ASK for Guidance MS

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Background

- Antimicrobial stewardship knowledge (ASK) is a multidisciplinary, multi-site project to improve antimicrobial prescribing
- Hospitals used different manual methods to manage antimicrobial use
- Staff did not feel empowered to effect changes for inappropriate antimicrobial use
- Guidelines not standardised difficult to find, not routinely updated
- Smaller sites did not have access to same level of resources or expertise as larger hospitals

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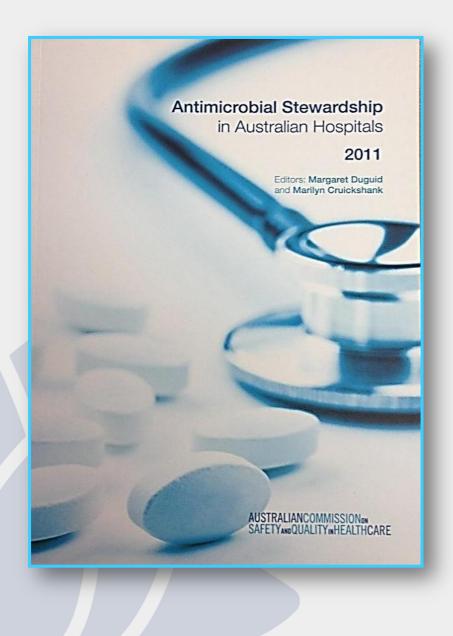
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The ACSQHC Blueprint



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Implementation

- Electronic solution seen as enabler to drive clinical improvement
- Selected Guidance MS after rigorous tendering process
- Extensive consultation and collaboration to develop clinical guidelines and governance process
 - ID specialists, AMS pharmacists
 - Other medical staff, pharmacists
 - Hospital executive, clinical councils
 - Drug and therapeutics committees
 - Infection prevention and control



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Guidance M	Prince Of Wales		Approve rug Approval System Sites iApprove > Authorised Approver Au	Logged in as Adriana Chubaty Logout
Patient Name:	NO PATIENT SELECTED	MRN: NON	E Gender: xx	Age: xx Yrs Specialty: NONE
Drug Guideline:	Ceftriaxone		ance Implementation Clinical Working	g Group Ward: NONE
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Antimicrobial Stewardship Knowledge





Antimicrobial Stewardship Knowledge







Contact ISLHD | Hospitals

Antimicrobial Stewardship Home

Antimicrobial usage

Checklists

- Committee
- Infectious Diseases unit
- Policies and guidelines
- Resources
- Specimen collection
- Useful links

NB. This is the live site Guidance MS V 1.3



Home >> Antimicrobial Stewardship

Antimicrobial Stewardship

- NEW: Antibiotic hotlines for instant advice 9 to 5, Monday to Friday
 - Wollongong (ext. 3838), Shellharbour (3838), Bulli (#2828), Pt. Kembla (3535)
- Restricted antimicrobials list (ISLHD, 2012)
- What is antimicrobial stewardship?

Helpful links for antibiotic prescribing

- Creatinine clearance calculator
- Febrile neutropenia guidelines (ISLHD)
- Gentamicin dosing / monitoring of prolonged use
- MIMS drug interactions
- Pathology (MedCouRieR)
- Pneumonia: SMART-COP / CORB / Mild / Mod / Severe Rx
- Renal impairment: Dosage adjustment (eTG)
- Sepsis Kills: Antibiotics / Pathway / Guidelines
- Therapeutic guidelines (eTG)
- Vancomycin dosing and monitoring (eTG)
- Viral swabs (nose and throat)



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Results

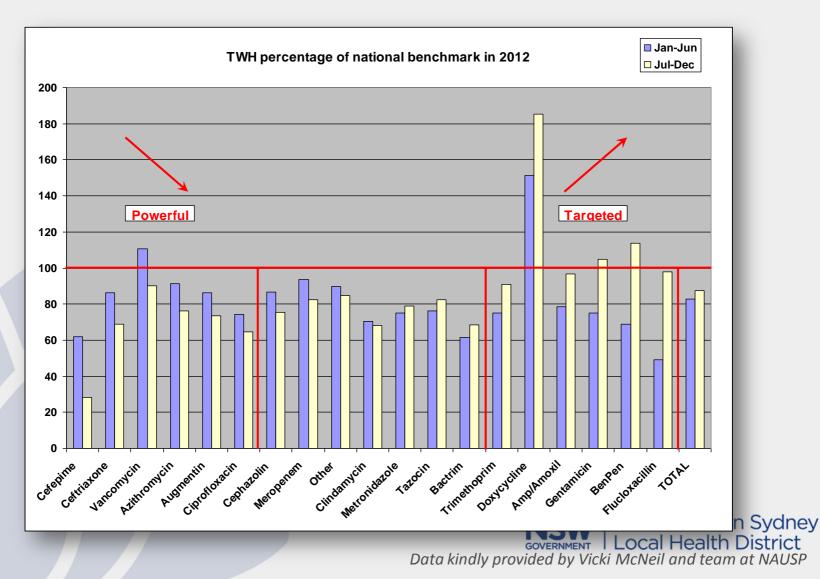
- Improved appropriateness of prescribing according to evidence-based clinical guidelines
- Reduction in usage of many broad spectrum antibiotics relative to National Antimicrobial Utilisation And Surveillance program benchmarks



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Less "powerful" and more "targeted"



Reduction in antimicrobial costs

Facili	ty	2011 Av. Monthly Antimicrobial \$	2012 Av. Monthly Antimicrobial \$
А		135,079	117,867
В		153,234	129,644
С		15,087	9,220
D		20,824	12,579
E		112,179	94,880
F		156,751	131,953



Other benefits

- High uptake of the program
- High user satisfaction
- Enabled sites to meet national accreditation standards
- Ability to identify and address previously unknown practices
- Efficient use of resources through collaboration

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Key learning and advice

- Collaborative, multi-site and multidisciplinary approach to improve antimicrobial prescribing and management
 - Infectious Diseases/Microbiology/Pharmacy/IT partnership
 - Executive support
 - Monitoring and restriction in real time
 - Presence in the hospital (website, branding, etc)



Key learning and advice

- Transitioned from struggling to contain and manage inappropriate antimicrobial prescribing to implementing a consistent, sustainable, state of the art program that supports appropriate antimicrobial prescribing
- Enables clinical teams to work efficiently and effectively together to improve patient outcomes





Acknowledgements

- Executive Sponsors across SESLHD and ISLHD
- Clinical Champions
 - Infectious Diseases Specialists
 - Microbiologists
 - Pharmacists
- Information Communication and Technology (ICT) team
- Sydney Children's Hospital Network (Randwick campus) colleagues
- Melbourne Health Guidance MS

