HEN Hot Topics
Working Together to Make Healthcare Better

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CDC Releases Tools to Help Providers Improve Antibiotic Prescribing Practices

A *Vital Signs* report released this week by the Centers for Disease Control and Prevention identified the need to help hospitals develop "antibiotic stewardship" programs to improve prescribing practices and help reduce healthcare-associated infections.

The CDC released practical tools that include seven key elements, a self-assessment checklist and an in-depth implementation document.

CDC recommends that every hospital implement a stewardship program that includes seven core elements:

- Leadership commitment: dedicate the necessary human, financial and IT resources.
- Accountability: appoint a single leader responsible for program outcomes.
- Drug expertise: appoint a single pharmacist leader to support improved prescribing.
- Act: take at least one prescribing improvement action, such as requiring reassessment of prescriptions within 48 hours to check drug choice, dose and duration.
- Track: monitor prescribing and antibiotic resistance patterns.
- Report: regularly report prescribing and resistance information to clinicians.
- Educate: offer education about antibiotic resistance and improving prescribing practices.

Hospitals Can Predict High-Risk Surgical Patients, Reduce Readmissions

Hospital physicians can predict which patients will experience post-surgical complications and, in turn, reduce unplanned readmissions, using the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP) predicted risk of major complications, according to a new study published in *JAMA Surgery*. The ACS' program includes the Surgical Risk Calculator, an online tool that can help healthcare professionals gauge patients' risk by entering basic data into the system.

Researchers studied 142,232 admissions in the ACS NSQIP registry for major noncardiac surgery and found that the 30-day readmission rate for patients with any post-discharge complication was about 78 percent. Inpatients who developed complications had a 12 percent

readmission rate and hospitals readmitted patients who experienced no complications almost 5 percent of the time, according to the study.

Patients at high risk for major complications --a predicted risk of ACS NSQIP complication greater than 10 percent--were 10 times more likely to return to the hospital compared to patients at low risk for complications, researchers found. Patients with high and moderate risk complications had seven and four times more readmissions risk, respectively, the study stated.

The predictions also could help hospitals prevent complications by adjusting staffing, such as assigning one nurse to monitor just two or three high-risk patients as opposed to eight. Hospitals can add the complication predictions to a patient's electronic medical record so physicians can make patient care decisions throughout the surgical process and monitor high-risk patients after discharge, the study concluded.

Save the Date

Please note: While the information below is a list of planned programs for 2014, at this time not all programs can be accessed online for registration.

March 21 Improving Community Health through Wellness and Nutrition (rescheduled from Nov., available for registration)
March 31 Statewide Perinatal Safety Learning Collaborative
April 4 Transforming Care at the Bedside
May 8 Preventing Readmissions and Improving Transitions in Care (co-provided with HQSI)
May 13 CUSP for ESRD in New Jersey
May 20 Reducing Healthcare-Acquired Infections Using a Collaborative Approach
May 29 Adverse Drug Events

Click here to register.

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