



## Minnesota One Health Antibiotic Stewardship Collaborative 2017 Meeting of Technical Working Groups

December 9, 2016

### Summary of Progress and Next Steps

This is a distillation of work completed and the next steps for each technical working group as of December 9, 2016.

#### **One Health Engagement Work Group.** Sara Vetter, Chair ([sara.vetter@state.mn.us](mailto:sara.vetter@state.mn.us))



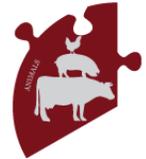
*Progress:*

- Website developed and launched July 2016, containing:
  - Links to antibiotic stewardship resources for human, animal, environmental health
  - Strategic plan, events, news, email bulletin signup, archived bulletins
- Website and email bulletin analytics, structure, content, frequency reviewed prior to December 9 meeting
- Recipient categories reviewed to assess breadth of engagement

*Next steps:*

Item	To Do
1. Enhance communication with news stories and personal stories <ul style="list-style-type: none"> <li>a. Lay news stories- provide context for what people are reading (e.g., “Stories from the Web” to enhance situational awareness)</li> <li>b. “Who Uses Antibiotics?” page (e.g., consider Public Health Lab’s “Meet the Scientists” page)</li> </ul>	<ul style="list-style-type: none"> <li>• Select format for stories in email bulletins and website               <ul style="list-style-type: none"> <li>○ Consider archiving all on website and highlighting one in each email</li> </ul> </li> <li>• Promote email bulletin to underrepresented recipients</li> <li>• Determine how to select stories</li> <li>• Identify individuals to write commentary</li> <li>• Identify persons to highlight (e.g., physicians, veterinarians, producers, patients, nurses, mothers, fathers)</li> <li>• Consider process (e.g., standardized questions, free-form)</li> </ul>
2. Include more photos on website	<ul style="list-style-type: none"> <li>• Crowd-source photos from all one health areas</li> </ul>
3. One health exchange experiences <ul style="list-style-type: none"> <li>a. Set logistics</li> <li>b. Identify location for first two 2017 exchanges</li> </ul>	<ul style="list-style-type: none"> <li>• Plan 3 exchanges per year</li> <li>• Participant number, promotion (within collaborative only?), content, agenda for events</li> <li>• UMN Fairview Hospital is possible location for first exchange. Discuss date, capacity, format, etc.</li> <li>• Identify dairy farm to host second exchange</li> </ul>

**Animal Stewardship Work Group.** Beth Thompson, Chair ([Beth.Thompson@state.mn.us](mailto:Beth.Thompson@state.mn.us))



*Progress:*

- Working group members have supported statewide understanding of FDA’s rule change, including veterinary feed directive, through phone calls, webinars, speaking engagements, online resources
- Efforts are underway to include antibiotic stewardship in UMN College of Veterinary Medicine (CVM) curriculum for large and small animal specialties
- Excel document listing antibiotic-use and antibiotic-resistance tracking tools and monitoring systems used by MN veterinarians and producers has been started

*Next steps:*

Item	To Do
1. Identify Veterinary Diagnostic Laboratory colleague to join technical work group	<ul style="list-style-type: none"> <li>• Work group member will make contacts</li> </ul>
2. Plan continuing education (CE) webinar for veterinarians on antibiotic stewardship	<ul style="list-style-type: none"> <li>• Identify audience(s) for webinar(s)</li> <li>• Coordinate content and framework in regard to Veterinary Practice Act</li> <li>• Solicit involvement from Board of Veterinary Medicine for CE credits, promotion</li> </ul>
3. With focus on antibiotic stewardship, continue gathering knowledge of antibiotic use, diagnostic protocols, and health management in all species	<ul style="list-style-type: none"> <li>• Continue to consolidate knowledge in Excel table of animal health, animal management, and clinical data and monitoring tools</li> <li>• Consider summarizing knowledge of MN antibiotic use and stewardship approaches in descriptive document for posting/publication</li> </ul>
4. Work with experts to understand how to use, interpret antibiotic-use data	<ul style="list-style-type: none"> <li>• Summarize what is known about antibiotic use in each industry</li> <li>• Identify potential goals, guidance, and frameworks for benchmarking progress in MN animal antibiotic stewardship</li> </ul>
5. Develop “Myth Buster” sheets to improve public knowledge of antibiotic use in animal health	<ul style="list-style-type: none"> <li>• Identify “myth buster” topics</li> <li>• e.g., antibiotics in food animal production, including animal health, marketing misconceptions</li> </ul>
6. Continue to integrate antibiotic stewardship into UMN’s CVM curriculum	<ul style="list-style-type: none"> <li>• Work group members will continue discussions with key CVM contacts</li> </ul>
7. Review Animal Health section of the One Health Antibiotic Stewardship website	<ul style="list-style-type: none"> <li>• Consider resources to be included/removed</li> <li>• Provide thoughts on current layout</li> </ul>

**Human Antibiotic Stewardship Work Group.** Ayesha Rashid, Chair ([arashid@healtheast.org](mailto:arashid@healtheast.org))



*Progress:*

- Initial criteria for statewide antibiotic stewardship honor roll under development
- Excel document listing antibiotic-use and antibiotic-resistance tracking tools and monitoring systems used by MN health care has been started
- Institutional processes shared for assessing gaps in acute care antibiotic stewardship programs

*Next steps:*

Item	To Do
1. Promote “gap analysis” across settings as a way to assess stewardship programs	<ul style="list-style-type: none"> <li>• Continue to discuss methodology for acute-care gap analyses with focus on meeting Joint Commission standards</li> <li>• Identify ways to promote the concept of conducting gap analyses across the spectrum of care (e.g., sharing templates on website)</li> </ul>
2. Support process and tracking of provider antibiotic stewardship education/training	<ul style="list-style-type: none"> <li>• Consider ways that provider training, and tracking of training, can be carried out to comply with Joint Commission standards</li> <li>• Identify effective courses and content to share across facilities and settings</li> <li>• Determine how effective content can be shared and/or modified for target audience</li> </ul>
3. Patient engagement and education	<ul style="list-style-type: none"> <li>• Consider patient, client, family education in light of Joint Commission standards, including ways to track education efforts</li> <li>• Develop new ways to frame the message of stewardship</li> <li>• Identify key places for education, like outpatient, long-term care, and emergency departments</li> </ul>
4. Provider and patient education on antibiotic disposal	<ul style="list-style-type: none"> <li>• Discuss education ideas for patients, clients, and providers</li> </ul>
5. Define antibiotic stewardship honor roll criteria and methodology	<ul style="list-style-type: none"> <li>• Finalize criteria for honor roll</li> <li>• Work with Minnesota Dept. of Health (MDH) to establish process for program promotion</li> <li>• Formalize logistics for launch, promotion</li> </ul>
6. Engage rural providers	<ul style="list-style-type: none"> <li>• Work with MDH Infection Control and Response Team to identify providers to contribute</li> </ul>

**Antibiotic Footprint Work Group.** Kimberly Boeser, Chair ([kvarejc1@Fairview.org](mailto:kvarejc1@Fairview.org))



*Progress:*

- Clarified two distinct footprint projects to be undertaken by work group
  - Antibiotic footprint of the natural environment
  - Antibiotic footprint clinical support tool
- Initiated process of identifying data sources to inform footprint development
- Methodology for antibiotic footprint of the natural environment is under development

*Next steps:*

Item	To Do
1. Develop a Natural Environment Antibiotic Footprint	<ul style="list-style-type: none"> <li>• Will be led and carried out as UMN-led research project</li> </ul>
2. Develop Antibiotic Footprint Clinical Support Tool  -Tool used to inform prescribing decisions based on clinical data and potential environmental antibiotic impact	<ul style="list-style-type: none"> <li>• Define methodology and desired outputs for clinical tool</li> <li>• Establish timeline for work</li> <li>• Update 5-year State Strategic Plan to include this activity</li> </ul>
3. Understand available data and data gaps	<ul style="list-style-type: none"> <li>• Generate summary document of available data and data gaps that will inform footprint projects</li> <li>• Identify processes needed to obtain data, where possible</li> <li>• Determine alternatives for unmitigated data gaps</li> </ul>
4. Include pharmaceutical take-back links on website	<ul style="list-style-type: none"> <li>• Communicated to website manager</li> </ul>

*Contact me with any ideas, questions, clarifications!*

Minnesota One Health Antibiotic Stewardship Collaborative [Health.Stewardship@state.mn.us](mailto:Health.Stewardship@state.mn.us)

MN One Health Antibiotic Stewardship website: <http://www.health.state.mn.us/onehealthabx/>

