

NJHA Antimicrobial Stewardship Collaborative In-Person Session

July 25, 2018 | NJHA Conference and Event Center, 760 Alexander Rd, Princeton, N.J. 08540

Registration | 8 a.m.

Fee | Complimentary

Program | 8:45 a.m. – 3:30 p.m.

Optional Lunch: \$30

Seminar | EDU 1831

OVERVIEW:

The New Jersey Hospital Association's Institute for Quality and Patient Safety is committed to working with its members to improve hospital Antimicrobial stewardship programs and associated patient outcomes.

Improving the use of antimicrobials in healthcare to protect patients and reduce the threat of antimicrobial resistance is a national priority. Antimicrobial stewardship refers to a set of commitments and actions designed to “optimize the treatment of infections while reducing the adverse events associated with antimicrobial use.”

The mission of the NJHA Antimicrobial Stewardship Learning Action Collaborative is to promote the use of the appropriate agent, dose, duration, and route of administration of antimicrobial agents both in the acute care and post-acute care settings in order to improve quality of patient care and patient safety while reducing excessive costs attributable to inappropriate antimicrobial use.

Topics for the conference will include:

1. Updates from key stakeholders in antimicrobial stewardship in New Jersey
2. Updates on the NJHA Antimicrobial Stewardship Learning Action Collaborative
3. Innovative practice, acute care, long-term care and outpatient practice settings

Instructions for Team Poster Presentations:

All teams participating in the Face-to-Face learning sessions are asked to create and present a storyboard/poster outlining their efforts thus far in implementing their antimicrobial stewardship programs. Topics could include:

- Stewardship strategies that have been the greatest impact on patient outcomes
- Stewardship intervention that have helped to reduce healthcare costs
- Successes/challenges with stewardship
**these could include successes/challenges in data collection, implementation of antibiotic restrictions, CDC core elements, etc.

When you arrive the morning of the learning session, you will receive information indicating which table location your storyboard will be posted on. The session will be held in a gallery format with teams walking through and viewing individual storyboards.

One team member should be stationed at the storyboard to present the slides to participants during the designated session.

Please send any questions to Shannon Davila at sdavila@njha.com



LEARNER OUTCOME:

After successfully completing the course, the learner will identify one implementation strategy to improve their current antimicrobial stewardship program set at their organization. *

*Successful completion of the course is defined as in-person attendance for 95% of the didactic learning session and a complete course evaluation.

TARGET AUDIENCE:

Physicians, nurses, public health professionals, pharmacist, pharm D's

CONTINUING EDUCATION CREDITS:

Medical Society of New Jersey Accreditation Statement

HRET is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

HRET designates this live activity for **5.25 AMA PRA Category 1 CreditsTM**. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

New Jersey State Nurses Association Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the American Nurses Credentialing Center's Commission on Accreditation and New Jersey State Nurses Association by Health Research and Educational Trust.

Health Research and Educational Trust is an approved provider of continuing nursing education by the New Jersey State Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. Provider Number P131-2/18-21

This activity provides **5.25** contact hours.

There are no conflicts of interest, sponsorship or financial/commercial support being supplied for this activity. Accredited status does not imply endorsement by the provider or American Nurses Credentialing Center's Commission on Accreditation of any commercial products displayed in conjunction with an activity.

Nursing Home Administrators Licensing Board Statement:

This continuing education program is sponsored/conducted by the Health Research and Educational Trust and is in compliance with N.J.A.C. 8:34-7.3 to provide licensed nursing home administrator (LNHA) and certified assisted living administrator (CALA) education credits accepted by the Nursing Home Administrators Licensing Board. This education activity may only be used for continuing education credit and not to meet academic college credits.

This education activity has been approved for **5.25** LNHA/CALA credits.

New Jersey Department of Health Statement:

Participants who successfully complete this educational program will be awarded **5.25** New Jersey Public Health Continuing Education Contact Hours (CEs). HRET has been approved by the New Jersey Department of Health as a provider of New Jersey Public Health Continuing Education Contact Hours (CEs).

New Jersey Board of Pharmacy Statement:

Application for pharmacy credits have been submitted to the N.J. Board of Pharmacy. (*Credits pending*)

American College of Healthcare Executives:

As an independent chartered Chapter of the American College of Healthcare Executives, the ACHE - NJ is authorized to award **4.0** hours of ACHE Qualified Education credit toward advancement or recertification in the American College of Healthcare Executives.

Participants in this program who wish to have it considered for ACHE Qualified Education credit should list their attendance when they apply to the American College of Healthcare Executives for advancement or recertification.

DISCLOSURE INFORMATION: Full disclosure will be provided at the educational activity.



Antimicrobial Stewardship Collaborative

July 25, 2018

AGENDA

- 8 a.m. **Registration**
- 8:45 a.m. **Welcome and Overview**
Shannon Davila, RN, MSN, CIC, CPHQ
Director
Institute for Quality & Patient Safety, NJHA
- 9 a.m. **Collaborative Update, Data Overview of Framework, Progress Update**
Cindy Hou, DO, MBA, FACOI
Physician Infection Control Officer
Jefferson Health New Jersey
- 9:45 a.m. **Outpatient Antibiotic Stewardship Updates**
Andrew Miller, MD, MPH
Network Task Lead, Care Coordinator
Healthcare Quality Strategies, Inc, (HQSI)
- 10:30 a.m. **N.J. Department of Health Updates on Stewardship**
Patricia M. Barrett, MSD
Antimicrobial Resistance Coordinator, Epidemiologist
New Jersey Department of Health
- 11:15 a.m. **Poster Session A**
- 11:45 p.m. **Lunch**
- 12:30 p.m. **Poster Session B**
- 1 p.m. **C.difficile & Antimicrobial Stewardship**
Cindy Hou, DO, MBA, FACOI
Physician Infection Control Officer
Jefferson Health New Jersey
- 1:45 p.m. **Antimicrobial Stewardship in Long Term Care (LTC)**
Morgan Katz, MD, MHS
Assistant Professor Infectious Disease
John Hopkins University School of Medicine
- 2:30 p.m. **Q&A**
- 3:00 p.m. **Adjournment**

**EDU 1831 – Antimicrobial Stewardship
FEES | Complimentary**

**July 25, 2018
Optional Lunch: \$30**

Location: NJHA Conference and Event Center
760 Alexander Road, Princeton, NJ 08540
Directions: www.njha.com/directions.aspx

PAYING BY CHECK

Please fax your registration form prior to mailing with your payment.
A copy of the registration must accompany your check in order to allocate your payment properly.

FAX: 609-275-4271

Make check payable to: HBS

Mail to: HBS – P.O. Box 828709 – Philadelphia, PA 19182-8709

- For registration inquiries, please contact HRET at: HRETEducation@njha.com or 609-275-4181
- If special accommodations are necessary, please call 609-275-4181
- **In the event of inclement weather, call 609-275-4140 before coming to the conference**

Check: **Complimentary** **Optional Lunch**

REGISTRATION

Name: _____

Designation/Credentials: _____ Job Title: _____

Phone: _____ E-mail: _____

Organization: _____

Organization Address: _____

City, State, Zip: _____

Method of Payment: Check Credit Card

Payment Amount: \$ _____

Cardholder Name: _____

Card#: _____ Expiration Date: _____

Signature: _____

Billing Address (if different from above): _____

