Antimicrobial Stewardship News
Volume 5, Number 4
April 2017

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Stewardship Tips and Tricks: Field Guide for Successfully Communicating Stewardship Recommendations

Introduction

Antimicrobial stewardship programs (ASPs) aim to optimize antimicrobial prescribing in order to improve patient outcomes. Successful antimicrobial stewardship initiatives depend on effective communication throughout the organization as well as in one-on-one interactions with clinicians.

This newsletter describes how to promote awareness of your ASP and provides helpful tips to use when communicating clinical recommendations or negotiating with the "outlier" clinician.

Improving Stewardship Messaging and Engaging Local Clinicians

Some clinicians may have preconceived notions of ASPs as being the "antibiotic police." Thus, it might take time and consistent messages before they understand that their local ASP is supportive rather than restrictive. Stewardship programs are not intended to "dictate" antibiotic choices, but rather ensure there are systems in place to help clinicians optimize antimicrobial therapy. A recent article highlights the importance of positive messaging in stewardship initiatives: the authors recommend replacing the term "restricted" with "protected" antibiotics in order to emphasize their importance to human health.[1] This simple strategy is one example of how to change the focus from antibiotics to patients, which is the best way to appeal to front-line clinicians.

ASPs can also involve physicians by asking for their help with stewardship initiatives. Stewardship is successful when clinicians recognize they have a specific and central role to play in improving antimicrobial use. In fact, clinicians play the primary role in all antimicrobial decisions that impact patient outcomes. By acknowledging the weight of this responsibility, stewards show that they understand clinicians' perspectives. Clinicians from all specialties have a role in stewardship. The following examples illustrate where specialists can be recruited to help with broader ASP initiatives:

- Hospitalists – guidelines for UTI, SSTI, pneumonia;
- Surgeons – surgical prophylaxis protocols;
- Intensivists – prevention and treatment of hospital-acquired infections

Increasing the visibility of your ASP's activities throughout the hospital can help engage clinicians. The Joint Commission recommends hospital staff **and** patients receive education on antibiotic stewardship. We believe this mandate is in fact an opportunity to initiate a dialogue between patients and clinicians about the risks and benefits of receiving antibiotics. Formal educational sessions focused on stewardship (e.g. CME courses or grand rounds), education on new institutional guidelines, order sets, and updated antibiograms posted on your institution's intranet are additional ways to promote your local stewardship program. DASON recommends that all hospitals participate in the CDC's Get Smart Week 2017, which will be November 12-18 – mark your calendars!

Tips for Successfully Communicating Stewardship Recommendations

Stewardship champions interact with clinicians on a regular basis to communicate clinical recommendations. The significant heterogeneity between the practices of local clinicians and patient mix makes these interactions a challenge. However, the following tips may improve the process of implementing your stewardship program and acceptance of your program's recommendations:

1. Determine the preferred method of communication.

Although a few clinicians may initially reject stewardship-related recommendations, it is more common for

clinicians to either fail to respond or to have a significantly delayed response time. In fact, non-response is often unintentional and a symptom of a busy work load or cross coverage by other colleagues. In such case technology may provide a remedy. We encourage stewardship champions to determine whether a phone call, a page, a text message, an email, or a note in the medical record is the best way to communicate with individual clinicians or groups of clinicians. We find it helpful to directly speak with clinicians about their preferred method and time of day for communication. Such conversations incidentally establish an expectation for response to future ASP recommendations.

2. ***Provide face-to-face recommendations whenever possible.***

Real-time, face-to-face interaction with clinicians is essential to building a solid working relationship that is based on trust. The term, "handshake stewardship" describes this one-to-one approach and emphasizes the importance of establishing and nurturing personal relationships.[2] Individual recommendations may be rejected by individual clinicians for legitimate reasons that are difficult or cumbersome to document in the medical record. For example, a clinician might feel hesitant to de-escalate antibiotics because the patient "looks worse this morning." Clinicians and stewards can discuss to fully understand the reasons behind decision-making in specific patients. Stewards learn more about the patient's clinical presentation, the clinician's clinical thinking, and their motivations with a face-to-face conversation than by performing a chart review or by having a phone conversation. Such discussions are also opportunities for education and allow on-the-spot resolution of disagreements.

3. ***Use data to support stewardship recommendations.***

All stewardship recommendations should include scientific and clinical evidence that is in accordance with national and/or local guidelines. For example, your local antibiogram might be a useful tool to support the recommendation to change empiric treatment of a urinary tract infection (UTI) from a fluoroquinolone to a cephalosporin. Similarly, local and national treatment guidelines can support recommendation to limit treatment of an uncomplicated UTI to three days.

4. ***Reiterate negative consequences of unnecessary antibiotic use in the context of patient harm.***

The majority of physicians know that overuse of antimicrobials contributes to resistance; however, this knowledge rarely results in a change in clinical decisions to prescribe antibiotics for individual patients. The concept of increasing antimicrobial resistance seems remote when faced with a patient who may have an infection. Therefore, conversations about optimizing antibiotic prescribing should focus on individual patients. Such conversations can include discussion about how inappropriate antibiotic use increases unintended risks for patients, such as rashes, diarrhea, *Clostridium difficile* infection, adverse drug reactions, mucosal fungal infections, and life-threatening allergic reactions.[3] The potential risks of extending therapy often outweigh the benefits in patients already adequately treated for a documented infection and/or those in whom the diagnosis of an actual infection is unverified and unlikely.

Negotiating with the "Outlier" Clinician

The "outlier" clinician, in the context of antibiotic stewardship, can best be described as one that consistently rejects stewardship recommendations. They might justify this behavior by saying things like "my patients are different," "in my experience," and "guidelines are very non-specific."[4] Several factors known to drive and deter antibiotic prescribing in such outliers are shown in **Tables 1 & 2**.[5]

Table 1. Factors that Drive Antibiotic Prescribing

• Belief that a patient wants antibiotics
• Perception that it is easier and quicker to prescribe antibiotics than to explain why they may be unnecessary
• Habit
• Worry about serious complications
• "Just to be safe" mentality

Table 2. Factors that Deter Antibiotic Prescribing

Factors
• Risk of adverse reactions and drug interactions
• Recognizing the need for antibiotic stewardship
• Desire to deter low-value care and decrease unnecessary health care spending
• Prefer to follow guidelines

The "just to be safe" mentality (**Table 1**) is one of the most common reasons antibiotics are prescribed excessively. The DASON team recommends the following strategies to improve success with de-escalation or discontinuation recommendations for prescribers with the "just to be safe" mentality:

1. Recommend antibiotics be discontinued or de-escalated tomorrow when clinicians are hesitant to act today. Encourage these clinicians to document the antibiotic plan in the medical record.
2. Emphasize that antibiotics can always be restarted if the patient decompensates, and offer assistance with dosing in such cases.
3. Recommend using evidence-based durations of treatment based on the suspected source of infection if there are no culture data available.

Take Home Points:

1. ASPs can improve their engagement with clinicians:
   - Use positive messages that are patient-focused and supportive rather than restrictive.
   - Acknowledge clinicians' central role in antimicrobial decision-making, and ask for their help in implementing stewardship initiatives.
   - Increase the visibility of ASP activities.
2. Effective communication builds relationships with individual clinicians and improves acceptance rates of stewardship recommendations.
3. Stewardship champions can negotiate with outlier clinicians by addressing the "just in case" mentality.

References:

1. Goff DA, Kullar R, Bauer KA, File TM. Eight Habits of Highly Effective Antimicrobial Stewardship Programs to Meet the Joint Commission Standards for Hospitals. *Clin Infect Dis.* 2017.
2. Hurst AL, Child J, Pearce K, Palmer C, Todd JK, Parker SK. Handshake Stewardship: A Highly Effective Rounding-based Antimicrobial Optimization Service. *Pediatr Infect Dis J.* 2016;35(10):1104-1110.
3. Costelloe C, Metcalfe C, Lovering A, Mant D, Hay AD. Effect of antibiotic prescribing in primary care on antimicrobial resistance in individual patients: systematic review and meta-analysis. *BMJ.* 2010;340:c2096.
4. Goldstein EJ, Goff DA, Reeve W, et al. Approaches to Modifying the Behavior of Clinicians Who Are Noncompliant With Antimicrobial Stewardship Program Guidelines. *Clin Infect Dis.* 2016;63(4):532-538.
5. Mehrotra A, Linder JA. Tipping the Balance Toward Fewer Antibiotics. *JAMA Intern Med.* 2016;176(11):1649-1650.