September 21, 12:30-1:30 p.m. ET: *Top 10 Reasons Patients Want An Antibiotic and the Art Of Saying No*
 - Upcoming webinars
 - October 24, 12:30-1:30 p.m. ET: *Out of the Starting Gate – Successes & Challenges of Implementing Outpatient Antibiotic Stewardship*
 - Upcoming mini-webinars
 - October 11, 3-3:30 p.m. ET: *The Role of the Pharmacist in Antibiotic Stewardship*
 - November 15, 2-2:30 p.m. ET: *The ED Physician and Antibiotic Stewardship*
 - December 5, 2-2:30 p.m. ET: *Vaccinations and Antibiotic Stewardship*
 - January 24, 2018, 2-2:30 p.m. ET: *I Have a Cold and Need an Antibiotic: Treatment Guidelines for URIs in the ED*

U.S. Antibiotic Awareness Week 2017

November 13-19 2017

**Test Your
Knowledge
About
Antibiotics**



Copy the code for this widget, which links to the [Antibiotics Quiz](#), on your website:

Summary

- Antibiotic stewardship is one of the most important strategies to combat antibiotic resistance and keep patients safe
- The Core Elements of Outpatient Stewardship provides a framework for improving outpatient antibiotic prescribing through:
 - Commitment
 - Action for Policy and Practice
 - Tracking and Reporting
 - Education and Expertise
- Partner with Quality Insights to incorporate the Core Elements of Outpatient Stewardship into your centers

Contact Information for the Outpatient Antibiotic Stewardship

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Questions/Discussion



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