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STEWARDSHIP  
IN MEDICINE

# Targeting different clinicians in stewardship: MD, APPs, locums

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IQIC ASB 201

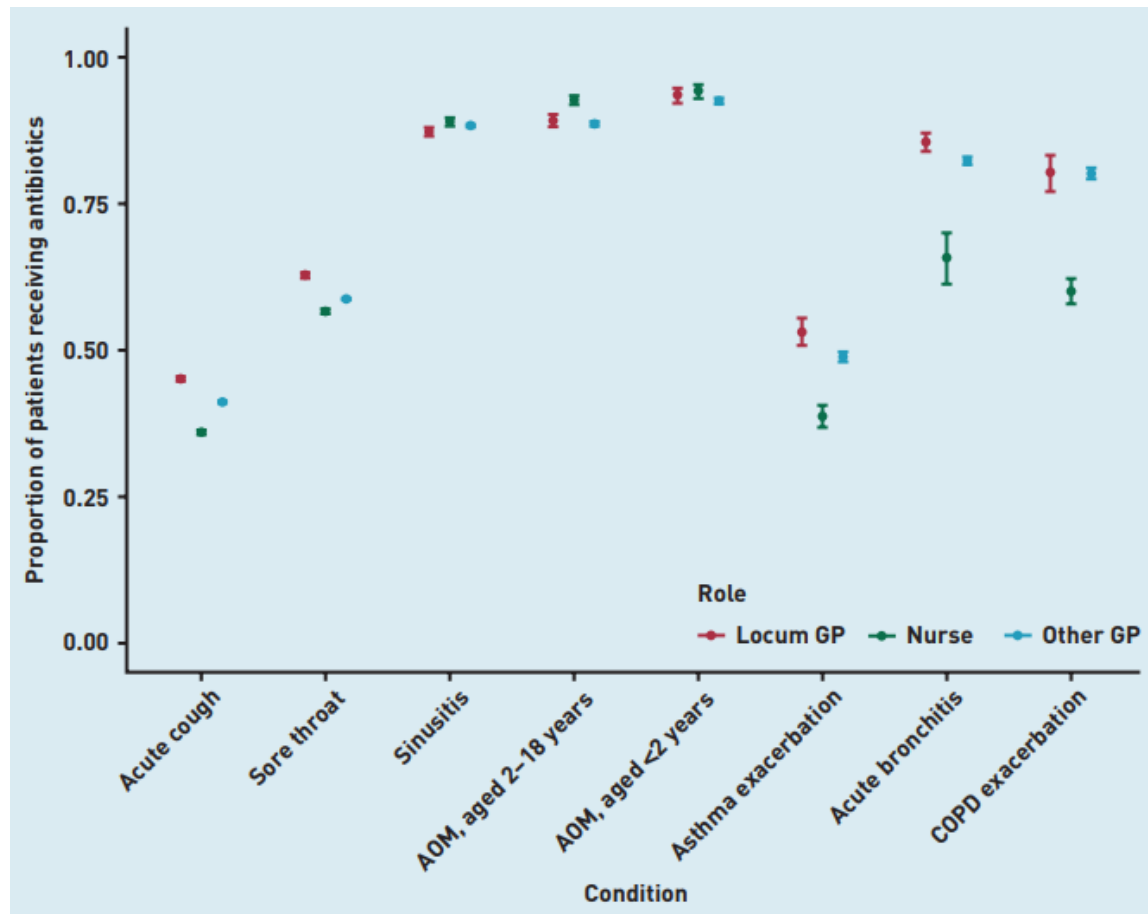
March 28, 2024

# Role of Locum GPs in Abx Prescribing and Stewardship

- 1.5 million outpatient encounters
- Compared prescribing rates for common conditions that do not usually require antibiotics for locums, GPs, and nurse prescribers



# Role of Locum GPs in Abx Prescribing and Stewardship



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They also interviewed 19 locums GPs! And four themes emerged:

1. Antibiotic prescribing is complex but individual issue.
2. Nature and patterns of locum work.
3. Relationships between practices and locums.
4. Professional isolation.



# 1. Antibiotic prescribing is complex but individual issue.

- 'I'd be more interested in my own prescribing in comparison to the other doctors within the practice [...] I don't have a vested interest in any of the practices that I'm working in, it wouldn't be that useful to me to know whether they're high or low prescribers ...' (L9, M, 17 years)



### 3. Relationships between practices and locums.

- No communication about practice initiatives or AMS priorities
- Receiving feedback would be helpful for improvement/feeling appreciated
- '... you're not part of the team and they don't make you feel part of a team, you're just there to come in and cover the session and that's all you're there to do. You're not involved in discussions about prescribing or the processes in the practice ' (L3, F, 22 years)



## Strategies used by locums to manage challenges

- Use typical AMS strategies (for example, guidelines and clinical scores)
- Select practices that are 'good' to work in, and avoid practices perceived as more disorganised and with higher staff turnover
- Work locally and in regular, longer-term practices
- Ensure extra time to familiarise with new practices
- Keep own notes/information/links related to local guidelines, processes, and patients to follow up
- Agree/request sufficient time for good-quality care
- Initiate communication with colleagues and take time to develop good relationships
- Ask for support when needed
- Rely on IT prompts for first-line antibiotic
- Ask practices for information about relevant training or meetings and attend them
- Join local GP groups or locum organisations

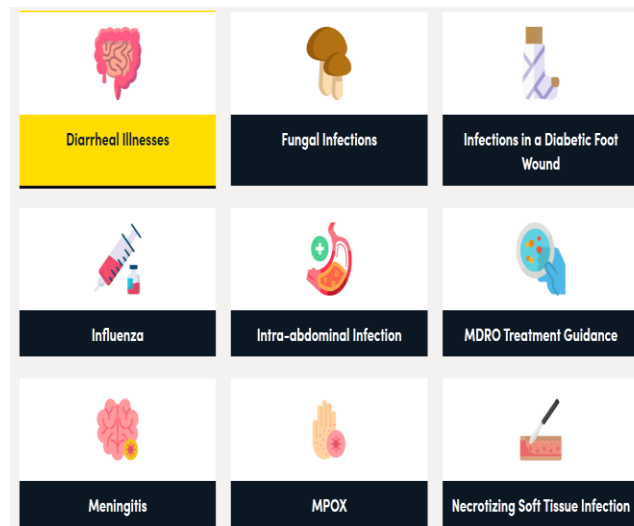
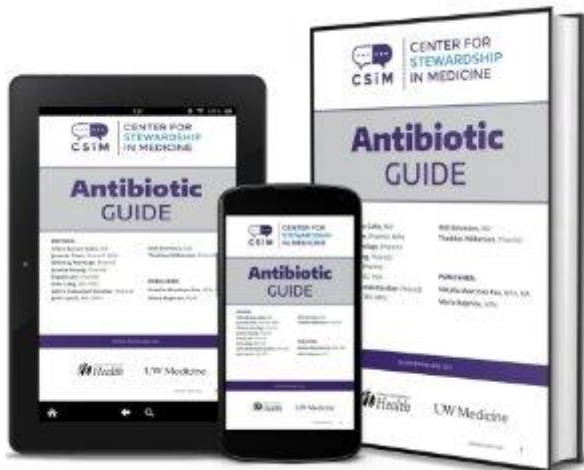
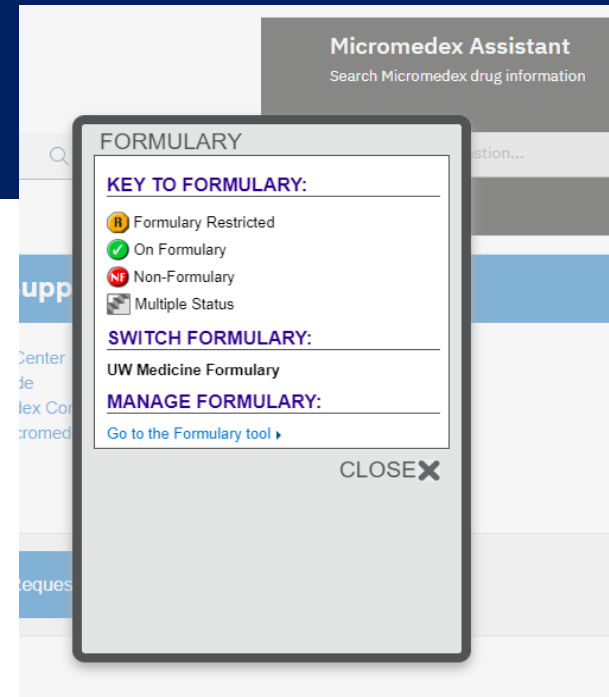
## Suggestions

- Audit locums' prescribing
- Enable locums to issue prescriptions signed with their names, and link locums' prescribing to their roles
- Provide feedback to locums, especially on individual antibiotic prescribing; invite locums' feedback/suggestions for improvements to practices
- Use appraisal/revalidation to influence antibiotic prescribing (for example, require antibiotic prescribing audit and training)
- Adopt similar IT systems, guidelines, and processes across regions
- Improve inductions, including information about practice's AMS approach and support for prudent antibiotic prescribing
- Use IT prompts and solutions to promote appropriate prescribing
- Organise locum peer groups, or include locums in local GP groups
- Provide free access to and encourage participation in AMS training
- Need whole-system approach to AMS, including 'educating patients'



# Resources

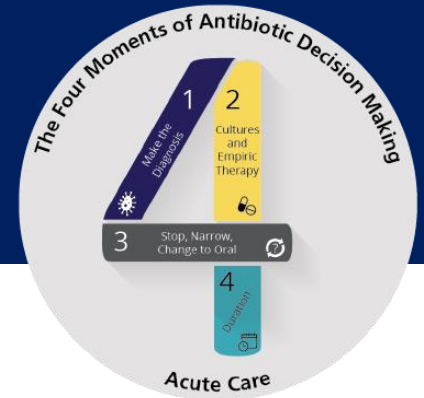
- Drug formulary
- Antibioqram
- Internal guidelines/pocket guide
- Clinical pathway/order set
- Newsletters





# Antibiogram

Interpret common infections for providers



Colleagues,

Please find attached the 2017 Antibiotic Susceptibility Report. This is provided annually to evaluate for progression of bacterial resistance at UW Valley Medical Center. **We encourage culture directed therapy once susceptibilities are available, transition to oral stepdown therapy when clinically stable with shortest effective duration.** As in the past, we will share comments about the report and antibiotic treatment:

- Cefepime is preferable to Piperacillin/tazobactam for HAP/VAP due to higher anti-Pseudomonal activity
- Ampicillin/sulbactam is NOT recommended for empiric therapy for intra-abdominal infections due to high rates of E coli resistance



# How can I optimize Antibioqram Use?

Color-code it

**Green** is  
generally  
effective

**Yellow** effective  
in certain  
circumstances

**Red** is generally  
not  
encouraged  
for use

Gram Negative Isolates  
Percent susceptible

Organism	No. of Isolates	Ampicillin	Ampicillin/Sulbactam	Aztreonam	Cefazolin	Ceftriaxone	Gentamicin	Levofloxacin	Nitrofurantoin	Piperacillin/tazo	Trimethoprim/Sulfa	Cefepime	Ertapenem	Meropenem	Minocycline
Acinetobacter species	36						100	97		92	97	86		100	
Citrobacter freundii	62			85		85	89	94	97	89	76		100		
Citrobacter koseri	55			96		96	100	100	93	98	98		100		
Enterobacter aerogenes	72			88		88	100	97	21	82	99		100		
Enterobacter cloacae complex	134			89		90	98	97	48	90	90		98		
Escherichia coli	3540	56	65	94	85*	91	93	79	96	96	78		100		
Klebsiella oxytoca	105		61	90	59*	93	99	97	86	90	96		100		
Klebsiella pneumoniae	562		90	98	95*	98	98	94	37	97	92		100		
Morganella morganii	64			89		95	88	73		92	61		100		
Proteus mirabilis	420	80	90	100	94*	98	85	77		100	70		100		
Providencia rettgeri	11			91		100	91	100		100	100		100		
Providencia stuartii	8			100		100	0	13		100	88		100		
Pseudomonas aeruginosa	337			87			97	77		96		94		92	
Raoultella planticola	10		90	90		90	90	100	100	100	90		100		
Serratia marcescens	54			100		100	98	100		96	100		100		
Stenotrophomonas maltophilia	41							93			95				100

\* Urine isolates only



# We are here to HELP!

*Clinical Infectious Diseases*

MAJOR ARTICLE



## Sustainability of Handshake Stewardship: Extending a Hand Is Effective Years Later

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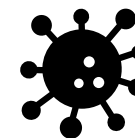
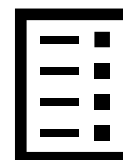
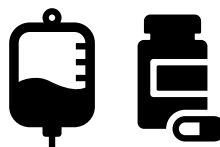
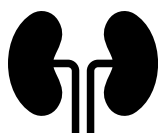
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Building relationship

Being a resource for questions

Providing feedback using advocacy inquiry approach



Extremes in  
weight (obesity)

Dosing in renal  
dysfunction

IV to PO

Adjudicating  
allergies

Multidrug  
resistant  
organisms

