

CDPH ASP Toolkit 2015

Example 1.3 Sutter Delta Hospital ASP Policy/Procedure (1 of 3)

<input type="checkbox"/> SAFH <input type="checkbox"/> SAH <input checked="" type="checkbox"/> SDH <input type="checkbox"/> SMCS <input type="checkbox"/> SRMC <input type="checkbox"/> SSMC	PHARMACY POLICY & PROCEDURE MANUAL	Section/#:
	Title: ANTIMICROBIAL STEWARDSHIP	Initiated/Owned by: Allan Yamashiro Director of Ancillary Services
	Effective Date: November 2013	Next Review Date: November 2016

POLICY

Antimicrobial medication use will be monitored by a pharmacist for appropriate use, dose, and duration of therapy based on evidence based practice to provide the best possible patient outcomes. Pharmacists will discuss with the prescriber any changes that are recommended to be made.

Pharmacists will document all recommendations made by the pharmacist.

PURPOSE

Antimicrobial stewardship is implemented to ensure the proper use of antimicrobial medications and provide the most optimal therapeutic and cost-effective care for our patients and to prevent resistance.

PROCEDURE

- A. Each morning, a pharmacist will review the Core Measure Manager reports including:
 - a. Active Antibiotics
 - b. Antibiotics with Positive Cultures
 - c. Cefeime/Vanco/Zosyn/Imipenem use greater than 7 days
 - d. Non-ICU patients on Linezolid
 - e. Patient on "Greater than 3 antibiotics greater than 3 days"
 - f. Vancomycin Monitoring Report
 - g. Aminoglycoside Monitoring Report
 - h. IV to PO Conversion Report
- B. Based on patient-specific data, such as renal function, cultures, evidence-based practices and local susceptibility patterns the pharmacist will evaluate whether the most appropriate antimicrobial is appropriate. The pharmacist uses the attached document (Attachment A) as a guide to evidence-based practices.
- C. The pharmacist will make recommendations to medical provider.

For more info about this example contact Jeffrey Silvers, MD at Silverj@sutterhealth.org

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- D. Document recommendations in Healthprolink as an Antibiotic Stewardship recommendation.
- E. Reviews of accepted and non-accepted recommendations will be conducted to evaluate patterns in prescribing. Findings will be summarized for the Pharmacy and Therapeutics committee with follow up recommendations that may include education, changes to review methods, and other process improvements.
- F. Medical providers are encouraged to use order sets when prescribing antimicrobials to ensure compliance with evidenced-based protocols.
- G. Pharmacists dose antimicrobials written as “Rx to dose”, order labs and adjust dose and frequency as defined in the approved pharmacy protocols. Where protocols are not available, pharmacists use published drug information references.
- H. Patient care process and outcomes will be monitored and reported to the Pharmacy and Therapeutics committee that may include:
 - a. Mortality
 - b. Length of stay
 - c. Readmissions
 - d. Antimicrobial cost
 - e. Appropriateness of antimicrobial selection and compliance evidenced-based practices.

BACKGROUND:

California Senate Bill 739 mandated that, by January 1, 2008, California Department of Public Health require general acute care hospitals to monitor and evaluate the utilization of antibiotics and charge a quality improvement committee with the responsibility for oversight of the judicious use of these medications. The purpose of an antimicrobial stewardship program is to monitor and promote the appropriate use of antimicrobial medications. This is accomplished by using the correct antimicrobial agent at the correct dose for the correct duration of therapy and via the correct route of administration. These programs are designed to improve patient safety and outcomes with the most cost effective therapy, while reducing toxicity and preventing antimicrobial resistance.

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REFERENCE

1. Dellit, TH et al. Infectious Disease Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing and Institutional Program to Enhance Antimicrobial Stewardship. Clin Infect Dis 2007;44:159-77.
2. Patel P, MacDougall C. How to make Antimicrobial Stewardship Work: Practical Considerations for Hospitals of All Sizes. Hosp Pharm. 2010
3. California Department of Public Health: The California Antimicrobial Stewardship Program Initiative. <http://www.cdph.ca.gov>
4. <http://www.dhcs.ca.gov/provgovpart/initiatives/nqi/Documents/SB739.pdf>

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