

Antimicrobial Stewardship at St Thomas Stones River Hospital

November 17, 2016
THA

St Thomas Stones River Hospital

Who We Are



- ❖ Non Critical Access
- ❖ 70 licensed bed hospital
- ❖ Average Census -
- ❖ Majority is Geriatric Psych Unit
- ❖ Staff
- ❖ Hours of Operation
- ❖ Type of Order Entry
- ❖ Type of Monitoring System

Name: _____ M/F AGE: _____ ACCT#: _____

ALLERGIES: _____ DX: _____

Admit Date: _____ Physician: _____ Ht: _____ Wt: _____ lb/kg

Date Time							
BMP (review)							
CBC (review)							
CrCl							
INR							
Other labs							

Cultures: Urine _____ Blood _____

Sputum _____ Wound _____

Anticoagulation: _____ Indication: _____ Education: _____ Dietary: _____ Baseline labs: _____
Drug/dose/date: _____

First dose	Antibiotic	Last dose

Trough (date/time/results): _____

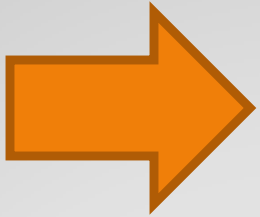
VTE/DVT form: _____ REMS Education for Subutex: _____ Home Med Rec: _____

UDS: _____ Expected discharge: _____

IV to PO Conversion: _____ Miscellaneous: _____

Azithromycin Levaquin Clindamycin
Linezolid Doxycycline Metronidazole

Renal Dose Adjustment:
Levaquin Bactrim Meropenem Zosyn
Ultram Pradaxa Xarelto Lovenox
Reglan



Monitoring Form

Multidisciplinary Approach



- Discharge Planning/Treatment Team
 - Include Monitoring Form(s)
- Culture and Sensitivity review
 - Lab, Nursing, Rx
- Hand Hygiene
 - Monitoring for facility and performing

1. Making Antimicrobial stewardship a system priority with full leadership support
2. Creating an infrastructure to promote and disseminate best practices
3. Standardizing indications for use of the different antimicrobial classes and promoting judicious use of narrow-spectrum agents
4. Building capacity for hospitals to achieve their goals.

Benefits to system wide ASP

- What we have done
 - Antibigram
 - Standing Order Sets
 - Start-Stop Times
- What we are in the process of doing
 - Consolidating formulary
 - Monitoring and Education
- What goals we want to complete
 - Education
 - More Standing Order Sets
 - Community Coordination

Our Process and Plan

Pros

- System support
- Higher ups "Buy In"



Cons

- Not same EHR
- Not 24 hours
- Build on different platform
- Staff Allocation

Antimicrobial Stewardship as a System

"What you don't measure you CANNOT improve?"

- FY 2015 to FY 2016
- System Reduction
- Streamline Formulary
- Other Ideas



Measurements of Success



Questions?