

Antimicrobial Stewardship Profile: St. Francis Memorial Hospital



St. Francis Memorial Hospital (SFMH) is a 20 bed community hospital.

Located in the village of Barry's Bay, SFMH serves a catchment population of approximately 10,000 dispersed over a large geographical area. Inpatient services include:

- Acute Care Unit
- Complex Continuing Care
- Palliative Care



Champions: (L-R) Joan Kuiack, Director of Patient Care; Jason Malinowski, Physician Champion; Janet Lynch, RN, Care Facilitator; Susan Coulas, Nursing Pharmacy Supervisor; Sammu Dhaliwall, Pharmacist.

Why an Antimicrobial Stewardship Program (ASP)?

Because of its distance from secondary facilities and the low population density in the surrounding area, St. Francis Memorial Hospital is always looking for strategic partnerships and solutions to improve efficiency and patient care across the system. One such partnership has been with North West Telepharmacy Solutions.

North West Telepharmacy Solutions was formed to address the significant shortage of pharmacists for hospitals in remote Canadian communities. When Accreditation Canada introduced the new Required Organizational Practice that acute care hospitals have an antimicrobial stewardship program, North West Telepharmacy Solutions recognized an opportunity to expand its services to St. Francis Memorial Hospital.

Challenges for small community hospitals

In 2013, pharmacist Sammu Dhaliwall was providing remote clinical pharmacist services to St. Francis Memorial Hospital and recognized that there would be barriers to implementing an ASP. Like many small community hospitals, St. Francis Memorial Hospital had limited resources in terms of both infectious diseases expertise and information technology support. Still, with commitment from senior administration and the support and guidance of Dhaliwall and physician champion Dr. Jason Malinowski, St. Francis Memorial Hospital formed a committee and launched its ASP in the summer of 2013. The committee—which had representation from nursing, infection prevention and control, and microbiology—used the Public Health Ontario Gap Analysis Checklist to identify priorities and determine the best strategies for implementation, given its limited resources. First, the team implemented an IV-to-PO step-down policy and an order set for select antimicrobials. They also worked with the

microbiology department to develop an institutional antibiogram, and provided education to physicians. A remote pharmacist offers suggestions to prescribers about each patient's antimicrobial therapy and collects data to evaluate the success of the program. Director of Patient Care Services Joan Kuiack says the program has been well received by the physicians. Many patients at St. Francis Memorial Hospital are transferred from larger teaching hospitals on broad-spectrum, and non-formulary antibiotics. Support from the ASP and input from the pharmacist has increased physicians' comfort with stepping down therapy for these patients. The ASP committee continues to work on expanding the program and hopes to develop further tools and resources to increase its scope and provide additional support to prescribers.

Successes

- Physician acceptance of the program
- Collaboration with microbiology to develop an antibiogram
- Development of a tool for prospective data collection

Challenges

- Lack of access to an infectious diseases specialist
- Keeping up with ongoing education to physicians and staff
- Data collection is a manual process and is time consuming
- Formalized audit and feedback given limited human resources

Horizon

- Have an infectious diseases physician provide education to staff
- Develop and implement a pharmacist antibiotic renal dose adjustment policy
- Develop and implement order sets for pneumonia and urinary tract infections
- Develop treatment guideline pocket cards for physicians

SFMH ASP tools and resources

The following resource has been made available by St. Francis Memorial Hospital and is an example of tools and resources that support its/an antimicrobial stewardship program:

1. [SFMH IV to PO Step-down Preprinted Orders](#)

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Citation

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Antimicrobial Stewardship Hospital Profile: St. Francis Memorial Hospital. Toronto, ON: Queen's Printer for Ontario; 2015.
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For further information

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Public Health Ontario acknowledges the financial support of the Ontario Government.



Resource 1: SFMH IV to PO Step-down Preprinted Orders



St. Francis Memorial Hospital Antibiotic IV – to PO Step Down Order Set

Weight: _____ Height: _____

Allergies: _____

Criteria for Step-Down Therapy

- Patient has received IV antibiotic therapy for longer than 48 hours
AND
- Patient is tolerating other PO meds and/or at least clear liquid fluid diet for longer than 24 hours
AND
- Patient is afebrile for longer than 48 hours (oral T less than 37.5°C or tympanic T less than 37.2°C)
AND
- WBC count is decreasing and hemodynamically stable

Exclusion Criteria

- NPO order on chart
- Not tolerating at least clear fluid diet
- All medications by non-oral route
- Receiving continuous enteral feeds
- Critical Care patient
- Treatment of endocarditis, central nervous infection, abscess, osteomyelitis, or septic arthritis
- S. aureus or enterococcal bacteremia
- Neutropenia
- GI dysfunction

IV ANTIBIOTIC	IV DOSE	PO DRUG	PO DOSE
Ciprofloxacin	<input type="checkbox"/> 400 mg IV q12h	Ciprofloxacin	<input type="checkbox"/> 500 mg PO q12h
	<input type="checkbox"/> 400 mg IV q24h		<input type="checkbox"/> 250 mg PO q12h
<input type="checkbox"/> Clindamycin	600 mg IV q8h	Clindamycin	<input type="checkbox"/> 450 mg PO q8h
<input type="checkbox"/> metroNIDAZOLE	500 mg IV q12h	metronidazole	<input type="checkbox"/> 500 mg PO q12h
<input type="checkbox"/> Moxifloxacin	400 mg IV q24h	Moxifloxacin	<input type="checkbox"/> 400 mg PO q24h

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