



Using the SBAR to Ask for More

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Fred Hutchinson Cancer Center

Disclosures

- Pfizer – research support

Fred Hutchinson Cancer Center

- ~ 20-bed inpatient hospital + ~ 120 inpatient oncology beds based at UW
- Large ambulatory cancer center
 - New clinic building opened March 2023 as extension of South Lake Union clinic
 - 5 additional outpatient clinic locations (King & Kitsap counties)



FHCC Antimicrobial Stewardship Program

2017

0.5 PharmD
0.4 MD
(ASP/OPAT)



Ania Sweet,
PharmD

2024

1.8 PharmD
0.4 MD (ASP/OPAT)
ASP/ IP/ ID QI
1.0 Analyst
0.5 Biostatistician



Zahra Kassamali-
Escobar, PharmD



Frank Tverdek,
PharmD

2017

2018

2019

2020

2021

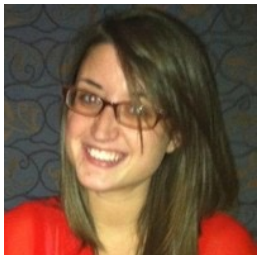
2022

2023

2024



Elizabeth Krantz, MS
Biostatistician



Allison Thibodeau, MPH
Data Analyst

What Do You Need?



- Personnel (PharmD, MD FTE)
- Data analytics support
- Project management
- Space – computer workstations
- Materials – pocket cards, posters
- Inpatient/ outpatient/ infusion center support

Pitching Antimicrobial Stewardship to the C-Suite



- Regulatory requirements
- Quality improvement goals
- Sentinel events/ patient safety
- Peer comparisons
- Regional/ national reputation

Using the SBAR to Request PharmD Support

SBAR

- A communication tool that helps provide essential, concise information, usually during crucial situations
- **Situation:** Concise statement of problem, e.g. existing support insufficient
- **Background:** Essential information related to the situation, supporting evidence that justifies request
- **Assessment:** Analysis and consideration of risks, benefits
- **Recommendation:** Action requested/ recommended, e.g. request increase from 0.5 → 1.0 FTE PharmD

Situation: Pharmacist Resources Needed for Inpatient ASP Activities

- Existing 0.5 FTE PharmD support primarily focused on OPAT and outpatient activities
- Additional PharmD support requested for inpatient efforts and growth opportunities:
 - Prospective audit and feedback
 - Microbiology review
 - Guideline development
 - Sepsis improvement efforts
 - Inpatient rounds
 - Coordinate roll-out of new EMR (Epic)
- **Recommendation:** Request additional 1.0 FTE PharmD








Background: Align Request with Institutional Quality Improvement Goals

- **Sepsis**
 - Optimize antimicrobial dosing/ administration
 - Timely antibiotic initiation/ de-escalation
 - Case review of sepsis-related deaths
- **HAI Metrics & Diagnostic Stewardship**
 - HO-*C. difficile* infection
 - CAUTI
 - CLABSI



SHEA Position Paper

Diagnostic stewardship to improve patient outcomes and healthcare-associated infection (HAI) metrics

Harjot K. Singh MD, ScM¹, Kimberly C. Claeys PharmD, PhD² , Sonali D. Advani MBBS, MPH³ ,
Yolanda J. Ballam BS, CIC⁴, Jessica Penney MD, MPHTM, MS⁵ , Kirsten M. Schutte MD⁶, Christopher Baliga MD⁷ ,
Aaron M. Milstone MD, MHS⁸ , Mary K. Hayden MD⁹ , Daniel J. Morgan MD, MS^{10,11}  and
Daniel J. Diekema MD, MS^{12,13}

“Diagnostic stewardship seeks to improve ordering, collection, performance, and reporting of tests...inclusion of HAIs in public reporting and pay for performance programs has highlighted **the value of diagnostic stewardship as part of infection prevention initiatives.**”

Table 1. Examples of Diagnostic Stewardship Strategies for NHSN-Reportable HAI

CAUTI	<p>Ordering</p> <ul style="list-style-type: none">Require guideline-supported indications for urine cultures.<u>Educate on prevalence of asymptomatic bacteriuria in catheterized patients.</u> <p>Collection</p> <ul style="list-style-type: none">Advise replacing catheter prior to culture if in place >7 days.Do not collect urine sample from urine collection bag.Reduce delays in transport, refrigerate if >1 hour delay, use collection device that contains a preservative (eg, boric acid). <p>Performance</p> <ul style="list-style-type: none">Reduce colonization detection by performing reflex testing (eg, culture only if pyuria present). <p>Reporting</p> <ul style="list-style-type: none">Include nudges advising against treatment of asymptomatic bacteriuria.
HO-CDI	<p>Ordering</p> <ul style="list-style-type: none"><u>Limit testing of patients receiving laxatives.</u>Limit repeat tests within given period.<u>Do not test patients without symptoms of CDI.</u> <p>Collection</p> <ul style="list-style-type: none">Reduce collections received >24 hours after initial orders. <p>Performance</p> <ul style="list-style-type: none">Do not test formed stool (Bristol stools <5, or negative stick test).^{50,51}Use algorithm that includes both NAAT and toxin EIA if NAAT+. <p>Reporting</p> <ul style="list-style-type: none">Include nudge that a positive NAAT test could represent colonization in the absence of clinical disease and detection of colonization is not an indication for treatment. Consider Infectious disease consultation if uncertain.
CLABSI	<p>Ordering</p> <ul style="list-style-type: none"><u>Avoid blood cultures in patients with low probability for bacteremia with the use of CDS and education.</u><u>Eliminate surveillance blood cultures.</u><u>Develop guidance to standardize indications for blood cultures.</u> <p>Collection</p> <ul style="list-style-type: none">Optimize technique (skin prep, volume, and number of cultures).Avoid drawing blood cultures through central lines. <p>Performance</p> <ul style="list-style-type: none">Implement rapid diagnostics. <p>Reporting</p> <ul style="list-style-type: none">Include nudge about common commensals/likely contaminants.

Background: The Power of Peer Comparison



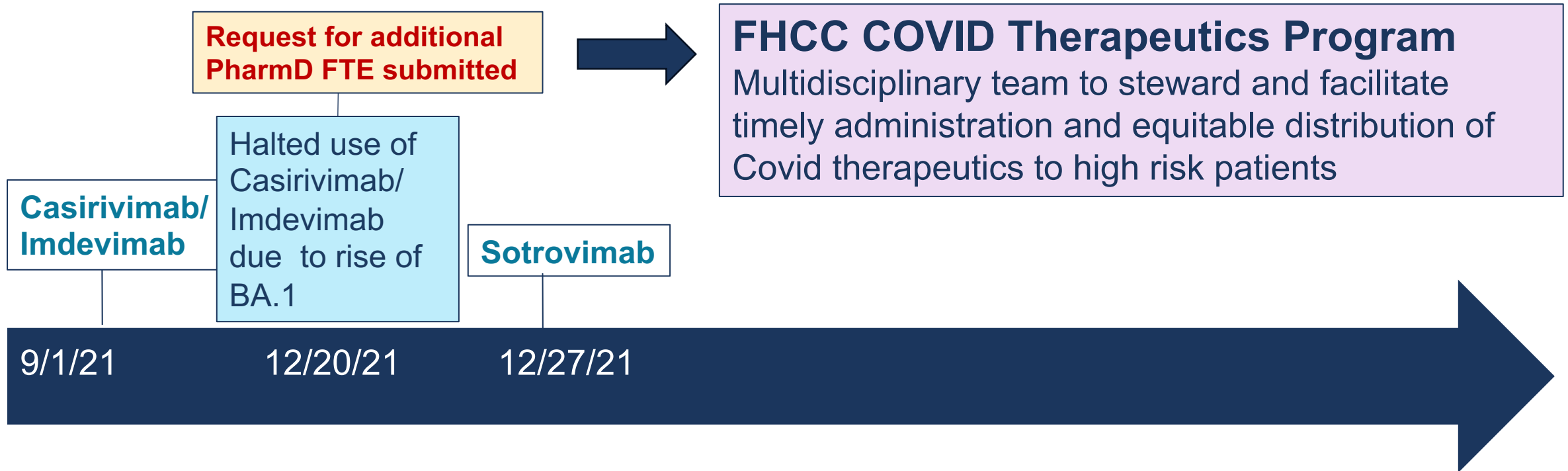
Hospital	# ID-trained pharmacists	Approximate # beds	Ratio of ID-trained pharmacist to beds
UW/ FHCC	1	570	1:570
Hospital A	3	725	1:242
Hospital B	3	1134	1:378
Hospital C	3	473	1:158
Hospital D	5	1400	1:280
Hospital E	4	1177	1:294
Hospital F	3	550	1:183
Hospital G	4	795	1:199
Hospital H	3	894	1:298
Average (excluding UW/ FHCC)			1:254

PharmD FTE allocation for ASP at FHCC/ UW below other comparable institutions

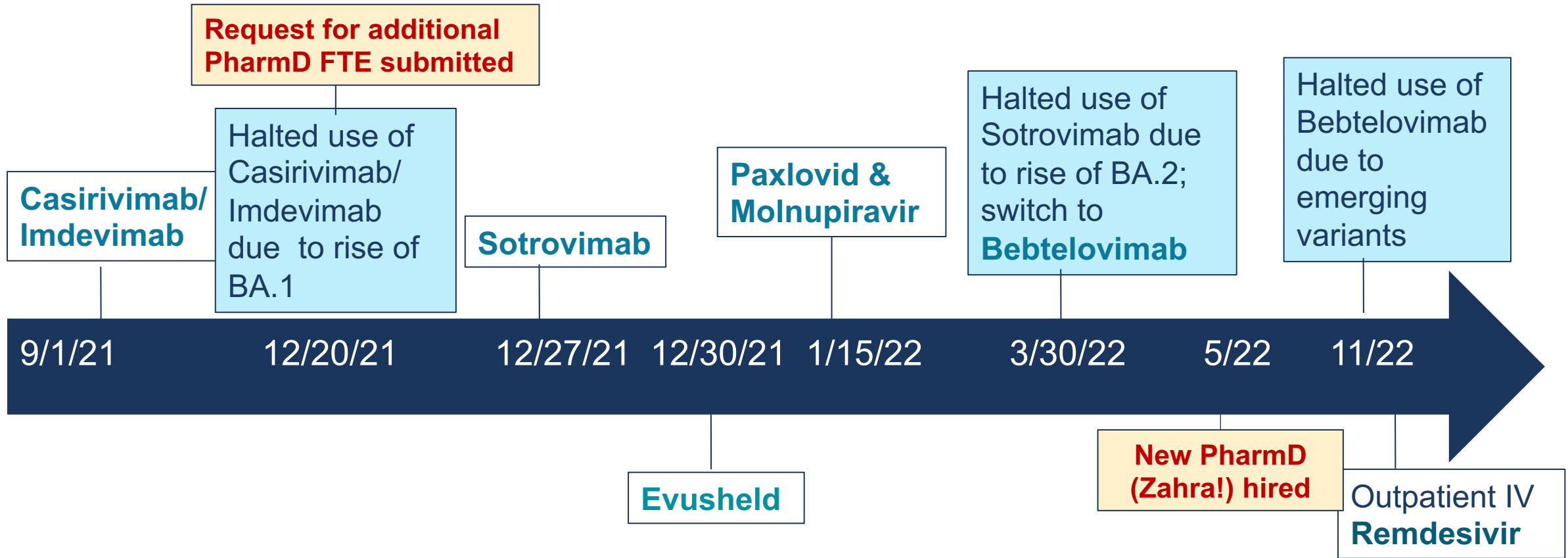
Situation: Additional PharmD FTE Needed to Support COVID-19 Therapeutics Program & Outpatient ASP Growth

- Existing 0.5 FTE outpatient PharmD position insufficient to meet current demands amidst COVID-19 pandemic and other anticipated growth areas:
 - New COVID-19 therapeutics + complex logistics/ implementation
 - Planned outpatient clinic expansion
 - Outpatient ASP support beyond BMT/ CAR T to other groups including solid tumors, community site clinics
 - Future infectious disease threats
- **Recommendation:** Request increase of existing 0.5 FTE → 1.0 FTE outpatient ID/ ASP PharmD

Background: Emphasize Urgency of Request

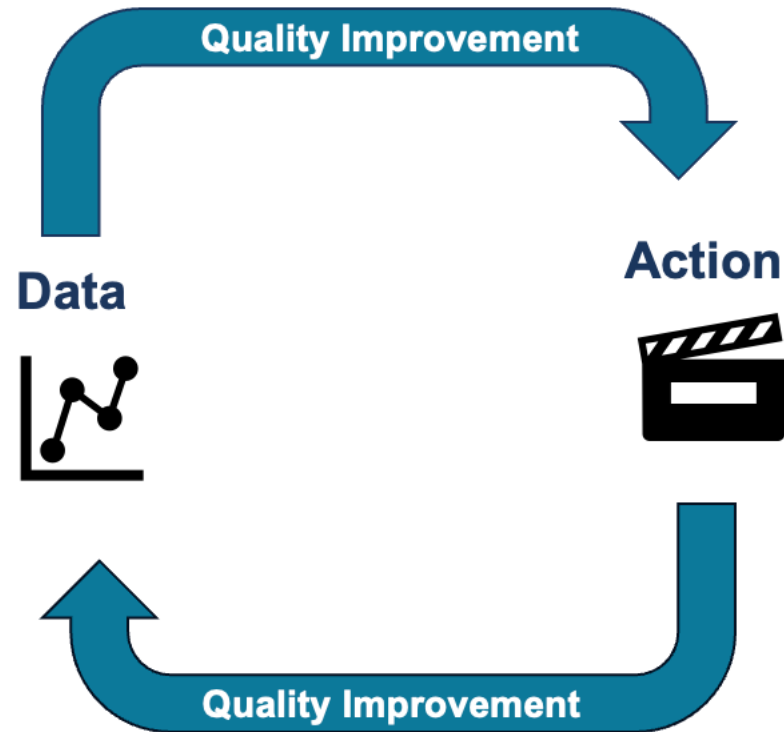


Background: Emphasize Urgency of Request



Using the SBAR to Request Data Analytics Support

Data Analytics Essential to Drive Continuous Process Improvement



- Data needed to identify improvement opportunities
- Timely analytics critical to QI initiatives and make progress toward target metrics and goals
- Offload PharmD and MD to enable focus on other priorities

Situation: Data Analytics Needed to Support Growth of QI Efforts and Meet Regulatory Reporting Requirements

Background:



2023 Updated TJC Antimicrobial Stewardship Standard

- **Allocates financial resources** for staffing and **IT**
- **Monitor/ report** antibiotic use data to NHSN AUR module
- **Evaluates adherence** to evidence-based guidelines
- **Collects, analyzes, reports data** to hospital leadership and prescribers
- **Takes action** on **improvement opportunities identified**

Background: Showcase Your Value While Highlighting Needs

Problem: Delayed management of positive outpatient blood culture results

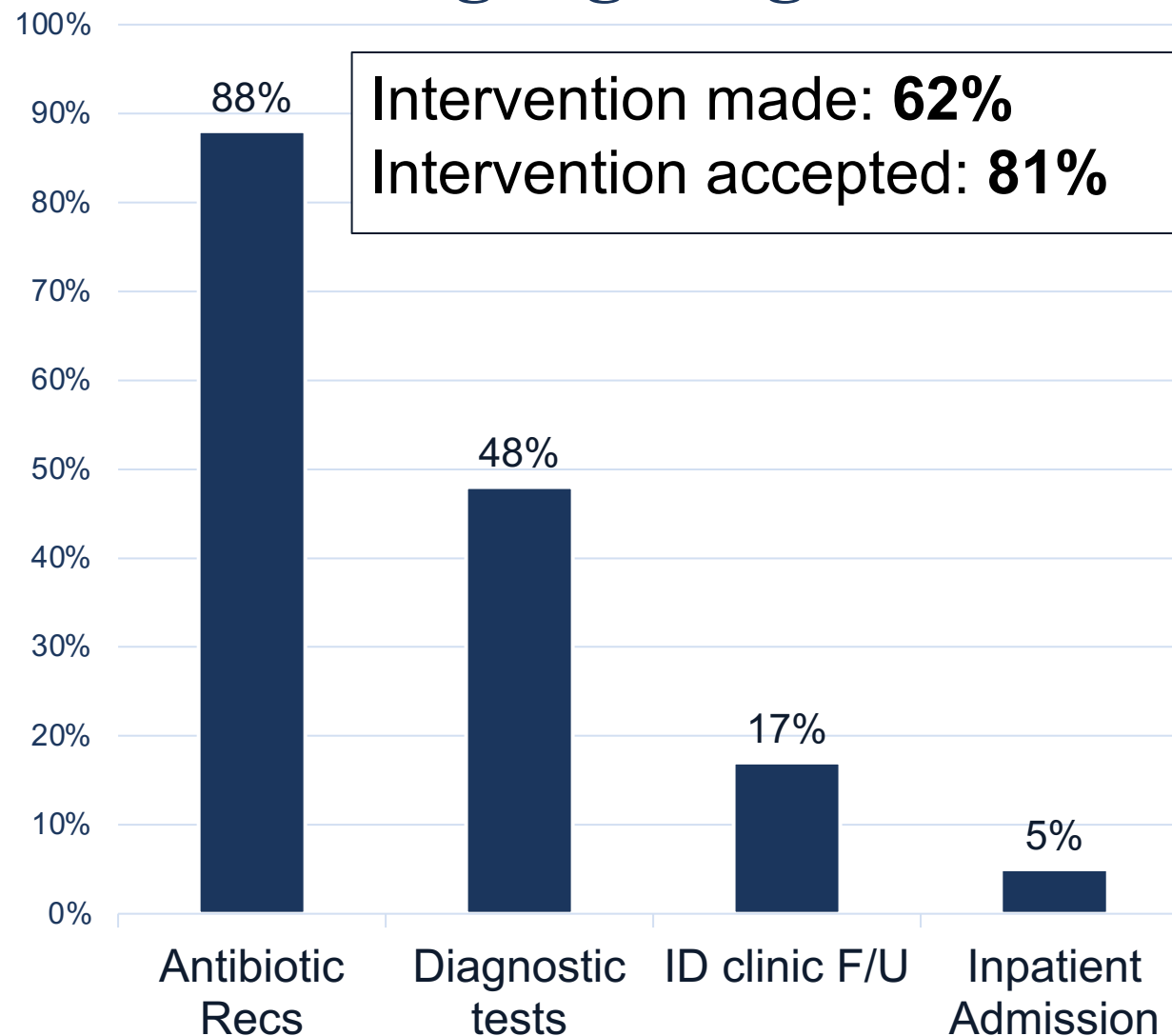
Goal: Ensure timely and optimal antimicrobial management of positive outpatient blood culture results

Intervention:

- Reviewed positive outpt blood cx and provide recs to primary team
- ***Manual data*** collection for 6 mths (N=68 cases)

Outcomes:

- Of abx recs, 67% involved antibiotic initiation or changes, 19% stopped abx



Assessment: Analysis of Considerations and Risks/ Benefits

- Describe risks without additional data analytics resources:
 - Manual data review time-consuming, undermining existing and new improvement efforts
 - Failure to identify safety events
 - Inability to meet regulatory reporting requirements
- Consider “packaging” your proposal: Joint request by IP/ ASP for data analytics and biostatistician to support quality and process improvement activities

Summary

- Carefully consider your resource needs and be specific with your request
- Demonstrate alignment with institutional priorities and quality goals
- Showcase your value while highlighting potential risks without additional resources (e.g. patient safety/ quality, regulatory, reputation)

Thank you!

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