

Summary of where they are with facility AMS (date, time, who review was with from facility)

- 25 bed CAH hospital
- Large clinic footprint
- Surgeries – scopes 2-3x a month
- Busy ED
- Swing bed program
- AMS assessment review
 - Not dedicated FTE, part of responsibility to do stewardship
 - TASP largest help, IT support
 - Leader: Alicia Mitchell (coordinator), new medical director may be new lead (in ED)
 - Hospitalist team: good relationship, ask for pharmacist advice
 - Reporting
 - Pharmacy and therapeutics
 - Admin
 - Sepsis, pneumonia and UTI protocol
 - Switching over to Epic
 - Have pharmacist present a few hours per day
 - Accessible when not there
 - Has training provided through larger hospital
 - Prospective audit and feedback: ancillary department
 - Other patients staying at facility – monitored by outside doctors
 - What is on shelf in formulary determines antibiotic choice
 - Antibigram – making own
 - Share physician's prescribing practices
 - All pharmacist recommendations are accepted
 - Populations serving:
 - Type of community: mining --> retirement/touristy
 - No native populations, no migrant populations
 - Mexi-blues: meth mixed with fentanyl
 - Anti-coagulants and opioid would be useful

Current barriers

- Not sure how to go about bringing down to clinic
- Ability to tailor order sets may be less flexible due to medical records being tied to other hospital
 - Cannot easily upload directly to NHSN

Goals (short term)

- Have stewardship as regular agenda item (report out) – integrates into hospital structure and maintain visibility about progress
- Skin and soft tissue infections are common and putting order set together can be useful
- Sepsis – early intervention – build robust sepsis response where nurses and physicians work together

- Quality improvement project – discharge protocol/antibiotics to address restarting duration
- Monitoring antibiotic adherence to policies/recommendations

Goals (long term)

- With Epic implementation, look at prescription dosage, length
- With Epic, antibiotic use reporting to NHSN

Main Takeaways

- Start small: one antibiotic, one location, one practice, one diagnosis
- Stewardship in ambulatory setting
 - Limited information, could address antibiotic prescribing
- Disease treatment match (using guidelines)
 - Firm diagnosis
 - Ear infections, ASB
- Interested in joining IQIC