UWTASP

tele-antimicrobial stewardship program

June 9, 2020

Agenda

- AMS Building Blocks
- Case Discussions
- Updates

UWTASP
tele-antimicrobial stewardship program

Antimicrobial Stewardship Building Blocks

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June 9, 2020

This presentation is intended for educational use only, and does not in any way constitute medical consultation or advice related to any specific patient.

citations

Antibiotic Stewardship and COVID-19

Getting Back to Business

Review your meeting minutes/charter

Review your antimicrobial usage

Reflect

Have you written Policies & Procedures for your Antimicrobial Stewardship Program?

Yes

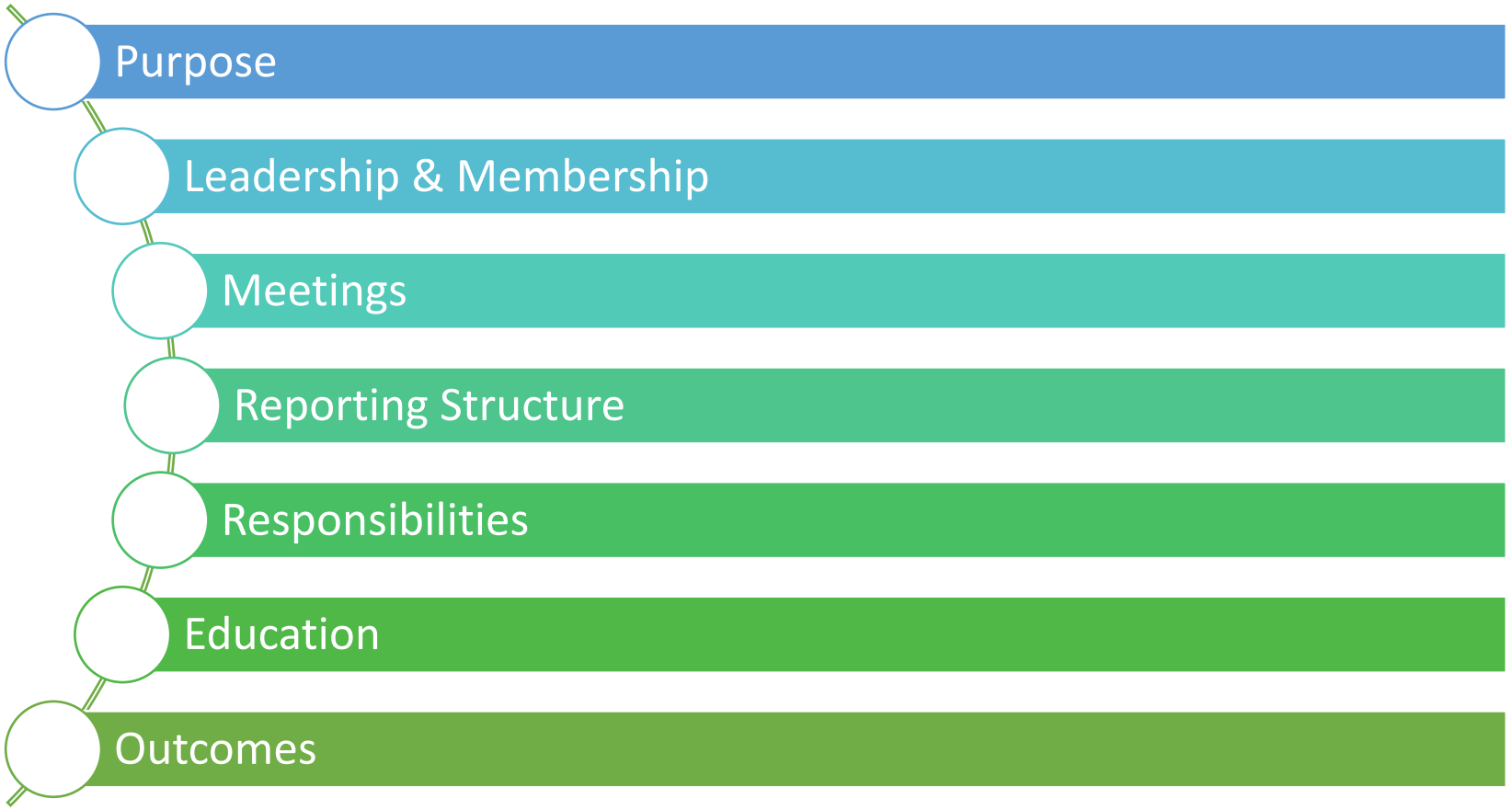
No

Unsure

When was the last time you reviewed your ASP policies and procedures?

Within the last month
Within the last 6 months
Within the last year
More than a year ago
Not sure/Not applicable

Antimicrobial Stewardship Policy & Procedures



Purpose, Leadership, Membership, Meetings

PURPOSE: The purpose of this policy is define the antimicrobial stewardship program at UW/Valley Medical Center. Antimicrobial stewardship is a multifaceted, multidisciplinary program to promote safe, effective and efficient treatment of infections in order to improve healthcare outcomes and minimize microbial resistance at UW/Valley Medical Center.

POLICY:

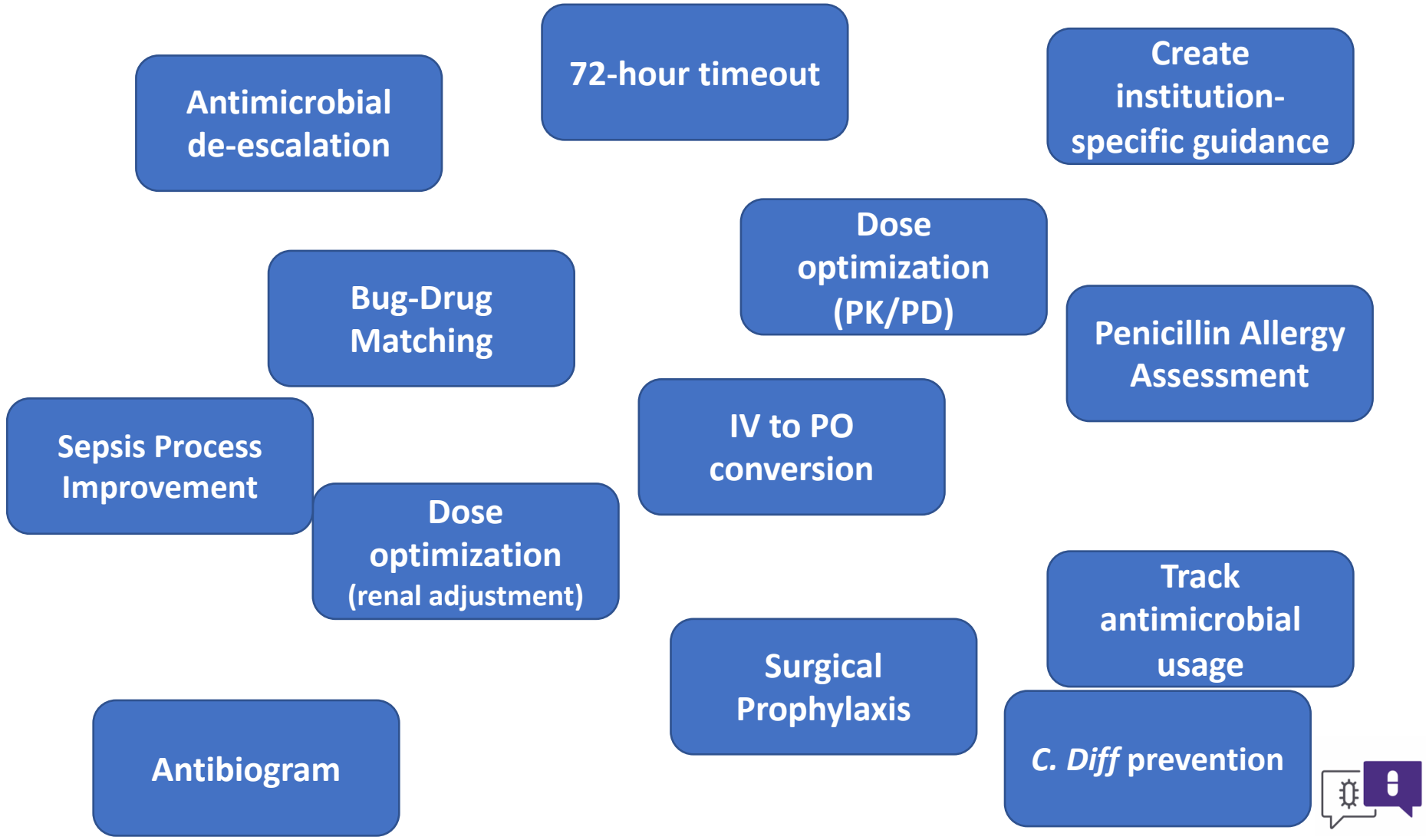
1. Leadership: The antimicrobial stewardship program (ASP) will be lead by a physician with infectious diseases (ID) training or a special interest in ID and antimicrobial therapy, and a pharmacist with advanced training in ID and/or antimicrobial stewardship. They will be responsible for stewardship outcomes.

2. Antimicrobial stewardship committee: The ASP program will be overseen by a multidisciplinary team consisting of physician and pharmacy leaders, an infection preventionist, and representatives from the following services: microbiology, nursing, quality, information technology, and the hospitalist staff. Additional members may be included as deemed important for furthering ASP objectives.

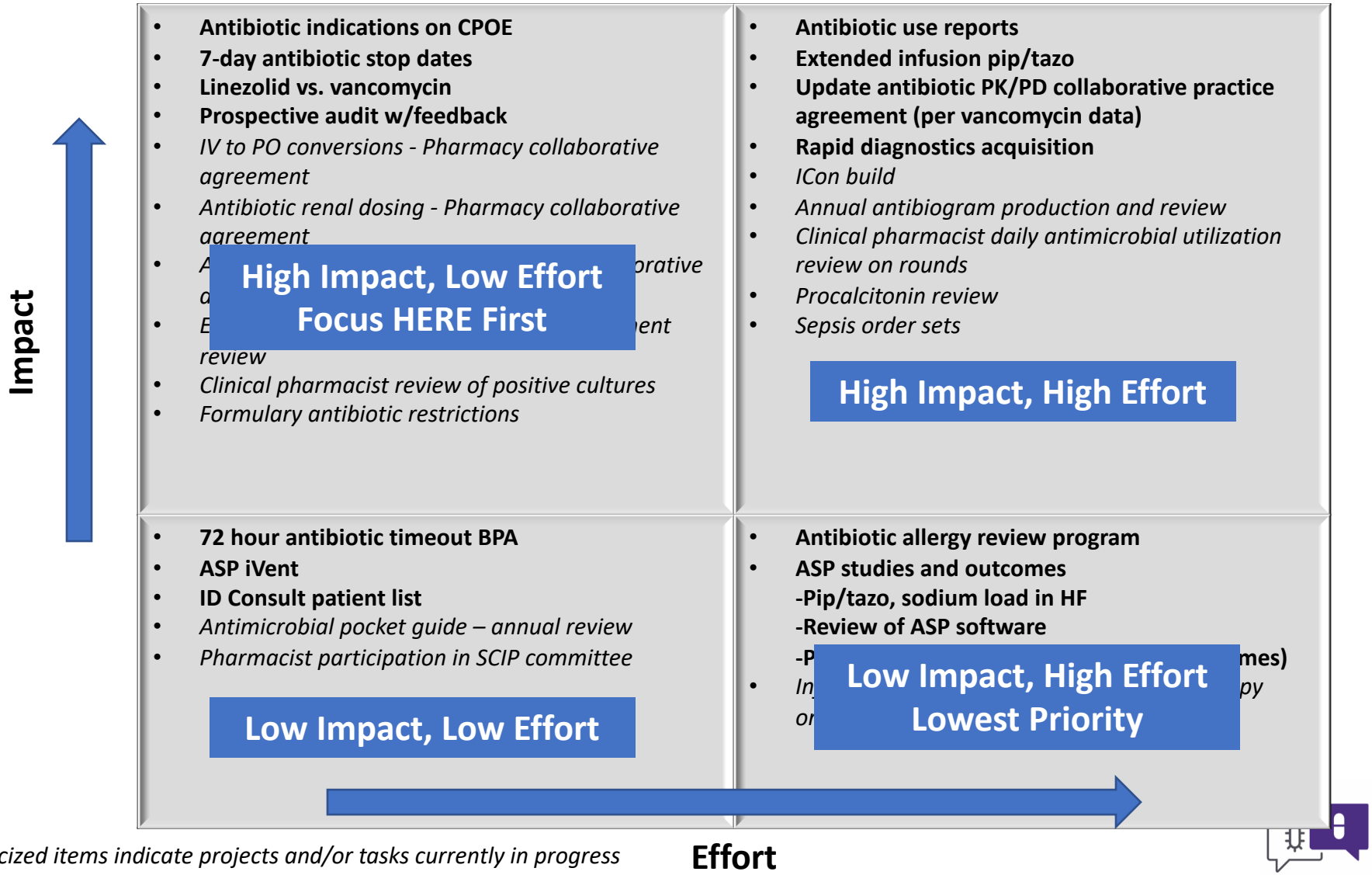
3. Meetings: The antimicrobial stewardship committee shall meet, at a minimum, quarterly.

4. Reporting Structure: A record of meetings by agendas and minutes shall be maintained. Proceedings and actions will be referred to the Pharmacy and Therapeutics committee for review and/or approval.

Antimicrobial Stewardship Activities

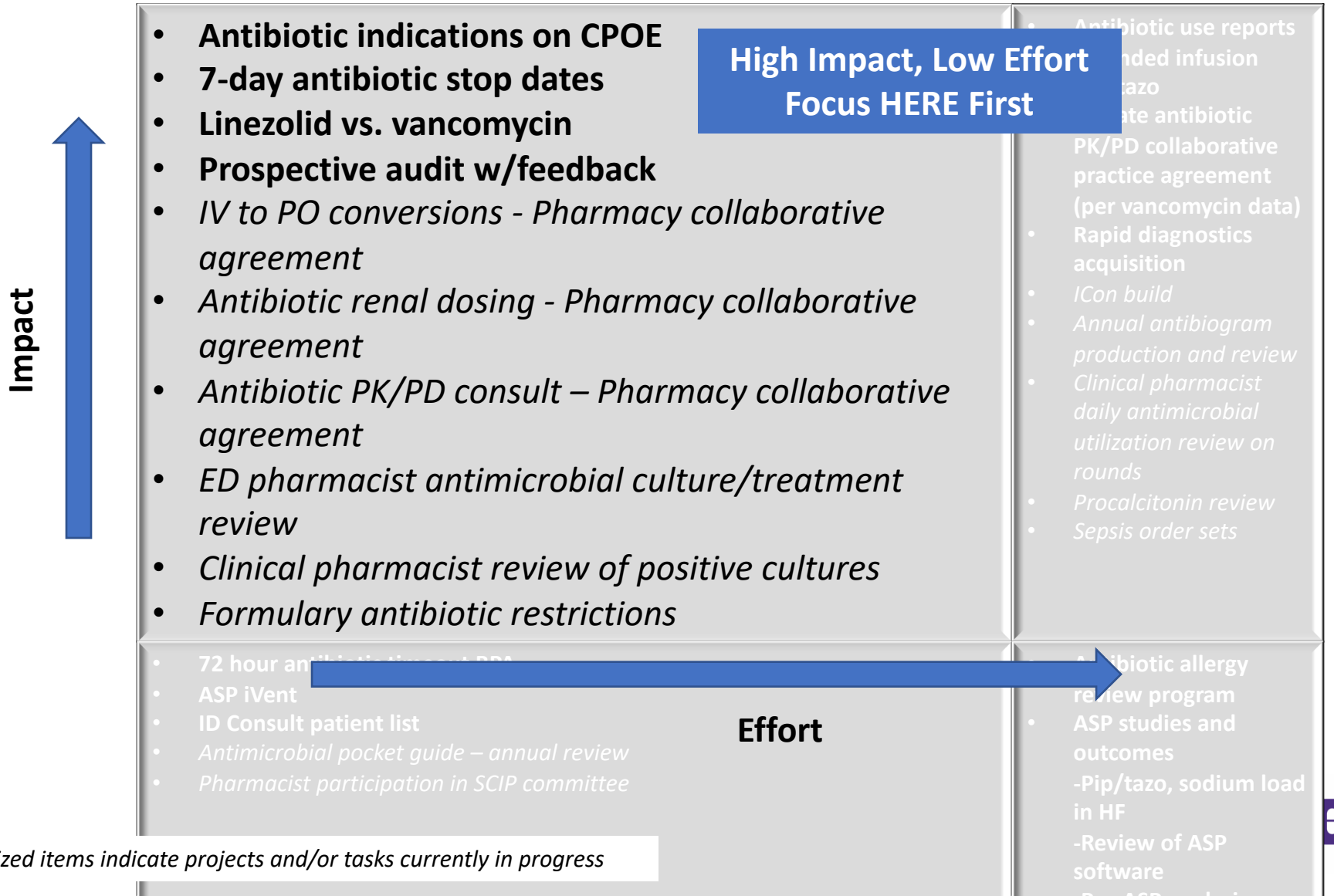


How to Prioritize: Impact vs. Effort



Italicized items indicate projects and/or tasks currently in progress

How to Prioritize: Impact vs. Effort



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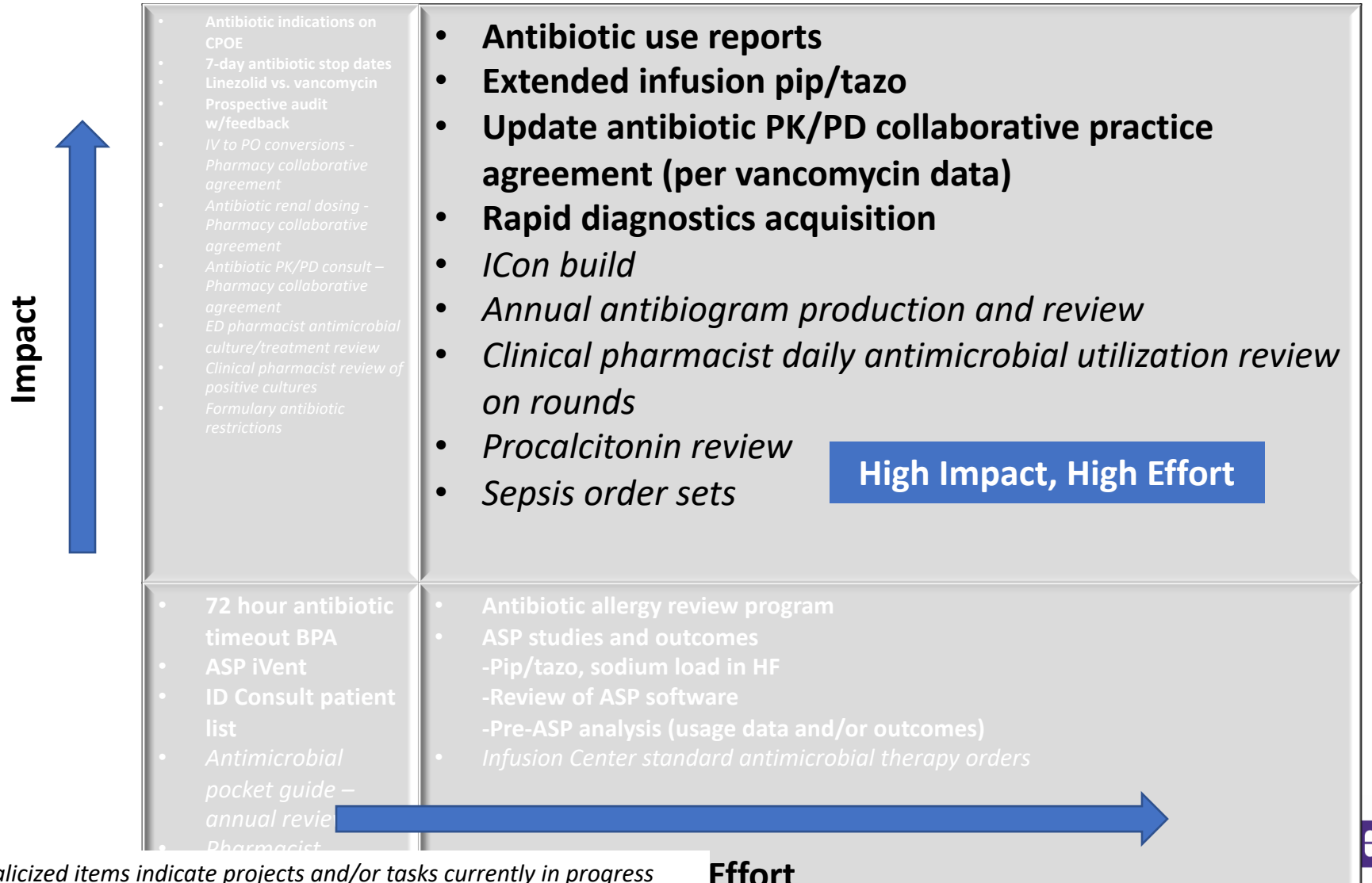

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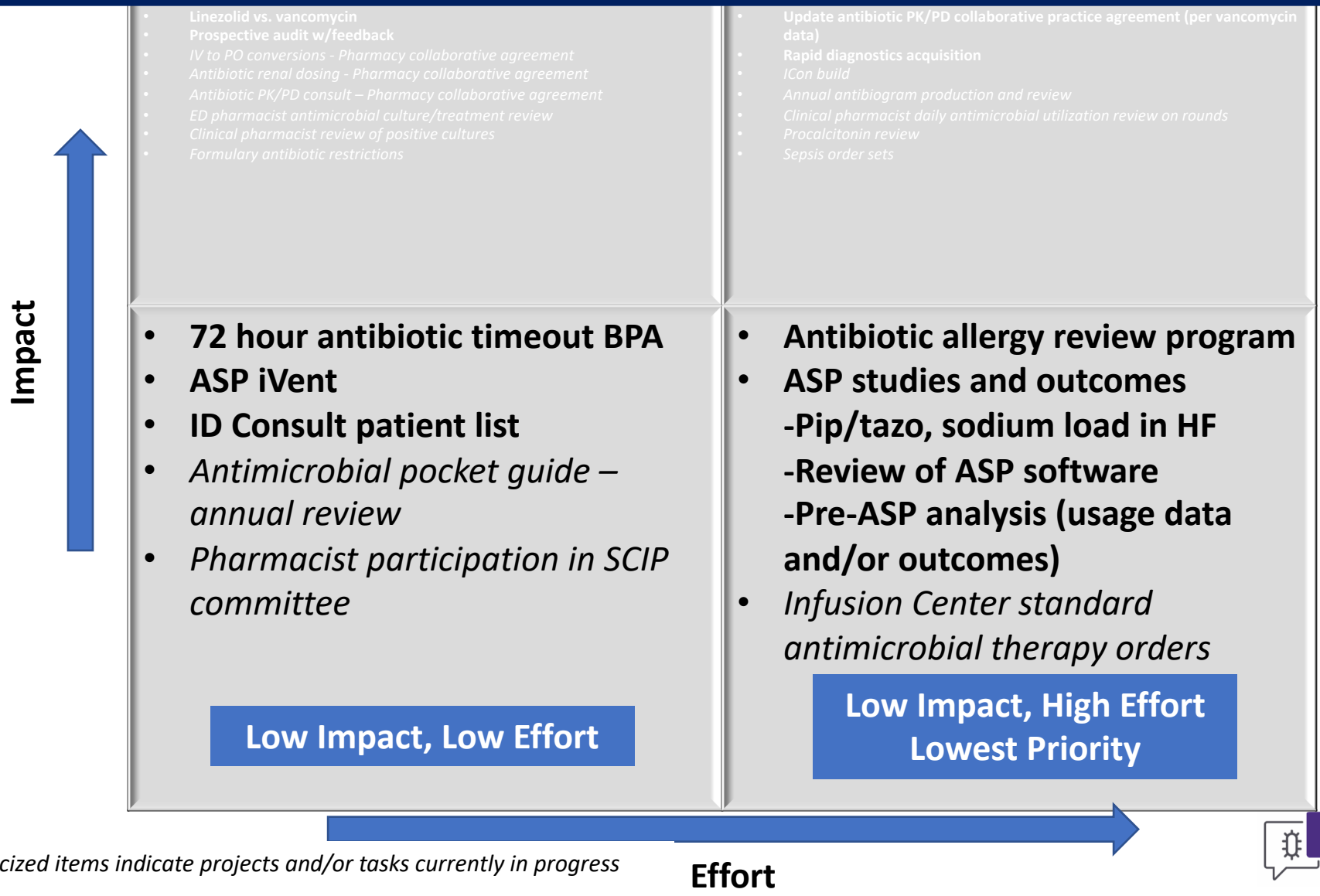


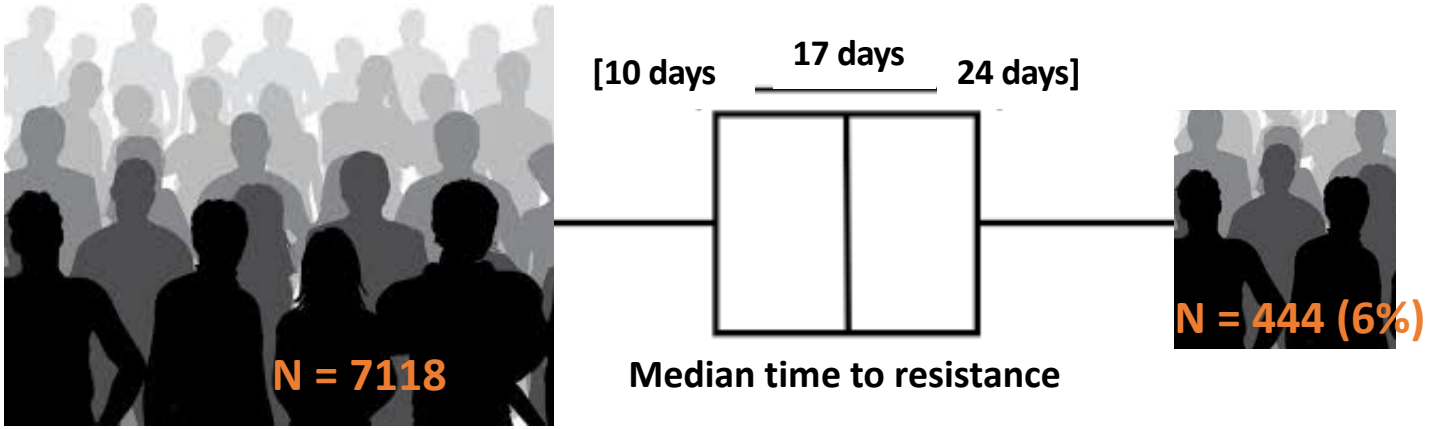
Italicized items indicate projects and/or tasks currently in progress

Every Day Makes a Difference

PHARMACOTHERAPY

accp American College of Clinical Pharmacy

Duration of Exposure to Antipseudomonal β-Lactam Antibiotics in the Critically Ill and Development of New Resistance



There was a **4% increased risk** of new resistance for **each additional day** of any antipseudomonal β-lactam exposure

Pharmacotherapy 2019;39(3):261-268.

UW MEDICINE VALLEY MEDICAL CENTER

Antimicrobial Stewardship Committee Minutes

February 12, 2020

12:30 – 1:30 PM

Conference Room A

Attendees: Mike Hori Zahra Kassamali Escobar Jean Borth Melanie Chong Lucia Chou Amy Jones	Ryan Leininger Novae Simper Christina Kwong Kamal Sandhu Elaine Thurnhofer Pam DeVol Cameron Buck Sean Linn

You are doing good work.

Keep documenting and celebrating your wins

Reflect

	panel in EPIC to facilitate ordering aerobic/anaerobic cultures in surgery Discussed distribution and implementation of guidelines	-Encouraged pharmacy to feel empowered to these guidelines on rounds (**ZKE** will send the -Post guidelines to pharmacy sharepoint (**Kam** -ACS order set abx doses need to be changed: ceftriaxone to 2g and cefazolin to 2g (**ZKE**)
Antibiotic Ordering Panel	Dr. Molina wants focused order set to remain for COPD and pna Antibiotic ordering panel will include all infections *except* pna	Need to revise CAP focused order set accordin guidelines (**Brandon + ZKE**) Working on updating ED quick sets according t antibiotic guidelines (**Brandon**)
2019 Inpatient Antibiogram	Increased susceptibility 2018 → 2019 Red → Yellow *K. oxytoca* - Amp/sul [61 → 81] *P. aeruginosa* - Levofloxacin [77 → 84] *C. freundii* – SMX/TMP [76 → 83] Decreased susceptibility 2018 → 2019 Green → Yellow *A. baumannii* – Levofloxacin [97 → 88] *A. baumannii* - Pip/Tazo [92 → 82]	Will post to pharmacy website (**ZKE**) Update ED links (**ZKE**) .
Asymptomatic bacteriuria & CDI	Reviewed the data and the dilemma of treating Asymptomatic bacteriuria. Data presented is probably an iceberg – for all the cases we identify and admit inpatient, there are several cases treated for ASB as outpatients Urine cultures ordered as reflex (~99% of the time) from UA Issue: getting providers to not treat a positive urine culture Another issue: educating family members about UTI because history of "successful" treatment of UTI in the past may inform	Will focus on ED to start. **Elaine** will facilitate conversation with upper management including Dr. Hori and Dr. Herne admission diagnoses – what are our requireme Create and distribute treatment pathway for A

Influenza

Description

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Progress on PDSA Cycle 2

Plan | Do | Study | Act

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Completed Cycles

Your organization has completed the following PDSA cycles. Click a heading to view a cycle's details.

Cycle 1 *(Completed on 11-7-2018)*

Project Library

Project Resources:

Bacterial Coinfection in Influenza A Grand Rounds Review

File: Chertow 2013 Bacterial Coinfection in Influenza A JAMA.pdf

Core elements

Accountability

Appointing a single leader responsible for program outcomes. Experience with successful programs show that a physician leader is effective

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UW Medicine

Home | Resources | Calendar | Connect to Zoom | CE | Evaluation Forms | Admin | Log out

Formalized Process for Antibiotic Timeouts

View | Edit | Manage display | Grant

Description

Formalize a process for antibiotic timeouts which meets CMS standards and reduces innapropriate broad spectrum antibiotic use.

Progress on PDSA Cycle 1

Plan | Do | Study | Act

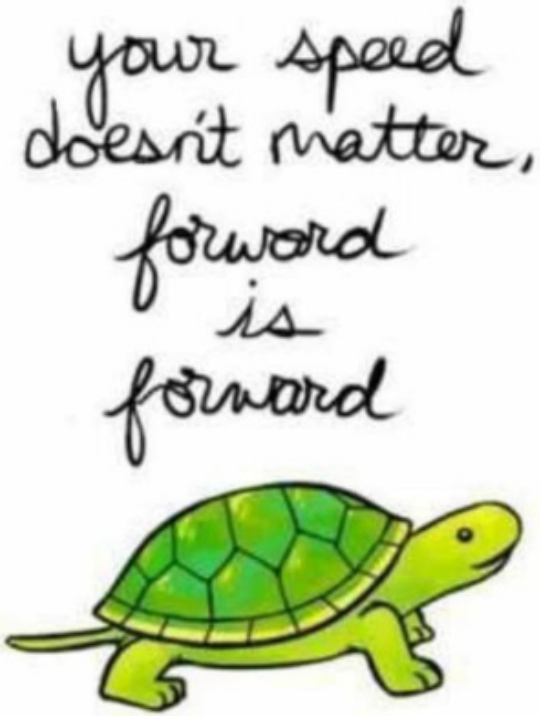
After ~6 months of antibiotic timeouts, we sat back down with pharmacists to discuss the process and see what opportunities existed for improving our system. We gathered feedback. We found that there were several questions related to the formalized process for timeouts. These were then addressed in the attached word document and communicated back out to the team. To track the progress after these optimizations, we will look at volume of antibiotic timeouts compared to previous as well as our DOT for broad spectrum anti-PSE antibiotics, also attached. Further, we addressed new opportunities related to the the new PNA guidelines where timeouts are encouraged in the de-escalation of broad spectrums w/o growth of MRSA or PSE. We have new metrics were tracking on our use of Amp/Sulbactam, Pip/Tazo, Meropenem and Cefepime in PNA as we are likely overusing these agents. We're tracking what proportion of our PNA DOT we're using these agents and shooting for a much lower % than our baseline in Dec. which was ~50%.

Tracking Documents:

Pharmacy goals tracking sheet including AMS measures

citations

Summary

- Review your ASP charter
- Review and make a list of goals
- Organize goals by impact and effort
- Focus on high impact/low effort where possible
- Document. Document. Document.

Be Kind to Yourself and Others
Keep Moving Forward