

## Antimicrobial Stewardship Profile: Grey Bruce Health Services



Grey Bruce Health Services is comprised of six sites: Owen Sound, Southampton, Markdale, Meaford, Wiarton and Lion's head.

Grey Bruce Memorial Hospital is a state of the art facility, with 228 acute care beds, that offers the following services:

- Critical Care
- Medicine
- Neonatal ICU
- Obstetrics and Gynecology
- Oncology
- Outpatient Oncology
- Pediatrics
- Psychiatry
- Surgery
- Rehabilitation



**Champions** (L-R): Dr. Greg Becks, Chair, Pharmacy & Therapeutics Committee; Sherri Beckner, Infection Control Professional; Trent Fookes, Pharmacy Director; Sonja Glass, Chief Quality Officer; Justin Cook, Pharmacist.

### Why an Antimicrobial Stewardship Program (ASP)?

Senior Administration at Grey Bruce Health Services sees ASP as a quality initiative. Many elements of an ASP are in place despite not having a formal program. After an outbreak of methicillin-resistant *Staphylococcus aureus* (MRSA) 10 years ago, the team at Grey Bruce Health Services identified overuse of antibiotics as a contributing factor. As a result, several ASP initiatives were started and currently it is guided by the Pharmacy & Therapeutics (P&T) Committee.

In the last five years, efforts to revive the ASP have created a new-found commitment to the project at the Grey Bruce Memorial Hospital in Owen Sound. In particular, there is an emphasis on moving pharmacists to clinical areas. Grey Bruce Health Services now has six clinical pharmacists working on the units plus two pharmacists working in outpatient medical oncology.

### Every successful ASP needs a champion

Justin Cook, clinical pharmacist, has taken the lead on antimicrobial stewardship. Daily rounds in the intensive care unit and the surgical unit by the pharmacists include reviews of antimicrobial orders, implementing IV to PO step-down, antimicrobial rationalizing, antimicrobial de-escalation, and order sets. When specific antimicrobials are ordered, physicians are contacted by pharmacy regarding the indication for using the drugs. Documents have been developed offering evidence-based recommendations for the empiric treatment of common infections and algorithms for dealing with urinary tract infections.

### Collaboration

Collaboration is a key element in the success of the ASP at Grey Bruce Health Services. Dr. Ostrander is an internist who chairs the Infection Prevention and Control Committee (IPACC). He has been working with the IPACC, pharmacy, and colleagues to create pathways for neutropenia and pneumonia, antibiotic prophylaxis standardization, and flow sheets for central line management. Another ASP initiative has the IPACC reviewing catheter urine testing and management. Engaging surgeons in the process has generated ongoing discussion across

committees and identified that recommendations need to be evidence-based to maintain credibility, but the collaboration does not end there. The laboratory provides a review of antibiograms to readily identify any susceptibility pattern changes with bacteria and specific antibiotics every two years.

## Successes

- Rates of *Clostridium difficile* infection (CDI) and MRSA have decreased
- Implementation of routine multi-disciplinary team rounds
- Creation of a guidance document and algorithms to standardize practice by pharmacy
- Lab implementation of PCR testing for CDI and MRSA to improve prompt identification and clinical decisions

## Challenges

- No infectious diseases consultant
- No dedicated funding for the ASP. It will be challenging for the facility to find more resources for this program

## Horizon

- Coordination of all ASP initiatives under one committee
- Continued commitment by the clinical pharmacy team in enhancing and sustaining an ASP
- IPACC will be working with the surgical team on surgical prophylaxis
- Improved patient safety with coordination of antimicrobial stewardship and electronic discharge medication reconciliation

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## For further information

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