THE CHRIST HOSPITAL ANTIMICROBIAL STEWARDSHIP PROGRAM

Committee chairs: Angela Haskell Pharm.D, BCPS & Thomas Lamarre, MD

Annual education as mandated per MM.09.01.01

Content update: August 2017



20-50% of all antibiotics prescribed in U.S. acute care hospitals are either unnecessary or inappropriate.

Like all medications, antibiotics have <u>serious side effects</u>, including adverse drug reactions and *Clostridium difficile* infection (CDI).

Patients who are unnecessarily exposed to antibiotics are placed at risk for <u>serious</u> <u>adverse events</u> with no clinical benefit.

The misuse of antibiotics has also contributed to the **growing problem of antibiotic resistance**, which has become one of the most serious and growing threats to public health.

Potential for spread of resistant organisms means that the misuse of antibiotics can adversely impact the health of patients who are not even exposed to them.



Centers for Disease Control and Prevention. 2015 www.cdc.gov/drugresistance/about.html



ANTIMICROBIAL STEWARDSHIP PROGRAM (ASP)

Antimicrobial stewardship is a **multidisciplinary team** that:

- Promotes the appropriate use of antimicrobials (including antibiotics)
- Improves patient outcomes
- Reduces microbial resistance
- Decreases the spread of infections caused by multidrug-resistant organisms

Purpose of the Antimicrobial Stewardship at TCH:

 To ensure optimal clinical outcomes of antimicrobial use while minimizing unintended consequences including toxicity, the selection of pathogenic organisms, and the emergence of resistance at The Christ Hospital

Antimicrobial Stewardship was started in Fall 2011 at The Christ Hospital.



Composed of 2 separate functions:

Core Team:

- The members implementing decisions made by the Antimicrobial Stewardship Committee
 - One full time clinical pharmacist with focus in ID (Angela Haskell) and ID physicians (chair Dr Lamarre)
- All Hospital staff should perform daily infection control measures to prevent and isolate the spread of infection

Antimicrobial Stewardship Committee (ASC)

- A Subcommittee of P&T committee at The Christ Hospital
- Develops guidelines/policies and reviews formulary for all antimicrobial agents
- Composed of: Infectious Disease (ID) physicians, champion physicians, clinical pharmacists, clinical microbiologist, & infection control are the recommended members for the committee (see next slide for ASC at TCH)





The Christ Hospital[™] Health Network

Antibiogram:

•Can be found on the MyTCH intranet under pharmacy services→ antimicrobial stewardship

•Antibiogram is published annually for TCH staff to guide empiric antimicrobial prescribing based on the previous year's organism susceptibilities

- Improvements in antimicrobial susceptibility, can be seen when trending past antibiograms, based on improved antimicrobial use and infection control processes in the hospital
 - Levofloxacin susceptibility to *Pseudomonas* for TCH 2013 -67%, 2014 -70%, 2015 -73%, 2016-77%

Formulary management:

- Some antimicrobial agents are restricted to ID (i.e. Avycaz, Zerbaxa, Fosfomycin)
- <u>Criteria for use antimicrobials</u>: Not restricted but must choose reason for use (i.e. meropenem, daptomycin, etc.) Pharmacist reviews use, daily, for appropriateness and will call provider if not appropriate.



WHAT CAN YOU DO?

Educate patients and families about the appropriate use of antimicrobials agents using the six quick facts below





IMPROVING ANTIMICROBIAL PRESCRIBING

The CDC provides materials to distribute to assist with the appropriate prescribing of antimicrobial agents





INFORMATION FOR patients-flyers available to print and DISTRIBUTE

HTTPS://WWW.CDC.GOV/GETSMART/WEEK/EDUCATIONAL-**RESOURCES/RESOURCES.HTML**







sistance—when bacteri no longer respond to the drugs designed to kill them—is happening right now across the world.



The full impact is unknown. There is no system in place to track antibiotic resistance globally.



Without urgent action, modern medicine will be obsolete and minor injuries will once again be deadly



Super-Resistant Bacteria: Problem Today, Crisis Tomorrow

- In India, 58,000+ babies died in one year from super-resistant bacterial infections, which are usually passed on from their mothers1
- In the European Union, antibiotic resistance causes 25,000 deaths per year and 2.5m extra hospital days2
- In Thailand, antibiotic resistance causes 38,000+ deaths per year and 3.2m hospital days2
- In the United States, antibiotic resistance causes 23,000+ deaths per year and more than 2m illnesses2



Global Action to Slow Resistance

 Improve Laboratory Capacity: Countries need medical labs to identify bacteria and choose the right drugs to treat them. When people get antibiotics without this testing, they:



- Often get treatment that doesn't help - Develop and spread resistant bacteria
- Increase their risk for future resistant infections
- · Develop National Tracking Programs: Countries need the infrastructure to collect resistance data and report results globally. This information is necessary to:
- Target and measure prevention efforts
- Drive policies that help stop spread
- Implement Antibiotic Stewardship Programs: To ensure antibiotics are here when we need them, they must be prescribed and taken correctly now.
- · Expand Infection Control Programs: Improving infection control practices in healthcare settings is critical to prevent spread of antibiotic-resistant germs.

CDC's Impact on a Global Threat

CDC's proposed Antibiotic Resistance Solutions Initiative will:

- Allow standardized tracking of antibiotic resistance internationally
- Prevent antibiotic resistance
- Improve antibiotic prescribing and use
- Boost communication of antibiotic resistance threats

http://www.thelancet.com/journals/lanint/article/PIIS1473-3099(13)70318-9/fulltext Anticrobial Resistance Global Report on Surveillance, 2014, WHO Report http://www.who.int/drugresistance/documents/AMP_report_Web_slide_set.pdf?ua-



Viruses or Bacteria What's got you sick?

Antibiotics only treat bacterial infections. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

	Common Condition: What's got you sick?	Common Cause				
		Bacteria	Bacteria or Virus	Virus	Are antibiotics needed?	
	Strep throat	\checkmark			Yes	
	Whooping cough	\checkmark			Yes	
	Urinary tract infection	\checkmark			Yes	
	Sinus infection		\checkmark		Maybe	
	Middle ear infection		\checkmark		Maybe	
	Bronchitis/chest cold (in otherwise healthy children and adults)*		\checkmark		No	
	Common cold/runny nose			\checkmark	No	
	Sore throat (except strep)			\checkmark	No	
	Flu			\checkmark	No	
	In some cases, acute bronchitis is caused by bacteria, but even in these cases antibiotics still do not help.					

Antibiotics Aren't Always the Answer



www.cdc.gov/getsmart











Please feel free to contact us with any antimicrobial related questions.

Antimicrobial Stewardship Office: A009 (right around from A level doctor's lounge)

Angela Haskell-ID pharmacist 513-585-2249 or at <u>angela.haskell@thechristhospital.com</u>

