

Notes on current AMS at Syringa as provided by Lauren:

- Providers change frequently
- NP in ER and clinic that assists AMS
- Started tracking (some were stopped/limited):
 - Pneumonia – order set, medications, days of therapy (only trend)
 - Pharmacist – antibiotic recs
 - Swing beds for social reasons and IV antibiotics for medical reasons
 - Upper respiratory infection – length, symptoms, antibiotics (bring to Med Staff)
 - Lauren running outpatient and ER checks
- Facility resources
 - 15 beds, none that are long term
 - Surgeries: general, looking at bariatric
 - OB and C-sections
 - Staff expected to do committees
 - Stewardship committee that NP leads
- Limited sepsis program since not many stay there
 - Usually bloodwork, starting antibiotic, and blood pressure
 - Follow CMS for sepsis
 - Not necessary due to small facility
- Reporting to hospital association
 - Antibiotic use
 - Site for data submission allows for comparison of facilities
- Pharmacist & NP communicate and make recommendations
 - Stewardship training program for pharmacist: <https://sidp.org/Stewardship-Certificate>
- Do not do prospective – pharmacist is looking
 - Discuss what antibiotics the pharmacist pays attention to and decide if facility should pay attention to certain problem drugs
- When patients go home on IV antibiotics, doctor orders & follows care, pharmacist is involved
- Monitor if following internal guidelines: committee takes to Medstaff or provider
- Peer comparison had too many factors – started limiting to most important
- Use Lewistons antibiogram (update yearly)

Current barriers:

- Doctors struggling with somebody telling them what to do – may not follow suggestions
 - Addressed by having guidelines that align with TASP book and up-to-date
 - For guidelines, have providers give feedback to make them more willing to stick to them
- Adam has been leading F-ASB project but has been hard to stay on top of
- Current reviewing of procedures of ordering cultures
 - Patient complaints about culture bill
 - Focus on community education – some resources available under F-ASB on TASP website

*Action items/suggestions are highlighted in yellow

Additional actions items:

- Develop skin and soft tissue focus in future and include staph aureus
- Patient safety interventions: necessity, duration, labs
- Check if using right indication for antibiotic prescriptions – look at trends
- From CDC AMS assessment #7 on page 4, have pharmacist talk about antibiotic decision on day 2/3
 - Develop time-out process
- Improve UTI and pneumonia tracking
- Given the external pharmacy, discharge is important so it could be useful to check inpatient vs outpatient prescribing practices
- Focus on upper respiratory tract infection now