

## CDPH ASP Toolkit 2015

### Example 10.1 Palomar Health Prospective Audits with Feedback/Intervention Program (1 of 2)

#### Prospective Audits of Antimicrobial Prescriptions Performed and Intervention/Feedback Provided

1. Daily list of patients on antimicrobials targeted by the ASP is printed in the Pharmacy.
2. Each order is reviewed for:
  - a. Appropriate indication
  - b. Can a narrower spectrum agent be used based on cultures or indication?
  - c. Does the agent cover the pathogen isolated?
  - d. Is the dose appropriate based on the patient's weight, renal function or indication?
  - e. How long has the patient been on the agent? Can it be discontinued?
  - f. Does this agent duplicate other agents that the patient is currently receiving?
  - g. Can this agent be switched to an oral equivalent?
  - h. Does the patient have any contraindications for using this agent, e.g. pregnancy, drug allergy, etc?
  - i. Are there any potential drug interactions with this agent?
  - j. Is the patient experiencing any adverse effects from this agent?
  - k. Cost effectiveness – Can a less expensive agent be used instead?
3. Orders that meet criteria for appropriateness are discarded or filed for future reference.
4. Orders that fail to meet any of the above criteria require an intervention:
  - a. Hospitals that use paper charts utilize designated forms that are not part of the permanent record. These forms are removed from the chart when the patient is discharged; the forms are sent back to the Pharmacy Department.
    - i. A form is completed that states the problem with the current antimicrobial order. It includes a suggested alternative to use or dosage adjustment.
    - ii. Physician can respond on the bottom of the intervention, explaining why current antimicrobial order cannot be changed.
    - iii. The paper form is followed up with a phone call during the same day to the physician, where the patient's care can be discussed in further detail.
    - iv. A copy of the intervention or report that includes the patients' name, medical record number, the date of the intervention, and physician that was contacted is kept in a folder. Orders that have not been changed by the following day generate a second phone call from the ASP pharmacist to the physician.
  - b. Hospitals that are fully computerized and paperless often utilize a Message Board that alerts physicians to messages about their patients when they log on.
    - i. An electronic form is completed that states the problem with the current antimicrobial order. It includes a suggested alternative to use or dosage adjustment.
    - ii. Physician can respond on the bottom of the message, explaining why current antimicrobial order cannot be changed.
    - iii. The electronic message is followed up with a phone call during the same day to the physician, where the patient's care can be discussed in further detail.
    - iv. A copy of the intervention or report that includes the patients' name, medical record number, date of the intervention, and physician that was contacted is kept in a folder or electronic file. Messages that have not been opened or responded to by

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the following day generate a second phone call from the ASP pharmacist to the physician.

5. Rejected interventions are tracked by medical specialty. Departments that fail to follow ASP guidelines will have:
  - a. In-service education performed at department meetings or Medical Grand Rounds.
  - b. Articles published in physician & pharmacy newsletters.
  - c. Educational posters displayed where physicians are most likely to see them.
  - d. Pre-printed order sets developed with input from the respective medical specialties.
  - e. The ASP ID physician privately counsel physicians who are repeat offenders.
6. Medical departments that change their prescribing habits with improved outcomes are publically commended at department meetings, Quality Management Committee meetings, and newsletter articles. Positive reinforcement encourages continued compliance.

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