

# 2024 ORH Hospital Quality Workshop

June 26-27, 2024

St. Charles Medical Center | Bend, OR

## Accelerating Quality Improvement Across the Spectrum of Stakeholders

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Cheryl Pell, RPh, Dayton General Hospital

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# Agenda



Engaging Stakeholders



Quality Improvement examples: An analysis of successes and failures

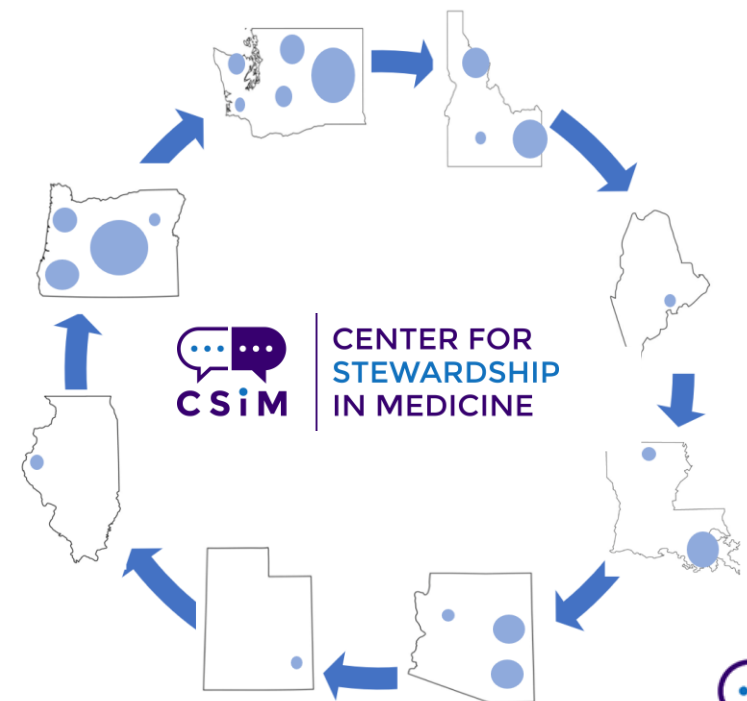


Overcoming Hurdles and Sustaining Success

# Introductions

# Center for Stewardship in Medicine (CSiM)

- **Faculty:** Academic ID pharmacist + ID physicians + trainees
- **UW-CSiM participants:** 82 rural and critical access hospitals
- **Goal:** Tele-mentoring
- **Stewardship Activities:**
  - 6 years of weekly zoom didactic sessions
  - Site visits
  - Case presentations and discussion
  - Antibiotic pocket guide
  - Online toolkits and resources
  - Ongoing mentoring
  - Quality improvement initiatives (IQIC)



# Introducing our Panel



**Location:**



**Beds:**



**Staff:**



**Stewardship  
Activities:**

# Cheryl Pell, Dayton General Hospital

- Location: Dayton, WA (located 30 miles east of Walla Walla Wine Country!)
- Beds: 25 bed Critical Access Hospital
- Staff: 271
- Quality Improvement/Stewardship Activities:
  - Community Acquired Pneumonia-evaluation of antibiotic selection in the ED
  - UTI-evaluation of antibiotic selection and duration of therapy in the outpatient clinic setting. Are we meeting recommended guidelines?
  - Participated in all cohorts of the Center for Stewardship in Medicine (CSiM) ASB study

# Svetlana Melnik, Lower Umpqua

- Location: Reedsport OR, Southern Oregon Coast
- Beds: 22
- Staff: 224
- Quality Improvement/Stewardship Activities:
  - Established an Antimicrobial Stewardship Committee in January 2023
    - ✓ Establishment of team, charter, and Board approval of new committee
    - ✓ Monthly or bimonthly meetings
  - Projects accomplished
    - ✓ Antibioqram with highlighted empiric antibiotic recommendations
    - ✓ CDiff treatment, order set, and testing with reflex to PCR
    - ✓ Sepsis order set with empiric antimicrobials
    - ✓ Outpatient Empiric Antibiotic Guidelines for Adults
  - Projects in Progress
    - ✓ MediTech set up for NHSN reporting
    - ✓ IQIC – ASB 101 participation and – pending post-data interventions
    - ✓ Vancomycin Dosing Protocol

# Colleen Klamm, WhidbeyHealth

- Location: Whidbey Island
- Beds: 25 plus 9 clinics
- Staff: 911 Hospital and Clinics, not including travel/agency staff at the hospital
- Quality Improvement/Stewardship Activities:
  - URI Antibiotic Use in the Emergency Department
  - Asymptomatic Bacteruria vs Urinary Tract Infection (UTI)
  - UTI treatment choice
  - UTI treatment duration
  - UTI decrease fluroquinolones
  - Monitoring appropriate testing for C. difficile





# Engagement

# Has your leadership team asked you for a specific deliverable of your antimicrobial stewardship program?



Yes



No, my administration/leadership just told me to do "Antimicrobial stewardship"

# Engagement

- How do you engage leadership in your quality improvement work (successes/failures)

# If a Surveyor were to come to your hospital today: How would your clinical & non-clinical staff describe your antimicrobial stewardship program?



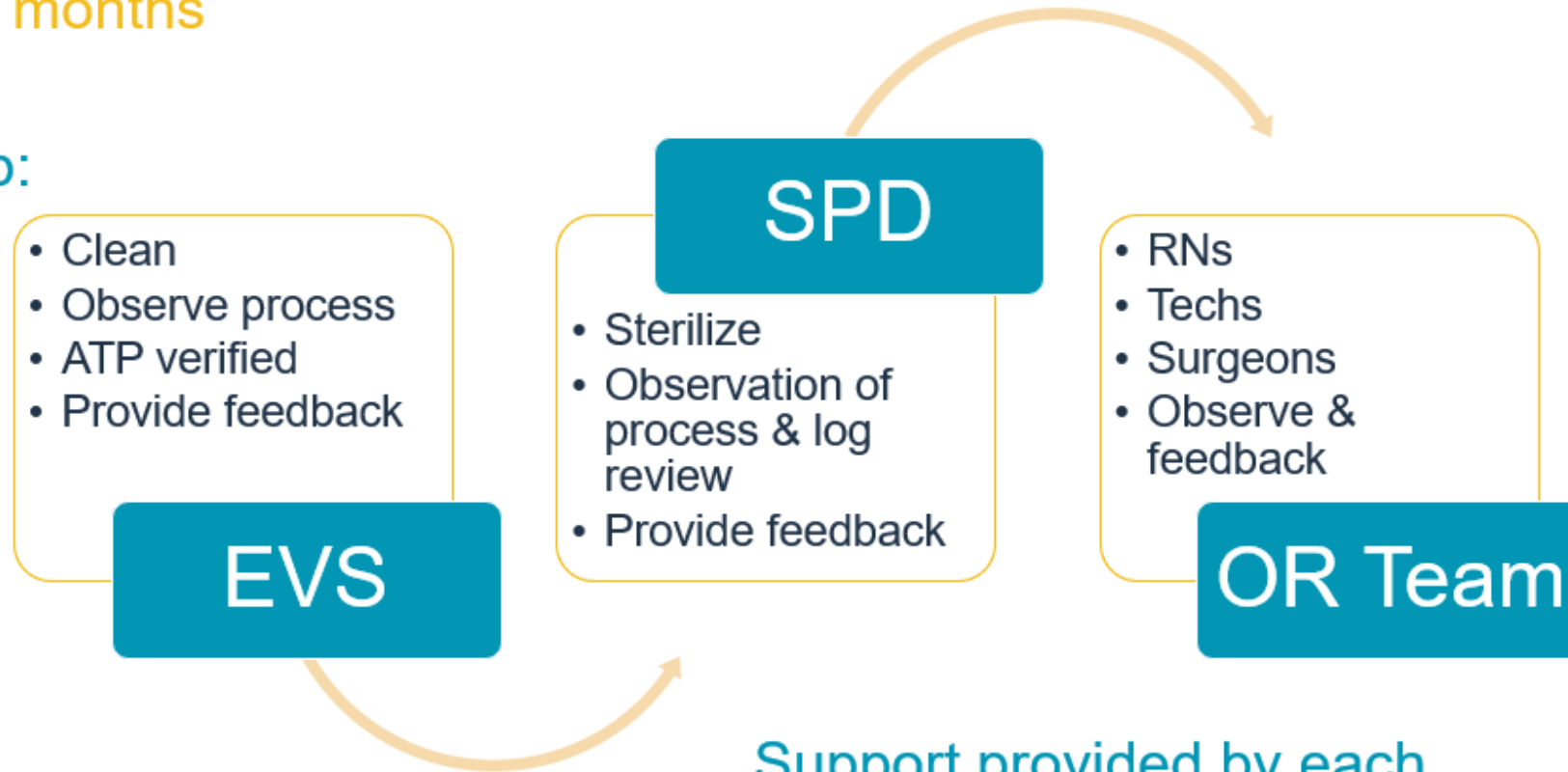
With great enthusiasm



They might ask, do we have one of those?

## Zero SSIs (surgical site infection) for 16 months

### Set up:



Support provided by each  
Department Manager and  
Chief of Surgery.

# SURGICAL SYMPHONY ORCHESTRA

an award winning concert for more than a year

## ZERO SURGICAL SITE INFECTIONS (SSIs)

### SETTING THE STAGE

Environmental  
Services

### INSTRUMENTS

Sterile Processing  
Department

### ORCHESTRA

RN's, Scrub Techs and  
other supporting staff

### CONDUCTOR

Surgeon  
Anesthesiologist

### Putting is all together: a Successful Symphony

ZERO SSIs or other surgical related infections since May 2022



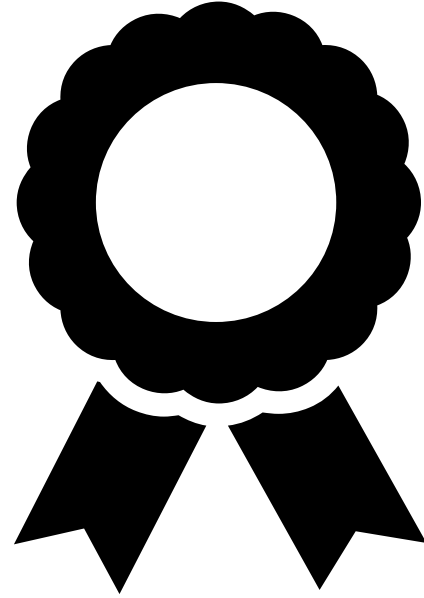
# Does your institution do Patient Education/Outreach?



Yes



No



# Quality Improvement Examples



# Good Day Provider Letter

Providers who are not prescribing according to the agreed upon best practice, without documentation of why, receive this letter.

They are encouraged to speak with their Medical Director about their case(s).

Good day Provider,]

The Antimicrobial Stewardship Committee has an active approach to increasing appropriate use of antibiotics.

**Mission:** Decreasing antibiotic use and increasing education about Antimicrobial Stewardship (AMS) day by day. Improve AMS practices at WHMC and monitor outcomes and antimicrobial use (consumption).

**Vision:** Multidrug Resistant Organisms (MDROs), C. diff. are rare, antibiotics available when needed.

**Committee's Purpose & Responsibility:** Promote the appropriate use of antimicrobials by selecting the appropriate agent, dose, duration, and route of administration to improve patient outcomes, while minimizing toxicity and the emergence of antimicrobial resistance.

**First line choice for UTI:**

Nitrofurantoin (Macrobid) 100mg PO BID x 5 days

OR

TMP-SMX DS 1 tablet PO BID x 3 days

General Symptoms for UTI: Acute onset dysuria, frequency, or urgency with no systemic or upper signs of infection. Clinical symptoms must be present for a true UTI. Positive dip stick or culture without symptoms is *Asymptomatic Bacteriuria which should not be treated.*

There has been a slow increase in *resistance to the fluoroquinolone class of antimicrobials.* Surveillance data for Washington State demonstrates >15% fluoroquinolone resistance in E. coli, the most common community-acquired gram neg pathogen.

There is a *black box warning for fluoroquinolones* which includes the risk of tendinitis and tendon rupture was higher in people aged over 60, patients who had received kidney, heart, or lung transplants, and people taking steroid treatment.

If there is no other option to the use of fluoroquinolone, the best practice is to document why fluoroquinolone was used to treat UTI.

Your case:

Please review your case and feel free to discuss it with your medical director.

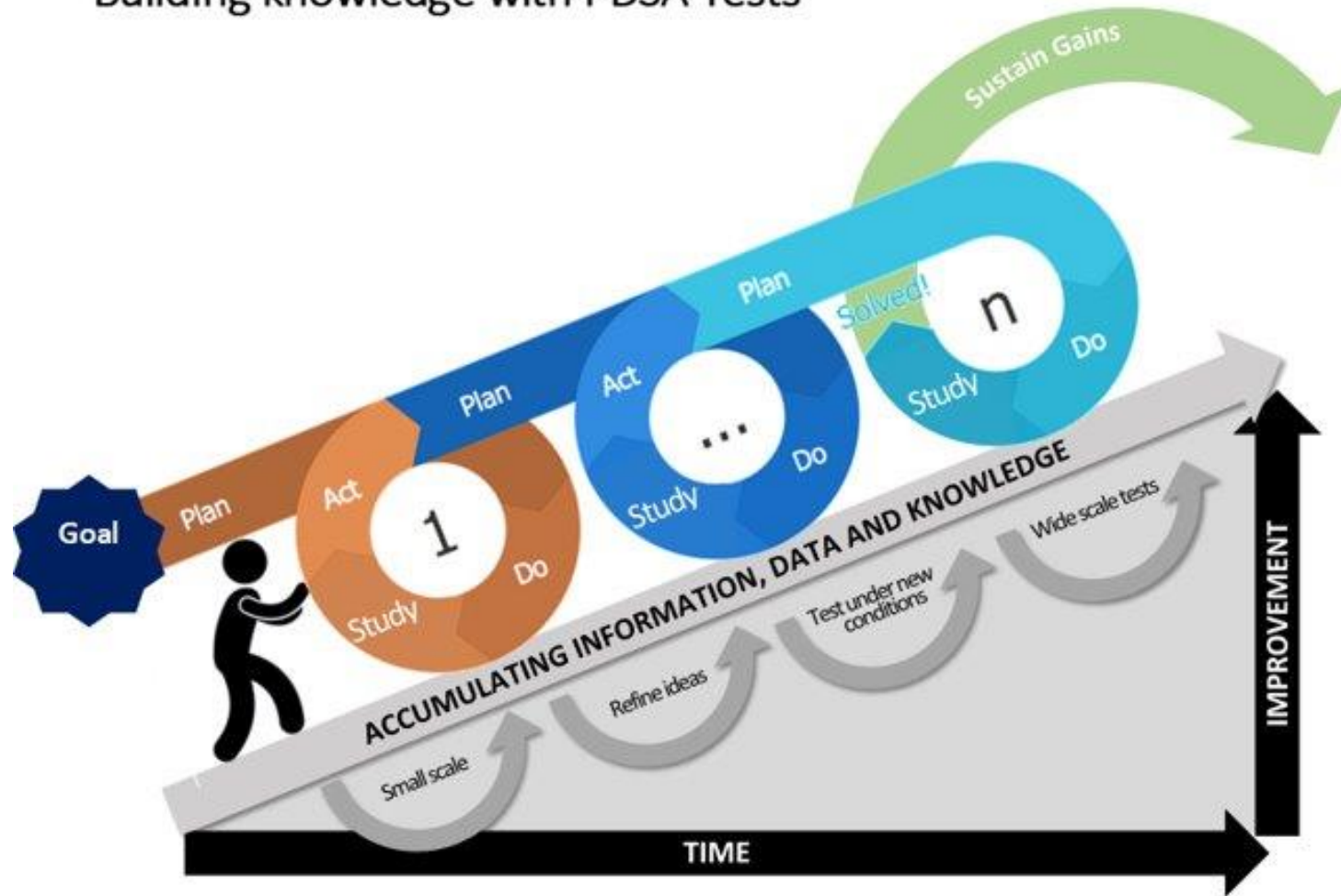
On behalf of the Antimicrobial Stewardship Committee,



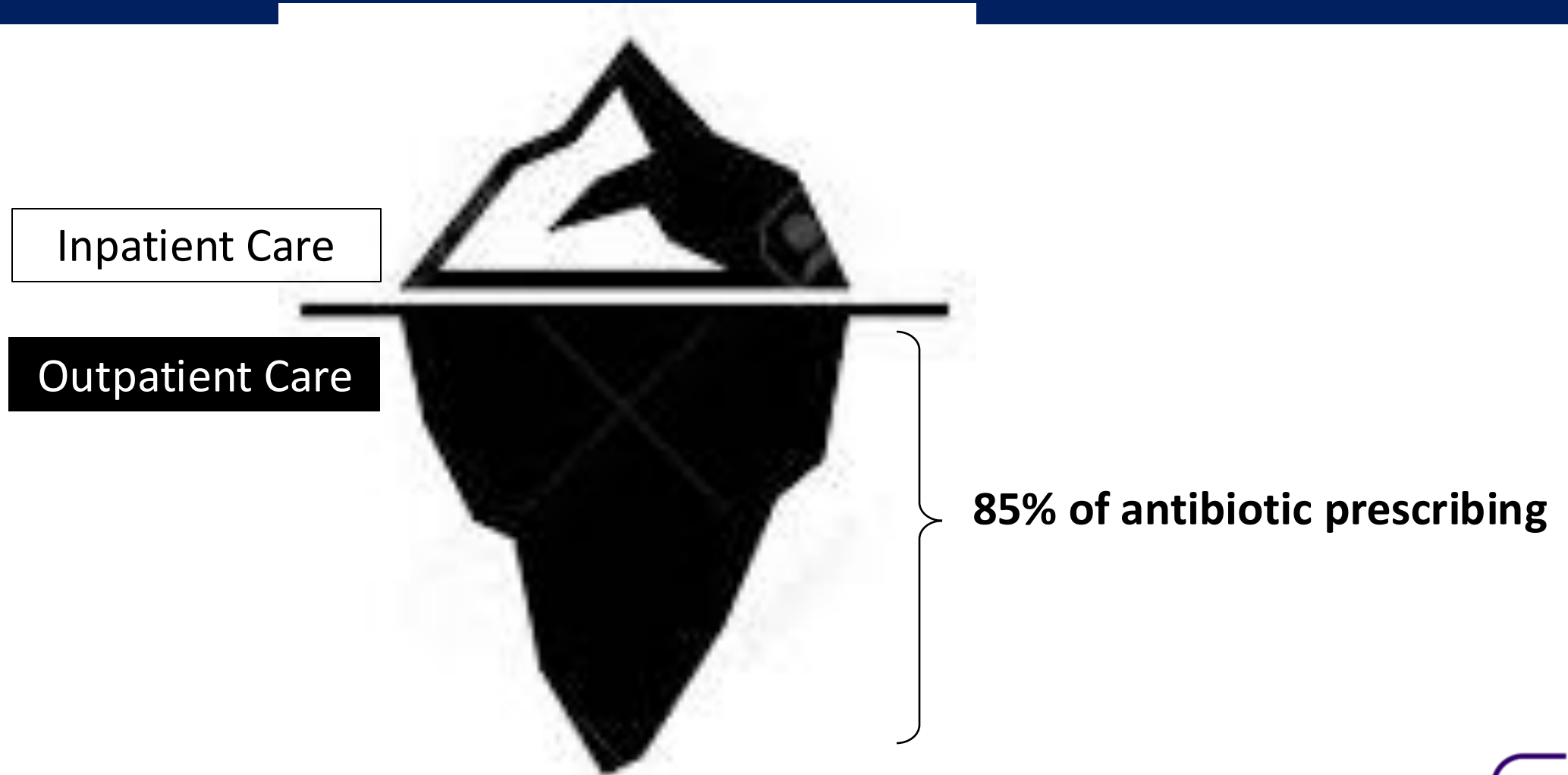


# Overcoming Hurdles and Sustaining Success

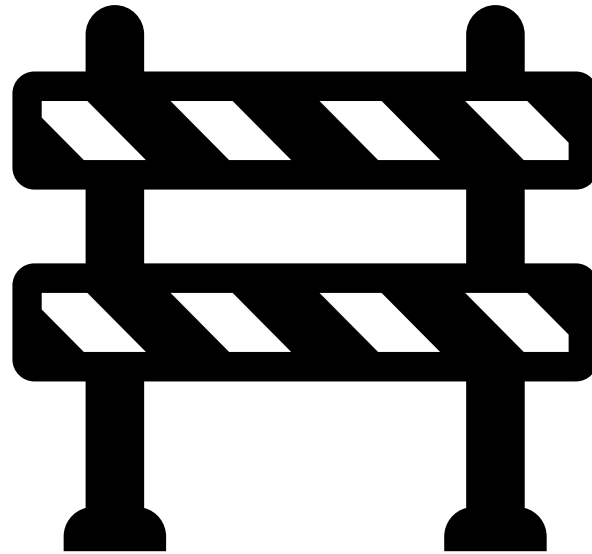
# Building knowledge with PDSA Tests



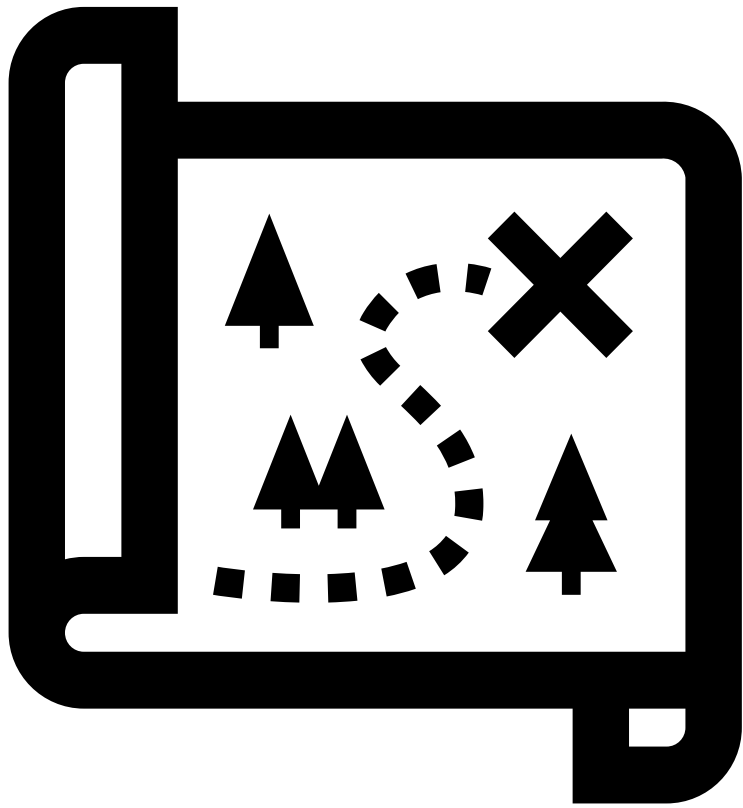
# Translating initiative from inpatient to outpatient



# Threats to Success



# Sustaining Success & Plans for the Future



Quality Improvement is *accelerated*  
when  
the *right group* is together for *best*  
*patient care*  
WITH  
Leadership Support

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## Thank you!

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