Addressing the growing threat of emerging infectious diseases

The Combating Antimicrobial Resistance through Rapid Implementation of Available Guidelines and Evidence (CARRIAGE) II QUERI Program partners with 3 National VA Program Offices, 1 VISN, the Centers for Disease Control and Prevention (CDC), and VA facilities and providers nationwide to enhance VA’s ability to implement and disseminate evidence-based practices, policies, and programs targeting the improved use of antibiotics and the prevention of health care-associated infections.

Partnering to promote antimicrobial stewardship

In the US, more than three million illnesses and 48,000 deaths are caused by antibiotic-resistant bacteria each year, with an annual impact of $35 billion in excess health care costs. The ongoing pandemic of COVID-19 has also revealed the limits of US public health infrastructure and the need to rapidly engage partners, disseminate best practices, and adapt to changing conditions during times of widespread uncertainty.

CARRIAGE II is partnering with multi-level stakeholders across VA to enhance and disseminate evidence-based strategies unified to arrest—and potentially reverse—the spread of antimicrobial resistance and emerging infectious threats in VA facilities.

Key partners include:

- National Infectious Diseases Service
- Multidrug-Resistant Organisms (MDRO) Program Office
- Antimicrobial Stewardship Task Force
- VISN 23
Targeting the processes that contribute to the development and spread of antimicrobial resistance

Guided by the QUERI Implementation Roadmap and the High Reliability Organization (HRO) model and key principles, CARRIAGE II is utilizing rapid, cross-cutting, and interdisciplinary approaches that target the health care processes that contribute to the development and spread of antimicrobial resistance and emerging infectious threats. Our work includes three quality improvement initiatives utilizing established implementation strategies guided by key frameworks, such as the Systems Engineering Initiative for Patient Safety (SEIPS).

**Improve patient and health care worker safety through overcoming barriers to Ultraviolet-C (UVC) no-touch room disinfection**

**Audit and Feedback** provides facilitated feedback to clinicians about their performance on a recurring basis.

**Promote judicious inpatient antibiotic prescribing** by estimating the impact of two different implementation strategies on antibiotic prescribing practices.

**Provider Education** enhances and complements other implementation strategies.

**Improve the implementation of strategies to prevent the spread of carbapenem-resistant organisms (CROs) in VA healthcare facilities nationwide**

**Facilitation** enhances the uptake and mitigates the limitations of each strategy.

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