UWTASP

tele-antimicrobial stewardship program

July 9, 2019

Agenda

- Didactic: *Pharmacists Getting Provider Buy-In*
- Follow-up to last week's ASB discussion
- Case Discussions

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Pharmacists Getting Provider Buy-In

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July 9, 2019

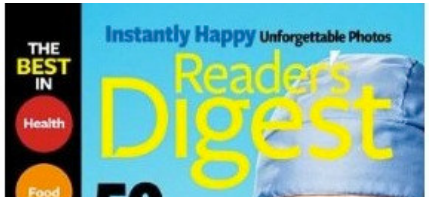
This presentation is intended for educational use only, and does not in any way constitute medical consultation or advice related to any specific patient.

citations

Getting Buy-in is about Building Relationships. Building Relationships is about Communication

1. Find common ground

2. Be a source of useful/new info



3. Collaborate

Communicating Across Generations

Generation	Age	Communication Preferences	Population
Baby Boomers 1946 – 1964	55 - 73	Face-to-Face Email Telephone	84 million (27%)
Generation X 1965 – 1981	38 – 54	Email	68 million (21%)
Generation Y (millennials) 1982 – 2000	19 – 37	Text Instant Messenger Not group meetings or conference calls	79 million (25%)
Generation Z (boomlets) 2000 +	< 19	Digital	69 million (25%)

https://us.nttdata.com/en/-/media/assets/white-paper/apps-dbc-mind-the-gap-white-paper.pdf

Communication Trends

#nejm

Provider Scenarios

A gray-haired seen-it-all

A very busy surgeon

A locum rotating temporarily

A gray-haired seen-it-all

Generation	Age	Communication Preferences	Population
Baby Boomers 1946 – 1964	**55 - 73**	**Face-to-Face Email Telephone**	**84 million (27%)**
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Generation Y (millennials) 1982 – 2000			
Generation Z (boomlets) 2000 +			

Building a relationship:

Handshake stewardship/Face-to-Face time

Assist with Electronic Medical Record and Computerized Order Entry

Data Sound bite + Link to a longer article

A gray-haired seen-it-all

The New York Times

Fish oil does not reduce the risk of heart disease

10 Findings That Contradict Medical Wis Doctors, Take Note.

Researchers identified nearly 400 common medical pra and theories that were contradicted by rigorous studies. Here

Peanut allergies occur whether or not a child is exposed to peanuts before age 3.

To treat ER patients in acute pain, a single dose of oral opioids is no better than ibuprofen

https://nyti.ms/2KSaGk0

July 1, 2019

A Busy Surgeon

Building a relationship:

- **Catch them in the cafeteria**
- **Optimize workflow**
- **Make systematic changes (i.e. order set)**

Updated 7/20/18,

Antibiotic Prophylaxis and Prevention of Surgical Site Infections: A proposal to remove standing orders for post-operative antibiotic prophylaxis

SITUATION: Per 2017 CDC guidelines, post-operative antibiotic prophylaxis is no longer recommended for clean and clean-contaminated surgical procedures, including those which contain drain.[1] This was designated a strong recommendation supported by high to moderate quality eviden

BACKGROUND:

t VMC, antibiotic prophylaxis is administered pre-operatively and continued for 24 hours following ost procedures. The preferred antibiotic agent is cefazolin. Pre-operatively, patients receive 1 dose e hour prior to incision, post-operatively patients receive 2 or 3 additional doses of cefazolin.

of July 2, 2018, a shortage of cefazolin is in effect. This primarily impacts cefazolin vials, which is t erred product used in our operating rooms. However, some premixed bags are also on shortage. ons for the shortage are generally unspecified but include manufacturing delays. The date of tion is also unspecified.[2]

SSMENT:

v guidelines strongly recommending against routine post-operative prophylaxis, and an fazolin shortage with no clear end, VMC should revise post-operative antibiotic practices.

delines included a prosthetic joint arthroplasty supplement. The significant cost and cli ical site infection was clearly articulated with prosthetic joint infections. This merits st ractices such as pre-incision parenteral antibiotic administration timed appropriately, and antisepsis via pre-operative bathing.[1,3,4] However, the data advocate against p antibiotics for clean or clean-contaminated procedures.

ATION:

removing all pre-checked antibiotics from er sets. Antibiotics will still be present on ses of suspected infection and/or es.

guidelines, reduce risk of antibiotic adverse effects, an

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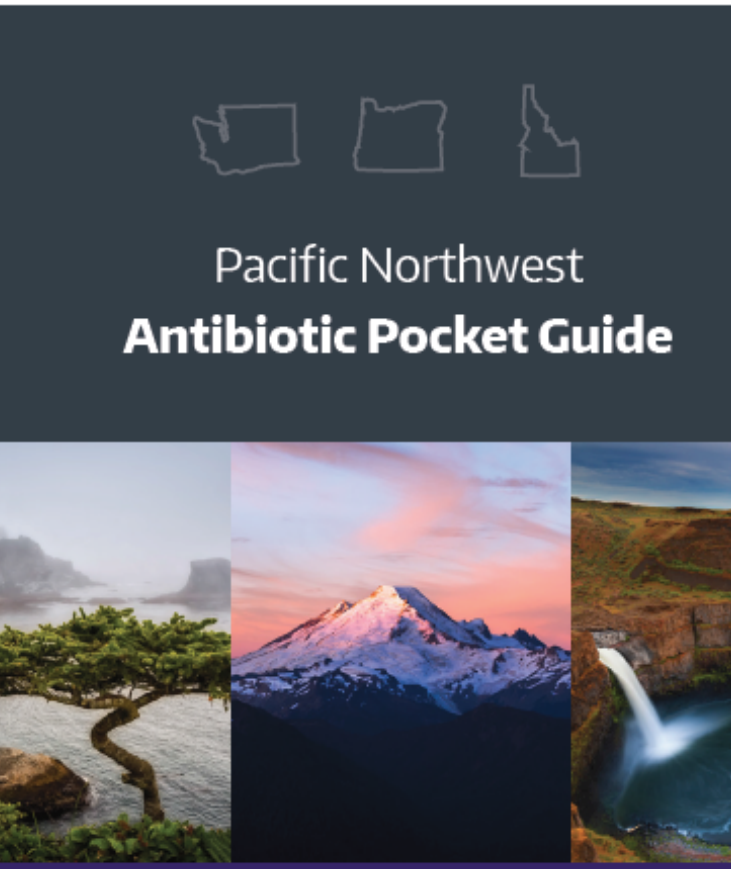


A Locum Rotating Temporarily

Building a relationship:

- **Integrate into their orientation**
- **Make antimicrobial stewardship resources visible and available**
- **Follow-up: if they come on a repeated basis**

A Locum Rotating Temporarily

Generation	Age	Preferences	Population
Baby B[illegible]	55 - 73	Face-to-Fac[illegible] Email Telephone	
Generation X **1965 – 1981**	**38 – 54**	**Email**	
Generation Y (millennials) **1982 – 2000**	**19 – 37**	**Text** **Instant Mess[illegible]** **<u>Not</u> group meetings or conference calls**	
Generation Z (boomlets) 2000 +	< 19	Digital	69 million (25%)

If they come on a repeated basis, remember them

Welcome back to VMC
Dr. Bryson-Cahn!
We're glad to have you here this week.

Clinical Scenario

Today is day 5 of pip/tazo to treat pneumonia for a 60 y.o. patient.

Male, PMH includes DM2, HTN, Rheumatoid arthritis.

Presented to the hospital with SOB, fever, hypotensive

- Blood and sputum cultures are negative
- Pt is afebrile, oxygen saturation is 98% on RA
- MD's last note says "Continue pip/tazo for 2 days to complete a 7-day course."

Clinical Scenario:
What is your action as the antibiotic steward?

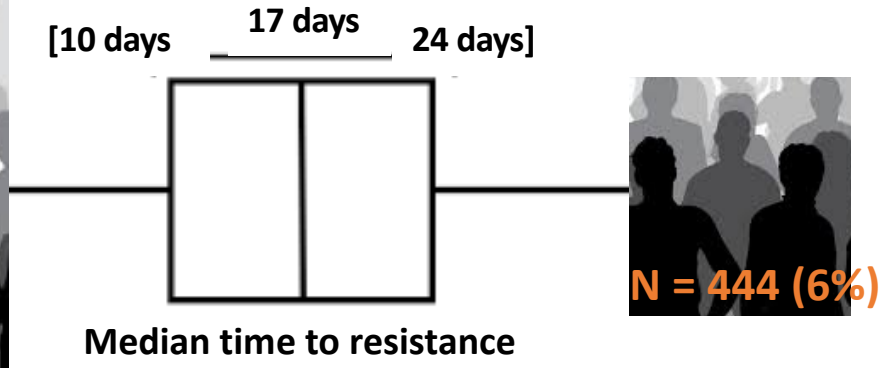
a) No change, continue therapeutic course to complete 7 days
b) De-escalate to PO levofloxacin for 2 days
c) De-escalate to ceftriaxone/azithromycin x2 days
d) Stop antibiotic therapy, patient is clinically stable

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.

4% increased risk of new resistance for each additional day of ANY antipseudomonal β-lactam exposure

Increased risk of NEW resistance for each additional day of therapy

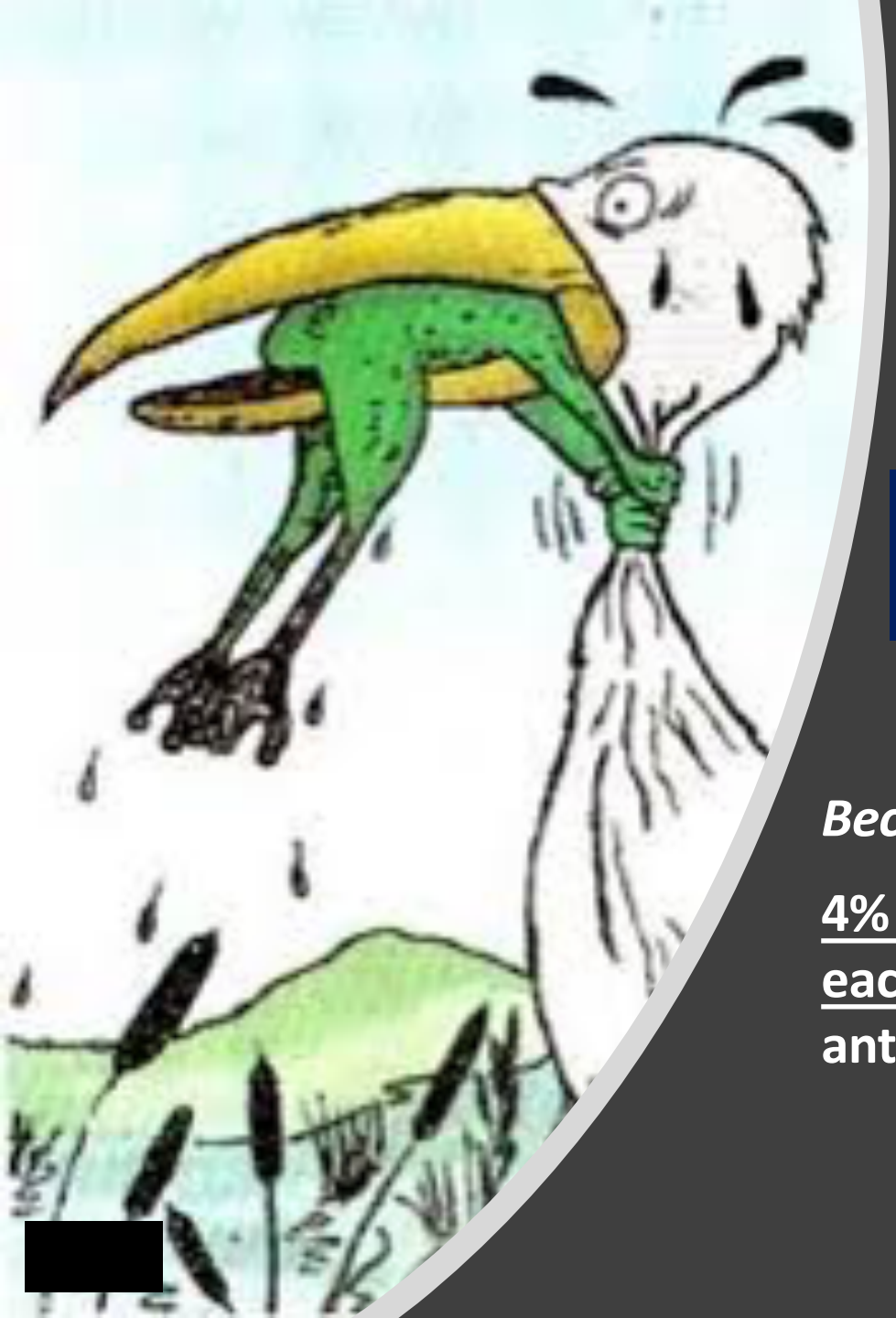
Cefepime n = 5274	8%
Piperacillin/ tazobactam n = 2463	8%
Meropenem n = 3625	2%

…When comparing a 7-day course with a 10-day course of therapy, the 10-day course is associated with a 24% increased risk of new resistance compared with the 7-day course

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

In Summary: Building Relationships is about Communication

- **We're all on the same team**
  Communications should reflect this fact
- **Slow progress still moves forward**
- **Set a low bar for your wins and celebrate them**
- **Don't spend 90% of your effort on 10% of your providers**
  Unless 10% of your providers are prescribing 90% of antibiotics



Don’t Give Up!

Because Every Day Matters:

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

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CASE PRESENTATION FOLLOW-UP:

MANAGEMENT OF ASYMPTOMATIC BACTERURIA (ASB)

ASB: Ordering UAs

A long time ago…We started automatically sending UAs at catheter insertion

We are required to report CAUTI's Therefore the baseline UA determines if "infection" was present at the time of insertion

If it is pre-existing, then we don't have to score it with CMS/NHSN as a CAUTI.

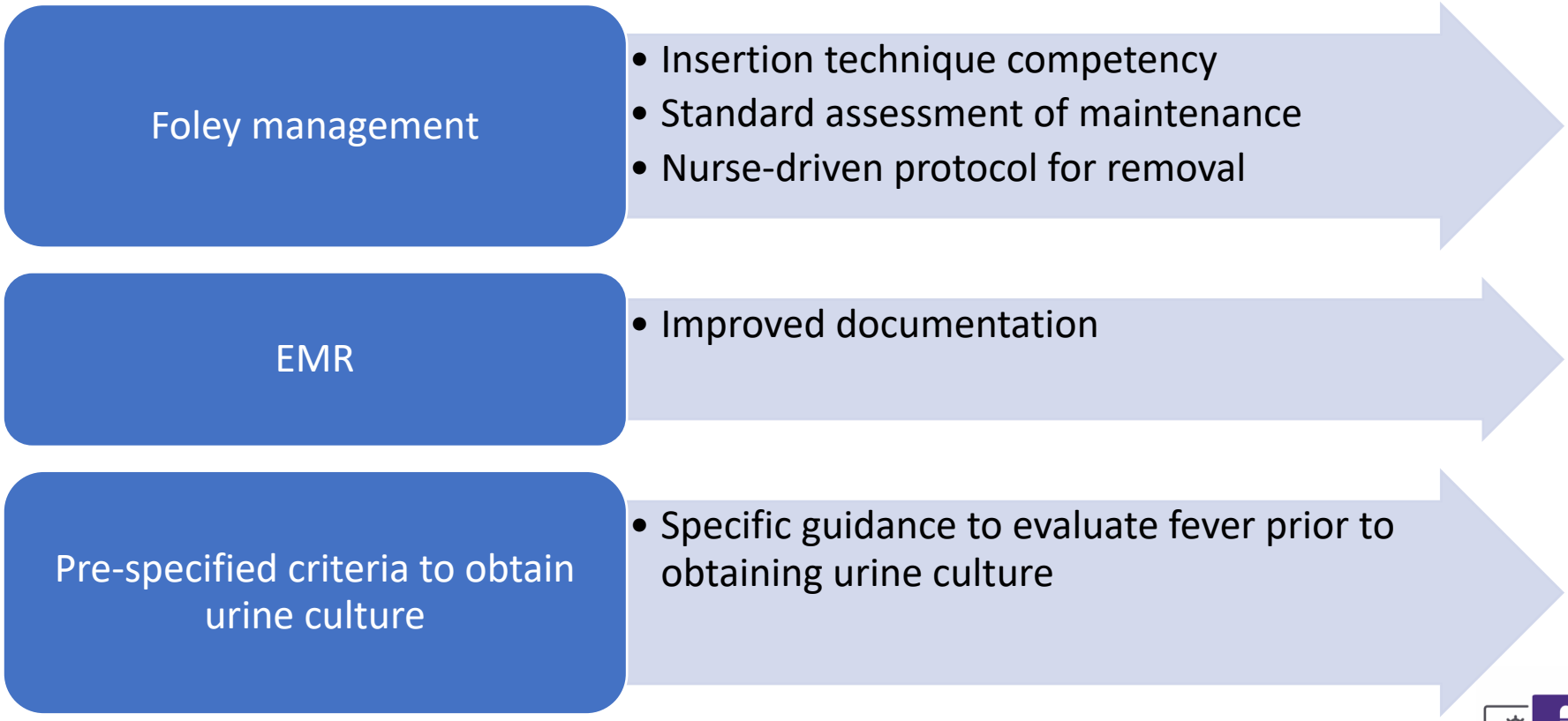
My Institution Routinely Orders UA at Urine Catheter Insertion

Yes
No
Sometimes
Not sure

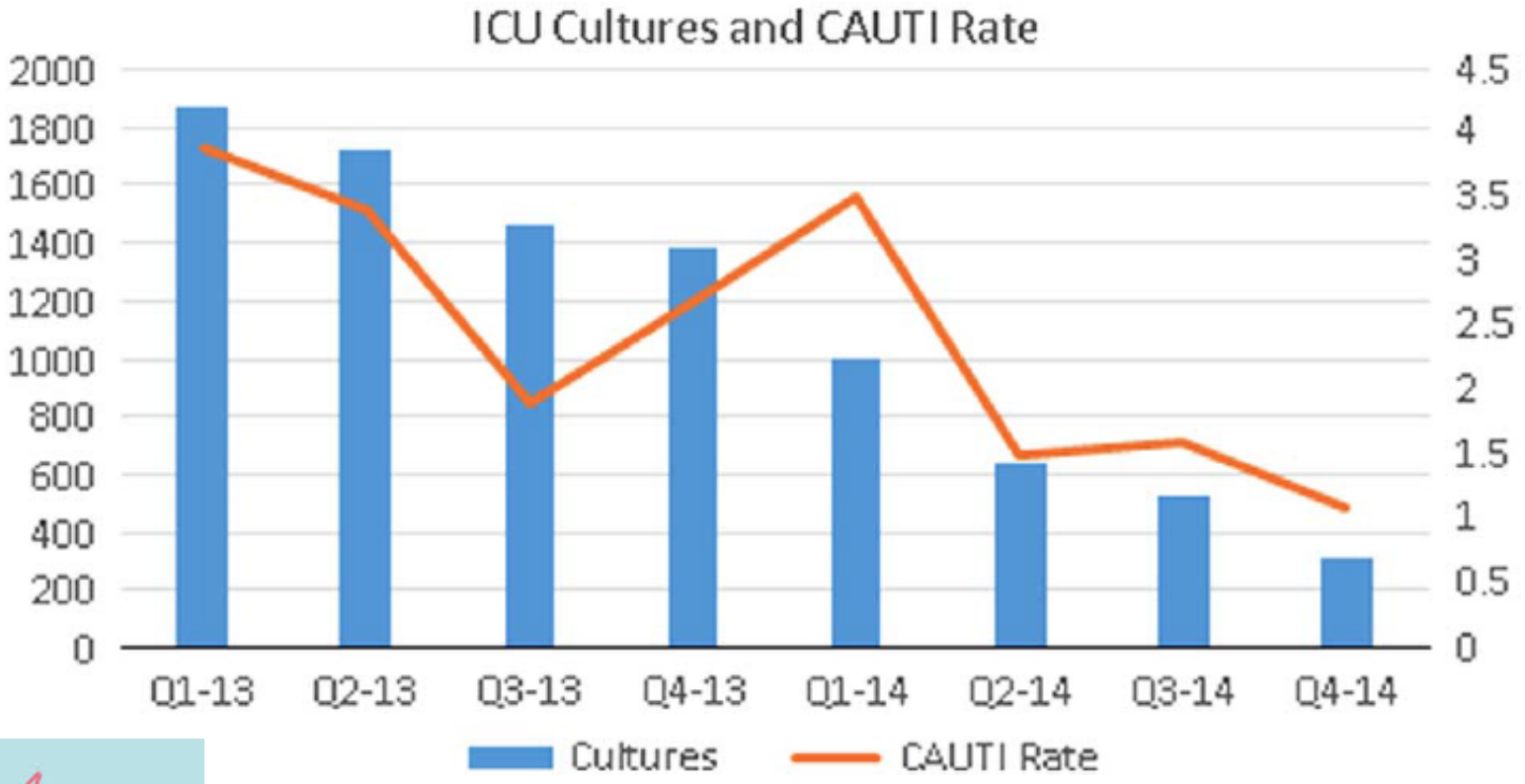
INFECTION CONTROL & HOSPITAL EPIDEMIOLOGY FEBRUARY 2017, VOL. 38, NO. 2

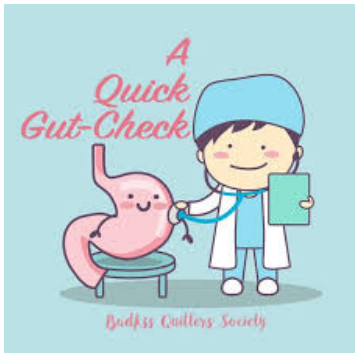
ORIGINAL ARTICLE

A Multifaceted Approach to Reduction of Catheter-Associated Urinary Tract Infections in the Intensive Care Unit With an Emphasis on "Stewardship of Culturing"



Multifaceted Intervention at Cleveland Clinic





No increase in overall HABSI or HABSI was attributed to Enterobacteriaceae, making it unlikely that bacteremic urinary tract infections went unrecognized.

Infect Control Hosp Epidemiol 2017;38:186–188