

Antimicrobial Stewardship and the Course Charted

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Disclosures

I have no financial relationships other than my employment at CRMC to report.

Objectives

- * Describe the evolution of an antimicrobial stewardship program (ASP) at Cookeville Regional Medical Center.
- * Delineate current state.
- * Discuss future directions for improved outcomes in through the ASP.

In the Beginning...

- * “It’s just what we do”
- * Executive Order - Combating Antibiotic-Resistant Bacteria
 - * <https://www.whitehouse.gov/the-press-office/2014/09/18/executive-order-combating-antibiotic-resistant-bacteria>

Early Efforts

- * Two projects
 - * Whitney Huddleston, PharmD
 - * Development and Implementation of a Formal Antimicrobial Stewardship Program in a 247 Bed Non-Profit Community Hospital
 - * Areeman Saed, PharmD
 - * Pharmacist-Driven Antimicrobial Stewardship Implementation in a Community Hospital

Results

- * Huddleston

- * Implementation was successful – follow-through poor

- * Saed

- * Much more focused on follow-through
 - * Establishment of formal team
 - * Expansion of clinical decision support systems (CDSS)
 - * Allergy skin-testing
 - * Physician involvement

Current State

- * ASP Team identified opportunities for improvement
 - * *C. diff*
 - * CDSS change to meet reporting requirements
 - * Extended Spectrum β -Lactamase (ESBL)
 - * *S. aureus* vancomycin MIC creep

Clostridium difficile

- * Revision of guidelines
 - * Universal
- * Collaborative practice
 - * Stress ulcer prophylaxis
- * Fecal Microbiota Transplant (FMT)
 - * Multiple routes of administration
 - * Third party source
- * Restriction of fluoroquinolones
 - * Black Box Warning
 - * Local issues

CDSS

- * Current system could not provide electronic reporting to National Healthcare Safety Network (NHSN) as desired by pharmacy administration and required by regulatory bodies.
- * Touch 50-90 patients per day with current system (expect expansion!)

ESBL

- * *E. coli* (strangely)
- * Restriction of azactam
- * Increased frequency of monitoring and evaluation

- * Restriction of carbapenems

MIC Creep

- * Increased monitoring and evaluation
- * Close partnership with Infectious Diseases physician to suggest and monitor alternative agents to vancomycin
- * Outpatient treatment programs with alternative agents

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Questions?

