EDITORIAL

63 Improving Antimicrobial Stewardship Programs: A Call for Papers
D.W. Baker

The Joint Commission Journal on Quality and Patient Safety seeks papers on an ongoing basis on studies of innovative approaches to antimicrobial stewardship in hospitals, nursing care centers, and other settings. Topics of interest include, but are not limited to, innovative approaches and tools, nurse engagement and nursing protocols, and quality measurement.

ORIGINAL ARTICLES

Infection Prevention and Control

65 Antibiotic Stewardship Grows Up
A. Srinivasan

As hospitals implement and expand their antibiotic stewardship programs, it will be increasingly important to identify promising approaches and key barriers. The author states that the Centers for Disease Control and Prevention “is committed to working with partners to both help identify and disseminate effective strategies and to find ways to overcome barriers.”

68 The Expanding Role of Antimicrobial Stewardship Programs in Hospitals in the United States: Lessons Learned from a Multisite Qualitative Study
S.N. Kapadia, E.L. Abramson, E.J. Carter, A.S. Loo, R. Kaushal, D.P. Calfee, M.S. Simon

Resource limitations, lack of executive leadership support, and cultural barriers regarding antimicrobial prescribing have been major challenges for successful implementation of antibiotic stewardship programs (ASPs). A key-informant interview study conducted with 12 program leaders at four prominent ASPs revealed that programs are expanding beyond traditional roles and personnel. Yet while information technology (IT) has improved efficiency of ASP operations and enabled innovative strategies, barriers to integration of IT remain. These findings can be used to guide implementation at other hospitals and aid in future policy development.

Performance Improvement

75 Temporal Trends in Fall Rates with the Implementation of a Multifaceted Fall Prevention Program: Persistence Pays Off
C.M. Walsh, L.-J. Liang, T. Grogan, C. Coles, N. McNair, T.K. Nuckols

Most fall prevention programs are only modestly effective, and their sustainability is often unknown. In 2001, an academic medical center began implementing a series of fall prevention interventions. From July 2003 through December 2014, the crude fall rate declined from 3.07 to 2.22 per 1,000 patient days, and injury falls declined from 0.77 to 0.65 per 1,000 patient-days. Instituting incremental changes for more than a decade was associated with a meaningful (about 28%) and sustained decline in falls, although the rate of decline varied over time. Hospitals interested in reducing falls but concerned about competing clinical and financial priorities may find an incremental approach to be effective.

Care Review

84 Surveying Care Teams after in-Hospital Deaths to Identify Preventable Harm and Opportunities to Improve Advance Care Planning
D. Lucier, P. Folcarelli, C. Totte, A.R. Carbo, L. Sokol-Hessner

Reviewing in-hospital deaths is one way of learning how to improve the quality and safety of care. A postdeath care team survey developed at a 673-bed urban academic medical center was sent to the care team for all inpatient deaths on the hospital medicine and medical ICU services. During the three-month study period (September 2015–January 2016), 82 patients died, and 185 care team members were surveyed, with 138 team members responding (72% response rate). Five patients (6%) not identified by other review processes were investigated further, which resulted in the identification of several important opportunities for improvement.
Rapid Response Systems

94 A Novel Bedside-Focused Ward Surveillance and Response System
F. Sebat, M.A. Vandegrift, S. Childers, G.K. Lighthall
Despite broad implementation, there is little evidence regarding the effective organizational elements of rapid response systems (RRSs) that are responsible for improved outcomes. Expanded administrative oversight of an existing RRS which focused on early recognition of patient deterioration by the bedside nurse was undertaken at a community regional medical center. A prospective five-year before-and-after comparison was conducted for 28,914 patients in the 24-month control period and 39,802 patients in the 33-month intervention period. Response team activations increased from 10.2 to 48.8/1,000 discharges ($p < 0.001$), ward cardiac arrest decreased from 3.1 to 2.4/1000 discharges ($p = .04$), hospital mortality decreased from 3.8% to 3.2% ($p < 0.001$) and the observed-to-expected ratio, from 1.5 to 1.0 ($p < 0.001$).

IMPROVEMENT BRIEFS

101 An Initiative to Change Inpatient Practice: Leveraging the Patient Medical Home for Postdischarge Follow-Up
P. Marcus, K. Hautala, N. Allaudeen
The standard of care for hospital discharge planning includes arranging follow-up appointments, usually with a primary care provider. However, follow-up phone calls instead of face-to-face visits may be an appropriate alternative for some patients, which was explored within the framework of the Department of Veterans Affairs (VA) patient-centered medical home model of care, the Patient Aligned Care Team. After a pilot study (Phase 1) at one clinic and staff at the other eight clinic sites were trained (Phase 2), 76 (14.5%) of 447 eligible discharges were scheduled for phone follow-up (Phase 3). This initiative changed provider practices to use phone call follow-up for select patients instead of face-to-face provider visits after hospital discharge, without significantly increasing rates of 30-day ED utilization or rehospitalization.

107 ‘Who’s Covering This Patient?’ Developing a First-Contact Provider (FCP) Designation in an Electronic Health Record
A. Chandiramani, J. Gervasio, M. Johnson, J. Kolek, S. Zibrat, D. Edelson
Safe and efficient inpatient care depends on accurate identification of the licensed independent practitioner (LIP) primarily responsible for each admitted patient. At an 800-bed academic hospital, an Epic feature—First Contact Provider (FCP)—was developed to identify the responsible LIP for each inpatient. By the end of the nine-month study period, the weekly mean percent of patients with one FCP documented at noon reached 98.6%. The monthly mean percent of critical results reported directly to LIPs increased from a pre-FCP baseline of 18.0% to 87.8%. FCP largely solved the far-reaching problem of accurate LIP identification for hospitalized patients, which, in turn, significantly improved the ability to report inpatient critical lab values directly to LIPs.

114 INFORMATION FOR AUTHORS