

AMS in less resourced settings

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Murrumbidgee Local Health District AMS Committee



Outline

- Wagga Wagga and the Murrumbidgee Local Health District
- AMS pharmacy role in Wagga Wagga
- Challenges in regional/rural settings
- Wins and opportunities
- Tips for surviving in the bush

Wagga Wagga



Wagga Wagga



Wagga Wagga Base Hospital



Wagga Wagga Base Hospital^{1,2}

- 325 bed rural referral hospital
- Wards include: Coronary care, Intensive care, Short Stay Surgical Care, GEM/Stroke/Rehab, Medical, Surgical, Orthopaedic, Paediatric, Maternity, HITH. Also Mental Health, Renal Unit, Emergency and Outpatient Clinics.
- 5 negative pressure rooms
- eMeds in October 2018
- eASY: Electronic Antimicrobial Stewardship sYstem
- ERIC coming later this year
- Helipad!
- Pneumatic tube system!



Murrumbidgee Local Health District

- 125,242 square kilometres in south of NSW. Resident population of approx. 242,840, as of June 2016



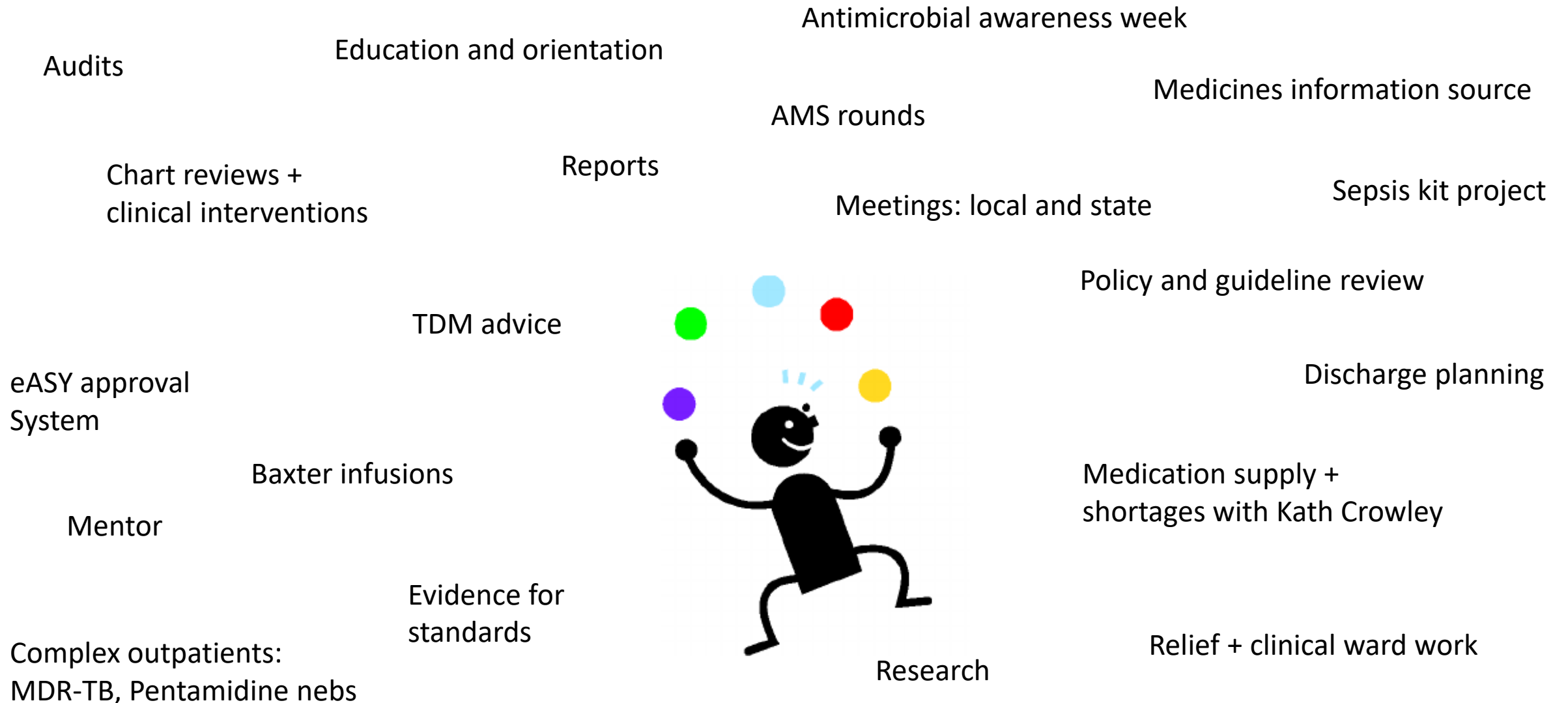
Murrumbidgee Local Health District AMS Committee

- Local ID Physician, Remote ID Physician + Microbiologist at Westmead, AMS Physicians (Respiratory, Cardiology, Intensive Care, Staff Specialist, General Surgeon, GP) + JMO representative
- Executive Director of Medical Services, Director of Clinical Governance
- ICU NUM, MLHD Infection Control CNC's
- Microbiology representative from Pathology West
- MLHD Chief Pharmacist, AMS Pharmacists (3) + Clinical pharmacist
- Consumer representative



John Carroll, Gabrielle Grosfeld, Garth Hungerford, Dr Wendy Cox, Dr Adriaan Venter, Dr Timothy Gilbey, Jill Reyment

AMS Pharmacist activities in Wagga Wagga



AMS can have its days

- Challenges



- Wins and opportunities



Resources:

Diagnostics and turn around time, staffing-site and staff shortages (medical and pharmacy), COSOPs, patient load, access to pathology

Logistics:

Distance, timing, review, communication, outpatient IV administration, access to medications and supply , stability data

Challenges

Engagement in AMS:

Approval process, consensus, conflict resolution

Progressing forward:

Review of current processes, research and education

Wins and opportunities

On the front line

- Being a second pair of eyes
- Optimising antimicrobial dosing and TDM advice
- De-escalation and review of antibiotics
- Optimising vancomycin levels early to reduce delays in discharge time
- Intern listened for 5mins while explained about update in eTG re: allergies
- “Gabby the online AMH is down, can I look at your table of sensitivities?”
 - Or what is the table of sensitivities?
- Light one candle that lights many others

Local/District-wide

- Improving district processes with guidance from the National Standards and CEC resources
- Research: education intervention to improve vancomycin prescribing
- District-wide continuity of care with antimicrobials: improving transfer processes
- eMR Pharmacy consult and eMeds



Keys to success in a less resourced settings

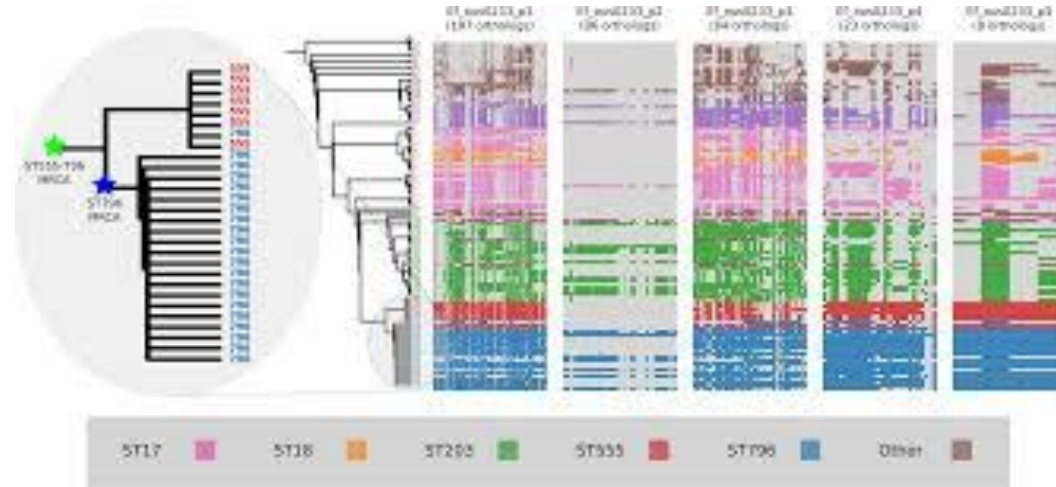
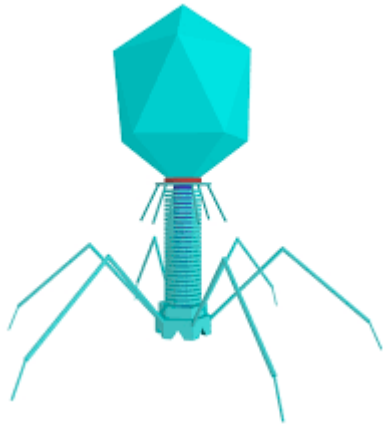
- Stay connected: Communication with colleagues within the hospital, within our district and state-wide is key
 - Many thanks for development of NASPN!
- Make the most of education forums, placement experiences, online learning, national AMS resources
- Develop clear guidelines and processes with support from all levels in the hospital
- Be mindful of resources and capabilities of other hospitals
- Be patient, change doesn't happen straight away!



In summary

Barriers and enablers in rural/regional AMS

In rural/regional AMS some things are just a bit out of this world...



MIC's

TDM for antibiotics other than vancomycin and gentamicin... others can take days to weeks

But don't forget the strengths in rural and regional AMS

- **A mixed methods study of the barriers and enablers in implementing antimicrobial stewardship programmes in Australian regional and rural hospitals**
- Rodney James, Susan Luu, Minyon Avent, Caroline Marshall, Karin Thursky, Kirsty Buising
- *Journal of Antimicrobial Chemotherapy*, Volume 70, Issue 9, September 2015, Pages 2665–2670,
- <https://doi.org/10.1093/jac/dkv159>
- Published: 16 June 2015

Table 3. Summary of major barriers and enablers for implementing AMS programmes in regional and rural hospitals

Major barriers	Major enablers
Access to formalized infectious diseases or clinical microbiology support	flat hierarchical structure of governance within small hospitals
Lack of access to education and training	pride in their local healthcare facilities
Lack of internal expertise within healthcare facilities, namely pharmacists with AMS skills	access to national antibiotic prescribing guidelines, freely available to all public healthcare facilities throughout Australia
Difficulty in attracting and retaining qualified clinicians to regional and rural areas	low use of broad-spectrum antimicrobials
Differing governance structures amongst the states and territories and individual facilities	good tele-health and internet access