

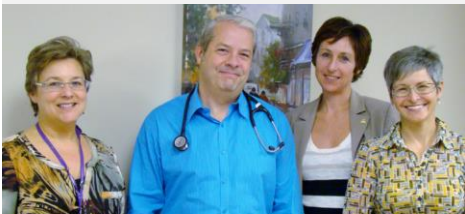
Antimicrobial Stewardship Profile: Montfort Hospital



Montfort Hospital is a community teaching francophone institution, offering care in both official languages with 300 acute care beds.

Serving primarily the region of Ottawa, the hospital also receives patients from eastern Ontario's rural area and offers services in:

- Intensive Care
- Medicine
- Mental Health
- Neonates
- Obstetrics
- Surgical Services: general, orthopedics, plastics and gynecology



"There is a culture within Montfort which makes working together very easy," says Linda Lessard. **Champions** (L-R): Josée Shymanski, Dr. Denis Chauret, Linda Lessard, Lise Vallaincourt.



Dr. Guy Moreau, Chief of Staff and executive lead for the working group.

Why an Antimicrobial Stewardship Program (ASP)?

The pending 2013 Accreditation Canada Required Organizational Practices (ROP) was motivation to establish an antimicrobial stewardship working group at Montfort. Lise Vallaincourt, Director of Pharmacy, approached Linda Lessard, Director of Quality, Risk and Infection Control in the spring of 2012 to establish the group.

Despite the lack of dedicated financial and human resources, a multidisciplinary working group led by Lessard, Vallaincourt and the Manager of Infection Prevention and Control, Josée Shymanski, played an important role in establishing and leading the project. The group included pharmacists, lab representatives, chief of medical staff, and an internist. In a relatively short period of time they had produced terms of reference and a draft plan for a stewardship program. They further laid the groundwork by persuading Montfort's administrators to include the ROP as part of their Quality Improvement Plan (QIP). As a result, antimicrobial stewardship was identified as a "priority one" and linked as "priority two" on the plan for reduction of hospital-acquired *Clostridium difficile* infection. With this leverage, Lessard now hopes to access extra resources in the next fiscal year to ensure success.

Pharmacy driven initiative

Montfort has already established some key ASP activities. The pharmacy-driven initiatives include: the authority, under a medical directive, to change the route of administration from IV to PO if the patient meets certain pre-established conditions; imipenem as the only restricted drug at this time; and more recently, reviews of intensive care unit (ICU) patients twice weekly when a broad spectrum antibiotic has been ordered. Additionally, there are several clinical pathways in place and a number of pre-printed order forms to guide the appropriate choice of antimicrobials. These documents are revised regularly to reflect current best practices. To date, the success of these early processes have not been measured.

Champions

Dr. Denis Chauret, Internist, Department of Medicine and Chair of Pharmacy and Therapeutics, has been involved from the start. Without an infectious disease (ID) physician on staff at Montfort, specialists in internal medicine are consulted for challenging cases and liaise with ID when necessary. Dr. Chauret is keenly interested in supporting staff in practicing evidence-based medicine. The antimicrobial stewardship initiative is a good opportunity for clinicians to “return to basics” i.e. taking cultures and using treatment options which have in the past been effective, cheaper and sometimes forgotten as to their efficiency.

Shymanski attends the working group meetings to share ideas and resources, and provide infection rates for drug resistant organisms, *Clostridium difficile* infections and days of isolation data. While she was aware of antimicrobial discussions occurring at the provincial level and increasing concerns related to gram-negative resistant organisms, she also recognized the value of practical peer-to-peer experiential learning. By contacting Dr. Gary Garber, Infectious Diseases physician, to share ASP activities from his experience at The Ottawa Hospital, the Montfort working group gained advice that propelled their ASP efforts.

Collaboration

As with any new initiative, communication and collaboration are key components to success. Montfort’s pharmacy department in collaboration with the laboratory produce and distribute the hospital antibiogram which guides physicians in the choice of antimicrobials based on local epidemiology. Dr. Chauret noted that departmental meetings and continuing medical education events are good forums to reach physicians using peer-to-peer dialogue.

Successes

- Terms of reference and program mandate completed
- Established a 10-member working group meeting monthly
- ICU physicians are cooperating with a research project currently underway by a pharmacy resident and are supportive of studies proposed by the working group
- Measuring compliance with surgical antimicrobial prophylaxis on hysterectomies, knee and hip surgeries

Challenges

- Lack of an ID physician on staff at Montfort
- Lack of IT and decision support to extract data to establish baseline data
- Shortage of staff pharmacists
- Difficult to extract specific data from Meditech
- Staff general practitioners tend to be influenced by residents coming from the larger academic health services settings
- Limited communication methods with physicians
- Lab services support for ASP

Horizon

- Project lead will soon be in place
 - Project to measure activity and establish baseline
 - Building or purchasing a tool that supports data extraction and analysis
 - Using critical events as a mechanism to educate
 - Promotion of the program to create awareness internally as well as within the community
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For further information

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