Implementation of Face-to-Face Antimicrobial Stewardship Rounding at a Veterans Affairs Hospital Jon Malepsy, PharmD, Vidya Atluri, MD/PhD



INTRODUCTION

Overall, 50% of admitted patients are given antibiotics during their hospitalization. The antibiotics chosen are often suboptimal – from unnecessary, to broader than necessary, to wrong dose, duration, or poor choice of route of administration. This leads to increased adverse events, costs, and drives antimicrobial resistance. Antibiotic stewardship is the coordinated effort to improve antibiotic prescribing to preserve their effectiveness for the patient and protect patients from the harms caused by unnecessary antibiotics.

In 2019 the Leading Practices in Antimicrobial Stewardship Conference recommended "handshake stewardship" as a leading practice to improve antibiotic prescribing. This practice, first described by Hurst et al, involved regular stewardship rounds by a pharmacist-physician team. In their children's hospital. This intervention led to significant cost savings and reduction in antimicrobial use.

The Veterans Affairs Central California Healthcare System (VACCHCS) antimicrobial stewardship program primarily utilizes prospective auditfeedback. Initially, antimicrobial recommendations were communicated to medicine and surgery teams exclusively through chart notes. September 2021 "handshake stewardship" was started at the VACCHS. This pre-post cohort study is an assessment of the changes in antimicrobial use, inpatient mortality and 30-day readmissions that occurred with the intervention.

Identify admitted patients prescribed antibiotics, without ID consults Review electronic medical record for: Antibiotic indication Microbiology Review guidelines regarding appropriate therapy **Central California VA Health System**

PRELIMINARY RESULTS







Intervention

A pharmacist-physician team goes to each medical and ICU team to discuss the reviewed patients

Discussion documented in the electronic medical record



Monitor intervention outcome: Acceptance Rejection Accept w/modification

Monitor patient outcomes

Total antibiotic use was collected from the National Healthcare Safety Network's Antimicrobial Use and Resistance (NHSN-AUR) Module as antibiotic days-of-therapy per 1000 patient days (DOT/1000). Monthly inhospital mortality and 30-day readmission data were collected from the VA's Corporate Data Warehouse.

Quarterly antibiotic use and monthly mortality and 30-day readmission data were trended over time.

Monthly in-hospital mortality and 30-day readmission data were decreasing prior to our intervention and continued to decrease post-intervention.

Antibacterial use varies by time of year, the state of the pandemic, and the effects of other quality improvement projects that were implemented in the same time period. Careful statistical analysis will be needed to distinguish the effects of this intervention from those other factors.

Ongoing data collection to monitor changes over time.

Assessment of staff satisfaction and educational value of handshake stewardship in comparison to prior practices.

IF YOU ARE INTERESTED IN PARTCIPATING IN ANTIMICROBIAL STEWARSHIP EFFORTS PLEASE CONTACT THE AUTHORS!



METHODS

CONCLUSION

Use of broad spectrum antibacterial agents decreased in the months following the implementation of "handshake stewardship." Total antibacterial use slightly increased after the intervention.

FUTURE DIRECTIONS