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# Quality Residency Capstone

**Regional West Garden County**

**April Toepfer RN, BSN**

**9/7/2022**

# Team

- Kyle Brown PA-C
- April Toepfer RN, BSN, Pharmacy Tech
- Brittany Krauter Pharmacy Tech
- Craig Noe Pharmacist
- The Antibiotic Stewardship tracking team meets quarterly to discuss compliance rate and discuss if changes need to be implemented.
- Hospital Nurses Complete the paperwork for review.

# AIM Statement

- What is your AIM Statement
  - To reduce the prolonged use of IV antibiotics by communicating with the pharmacist for appropriate treatment with a 85% accuracy by 5/1/2022 and 95% accuracy within 1 year.

# Measures

- Establishing Measures
  - The total percent of antibiotic days sent to pharmacy for review compared to the antibiotic days that were not sent to the pharmacist for review.

# Selecting Changes

- What changes can you make that will result in improvement
  - Provide easy to use forms.
  - Keep nursing staff informed of compliance results.
  - Include the Nursing staff in decision making to reach intended goal.

# PDSA

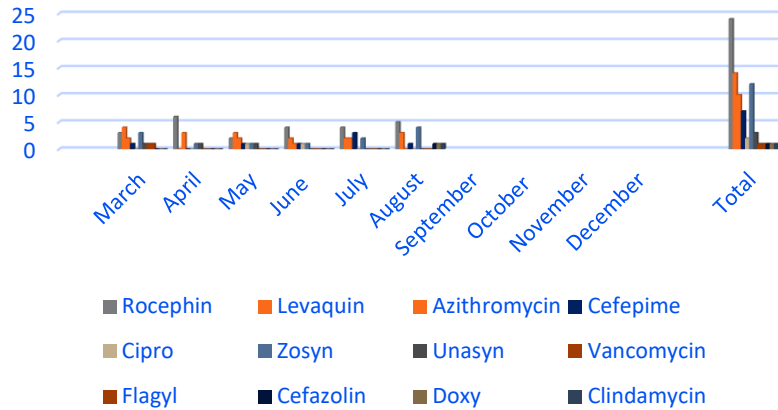
- Describe your PDSA cycles
  - The Plan is to reduce the prolong use of IV antibiotics as soon as appropriate.
  - Step 2 the Do is to communicate with the inpatient pharmacy the information needed for them to determine if a change in treatment is recommended on a easy to use form, bimonthly tracking, quarterly meetings with tracking team and keep the staff informed.
  - The Study is to track the rate of compliance of communication with the inpatient pharmacist.
  - The Act will be to discuss with nurses compliance rate, implement nurses suggestions to improve their compliance rate, start tracking if cultures where completed prior to IV antibiotics being started.

# Implementing Change

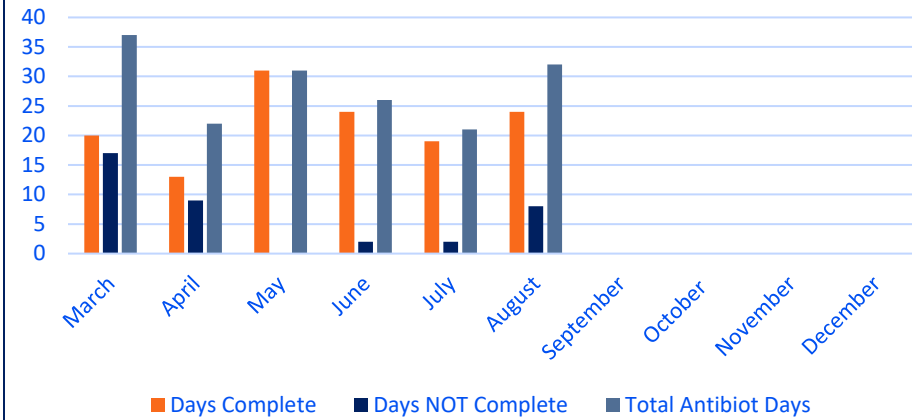
- Describe your PDSA cycles
  - After tracking compliance rate for the first month, there were suggestions to change up the communication form. Tracking also includes which staff member did not complete their communication form per their request. Cultures are now being tracked as well to ensure they are being collected prior to IV antibiotic start.

# Data

## Type of Antibiotics being Used



## 2022 Antibiotic Tracking Compliance



Patient	Visit #	MEDICATION	START DATE	END DATE	cultures done prior to treatment	Days Complete	Days Not Complete	Pharm. Recommendation	oral med start date
		Zosyn	8/1/2022	8/2/2022	YES blood	1	1	No	discharged
		Cefepime	8/1/2022	8/2/2022	YES blood	2	0	Yes	discharged
		Zosyn	8/1/2022	8/2/2022	YES blood	2	0	YES	PO levaquin
		Cefazolin	8/6/2022	8/8/2022	YES blood	2	1	Yes	discharged
		Rocephin	8/7/2022	8/8/2022	Yes Urine	1	1	Yes	discharged
		Rocephin	8/7/2022	8/8/2022	Yes Urine	0	2	No	discharged
		Rocephin	8/9/2022	8/10/2022	NA	1	1	No	discharged
		Doxy/ levaquin	8/8/2022	8/9/2022	NA	1	1	Yes	discharged
									changed 2 oral
		Clindamycin	8/18/2022	8/20/2022	NA	3	0	No	
		Rocephin/levaquin	8/18/2022	8/19/2022	Yes blood	2	0	Yes	transfer
		Zosyn	8/19/2022	8/22/2022	YES blood	4	0	Yes	discharged
		Zosyn	8/26/2022	8/28/2022	Yes blood	3	0	Yes	discharged
		Rocephin	8/26/2022	8/26/2022	NA	0	1	No	transfer
					No (blood)				
		Levaquin	8/28/2022	8/29/2022		2	0	Yes	discharged



# Spreading Changes

- After successful implementation for inpatients on IV antibiotic's we will be able to spread the change by completing the communication forms for swing bed patients and outpatients.

# Questions?

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# References

- IHI: The Science of Improvement: How to Improve  
<http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprovementTestingChanges.aspx>
- AHRQ: Health Literacy Universal Precautions Toolkit, 2<sup>nd</sup> Edition: Plan-Do-Study-Act (PDSA) Directions and Examples  
[Ahrq.gov/health-literacy/improve/precautions/tool2b.html](http://Ahrq.gov/health-literacy/improve/precautions/tool2b.html).
- Regional West Garden County Policy: Antimicrobial Stewardship Program