



CHI ST. ANTHONY HOSPITAL PENDLETON, OR

25 BED CRITICAL ACCESS HOSPITAL

UMATILLA COUNTY HAS A 13.6% COVID POSITIVE RATE COMPARED TO
5.8% IN THE REST OF OREGON

5 BED CCU, 15 BED GENERAL MED/SURG & 5 BED BIRTHING CENTER

10 BED EMERGENCY ROOM

4 PHARMACISTS, HOURS 7AM TO 6:30 PM WITH TELEPHARMACY COVERAGE AFTERHOURS

ANTIBIOTIC STEWARDSHIP @ SAH

- The Antibiotic Stewardship committee is a subcommittee of the Pharmacy & Therapeutic committee
 - It is the policy of St. Anthony Hospital to provide an Antimicrobial Stewardship Program that will promote patient care by optimizing clinical outcomes associated with infections. An Antimicrobial Stewardship Team (AST) has been established to evaluate antimicrobial use and provide information to encourage appropriate antimicrobial prescribing. The Antimicrobial Stewardship team will include, but is not limited to, Pharmacist, Infection Prevention Nurse, Hospitalist, a laboratory representative and other staff appointed by the AST chairperson
 - Chairman of the Antibiotic Stewardship committee is our local Hospitalist – Dr. Lohith Reddy
 - We have Theradoc available for reviewing antibiotic orders and culture results.

ANTIBIOTIC STEWARDSHIP @ SAH

1. Prospective Chart Audit

1. Day to Day communication between Pharmacist and Physicians

2. Develop Antimicrobial Use Guidelines

1. Antibigram and communication with medical staff

3. Formulary Review

1. Every 12 months

4. Reporting

1. Report activities to P&T every 6 months

ANTIBIOTIC STEWARDSHIP @ SAH

1. Highlights

1. Extended infusion protocols for Zosyn, meropenem and cefepime
2. Good movement from fluroquinolones to cefepime/ceftriaxone
3. Limiting Zosyn & meropenem, especially Zosyn and Vancomycin combination

2. Lowlights

1. Theradoc not optimizing and not reporting data
2. Missed Medical Staff Communication letter last year and Guideline Update
3. Yearly formulary review – Now have National System formulary

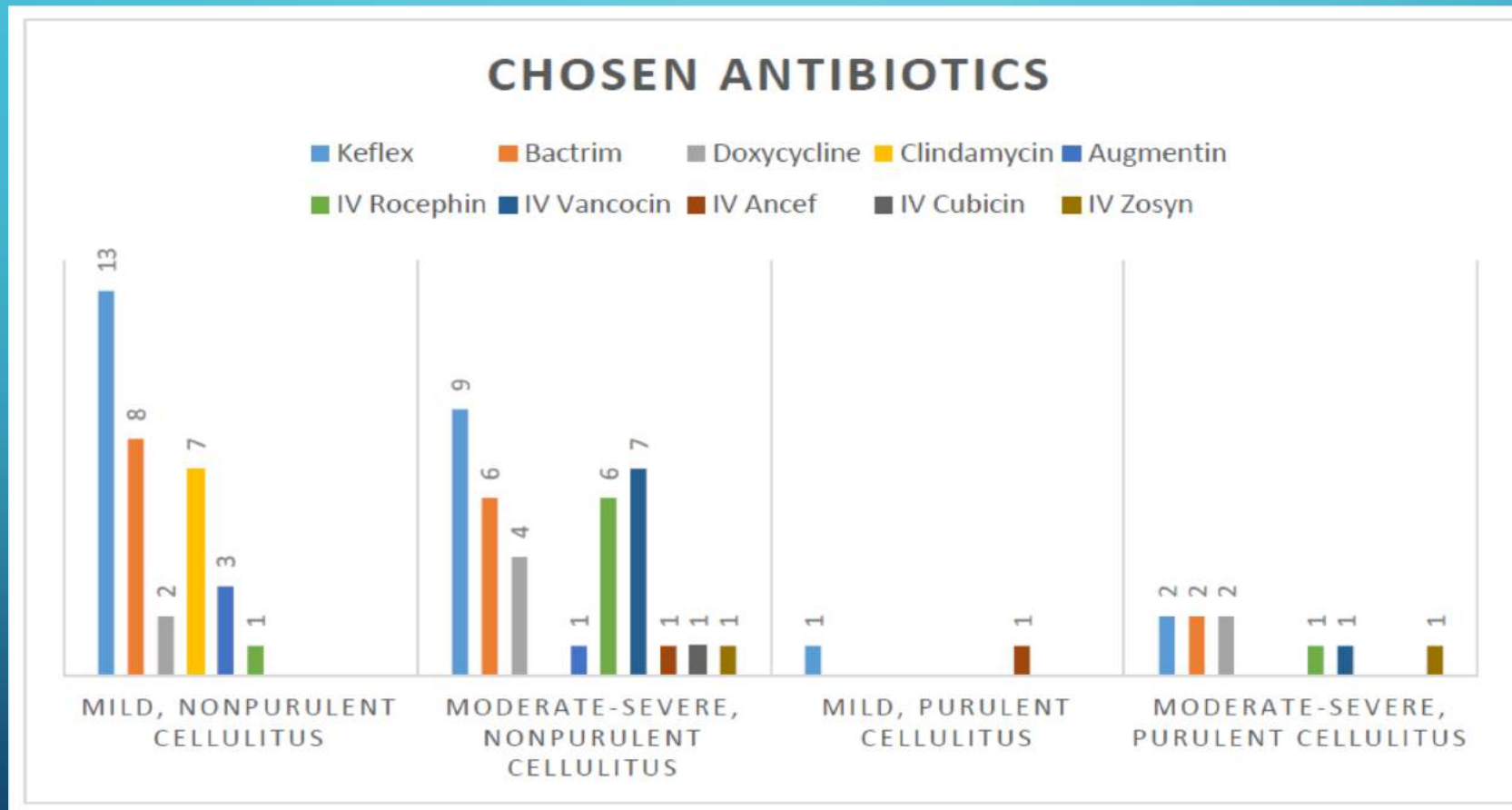
ANTIBIOTIC STEWARDSHIP @ SAH

- Cellulitis Audit of ED patients February 2020 thru July 2020
 - 60 ED patients with a diagnosis of cellulitis were retrospectively reviews for antibiotic selection
 - Antibiotic selection was compared to IDSA recommended guidelines
 - Recommendations are based on cellulitis with purulence or without purulence
 - *S. aureus* as common pathogen for purulent cellulitis
 - GAS as most common pathogen for non-purulent cellulitis

ANTIBIOTIC STEWARDSHIP @ SAH

- Of the 60 cellulitis cases, 35 (58%) were mild and nonpurulent infections. Of these 35 patients only 3 had contributing factors (such as recurrent cellulitis or history of MRSA), that may have influenced the antibiotic medications chosen. These mild and nonpurulent infections should have been treated with an antibiotic that has good coverage for the *Streptococcus* pathogens and the IDSA guideline recommends utilizing Penicillin VK, cephalosporins, dicloxacillin or clindamycin. According to this data, the ED department at CHI St. Anthony Hospital is following these IDSA guidelines roughly 57% of the time. This data did not appear to be significantly impacted by patient drug allergies and may be an area where our hospital could improve its antibiotic usage and reserve certain medications, like Bactrim and Doxycycline for patients with factors that are more concerning for MRSA infections.

ANTIBIOTIC STEWARDSHIP @ SAH



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organism	<i>Enterococcus Faecalis</i>	<i>Escherichia coli</i>	<i>Klebsiella pneumoniae</i>	<i>Pseudomonas aeruginosa</i>	<i>Staphylococcus aureus</i>	MRSA
2020	27	306	61	23	74	67
Cipro/Levo	85/85	84/84	95/95	100/100	77/77	27/27
Meropenem		100	100	100		
Gent/Tobra		92	95	100		
Pip/Tazo		99	95	76		
Cefepime		94	95	100		
Vancomycin	100				100	100
Oxacillin					100	0
TMP/SMZ	0				97	84

ANTIBIOTIC STEWARDSHIP @ SAH

2018	32	362	65	42	80	40
Cipro/Levo	76/80	79/79	98/97	76/69	74/76	18/20
Meropenem		100	100	81		
Gent/Tobra		92	100	98		
Pip/Tazo		95	94	85		
Cefepime		93	97	93		
Vancomycin	100				100	100
Oxacillin					100	0
TMP/SMZ					95	98

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2002	47	264	28	35	89	
Cipro/Levo	58/58	97/97	100/100	94/100		
Imipenem		100	100	91		
Gent/Tobra		98/99	100	97/100		
Piperacillin		NA	NA	NA		
Vanomycin	98				99	
Oxacillin					57	
TMP/SMZ					97	

ANTIBIOTIC STEWARDSHIP @ SAH

- Future plans and projects
 - Send out Medical Staff Antibiotic Guideline letter and Antibigram by the end of March
 - Integrate Theradoc antibiotic reporting into work flow
 - Follow-up Audit for Cellulitis treatment – Student project
 - Switch from SHIP funds for UW-TASP back to Oregon Rural Health Office Grant funds