

Nurse-Led Interdisciplinary Antimicrobial Stewardship Rounds

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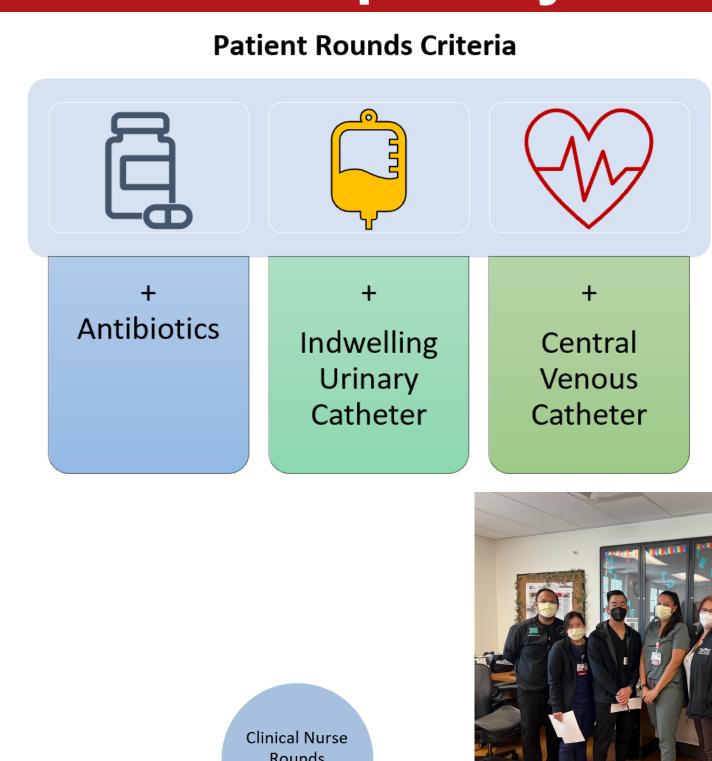
Background

- About 2.8 million people annually in the US are diagnosed with a multi-drug resistant organism (MDRO), causing increased costs and mortality rates
- The overuse and misuse of antimicrobial therapies are factors to the rise in MDROs, causing antimicrobial resistance (AMR)
- Antimicrobial Stewardship Programs
 (ASPs) can help decrease AMR within the healthcare setting.

Purpose

- The purpose of this project was to develop, implement, and evaluate a nurse-led interdisciplinary ASP within a trauma, step-down telemetry unit.
- Specific Aims: Increase bedside nurse knowledge of ASP, Increase unnecessary invasive catheter removal, Decrease HO-CDI rates, CLABSI and CAUTI

ASP Rounds Interdisciplinary Team



Coordinator

Bedside

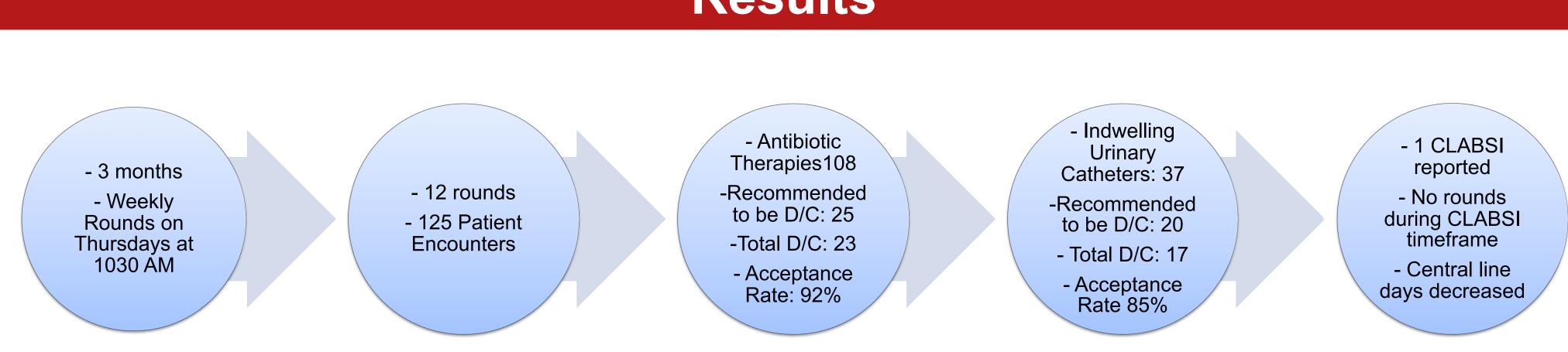
Nurse

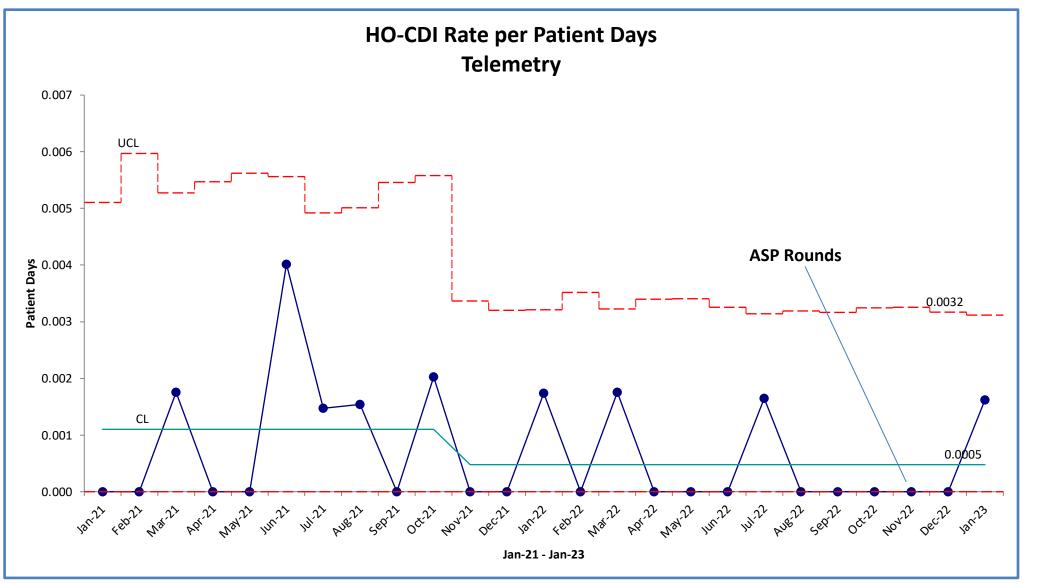
Encounters

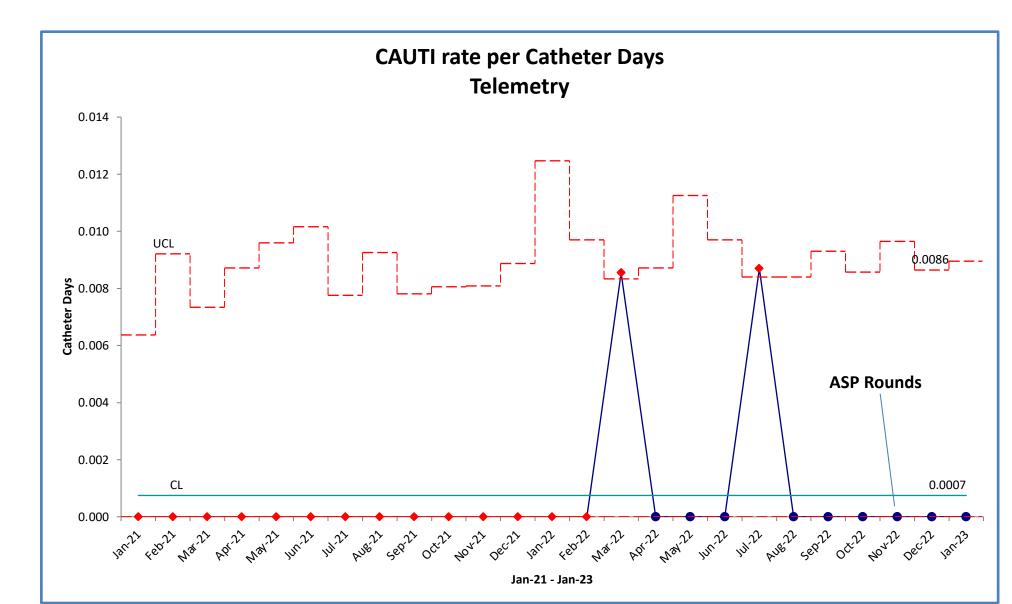
ASP Physician & Pharmacist

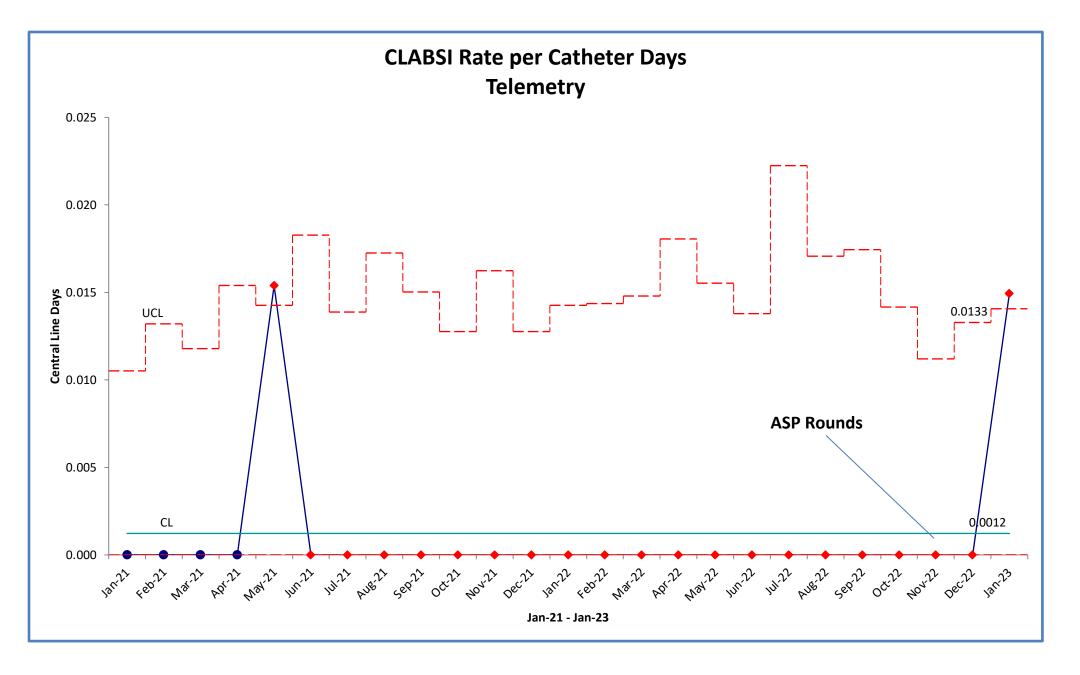
further review

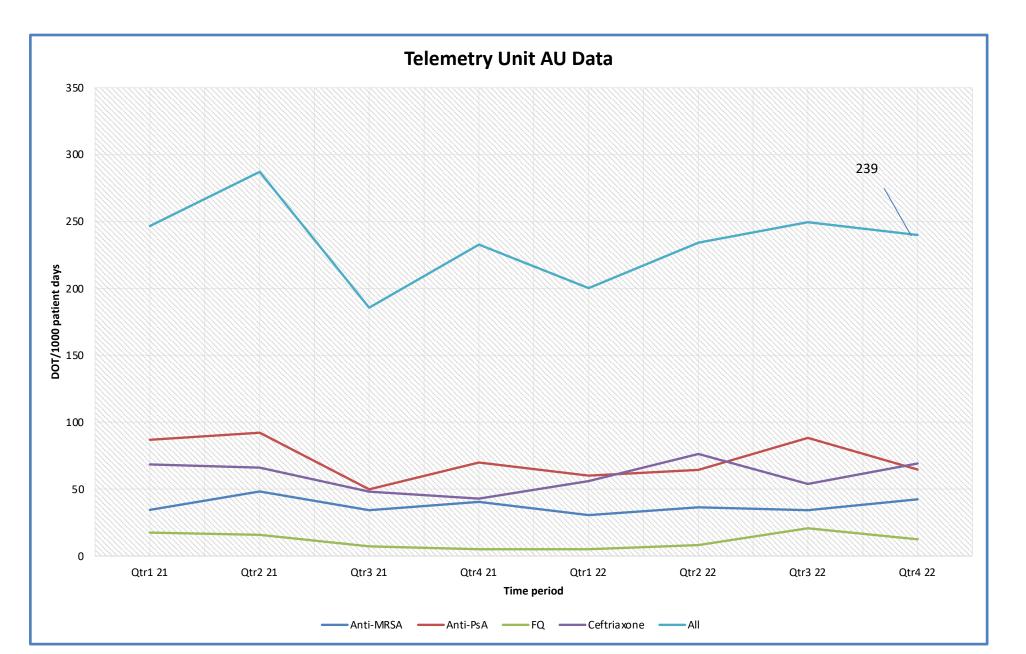
Results



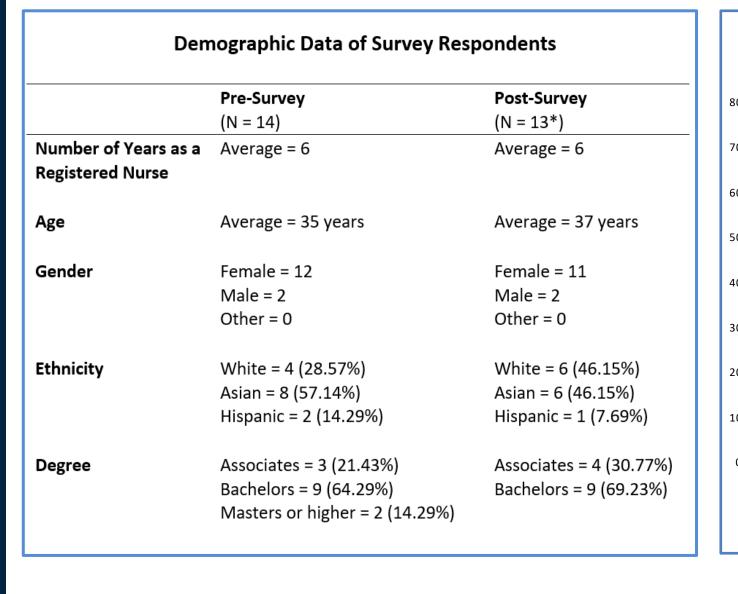


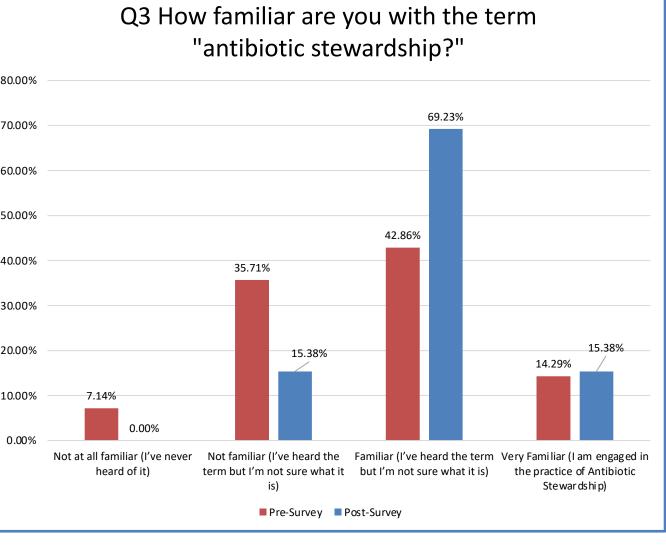


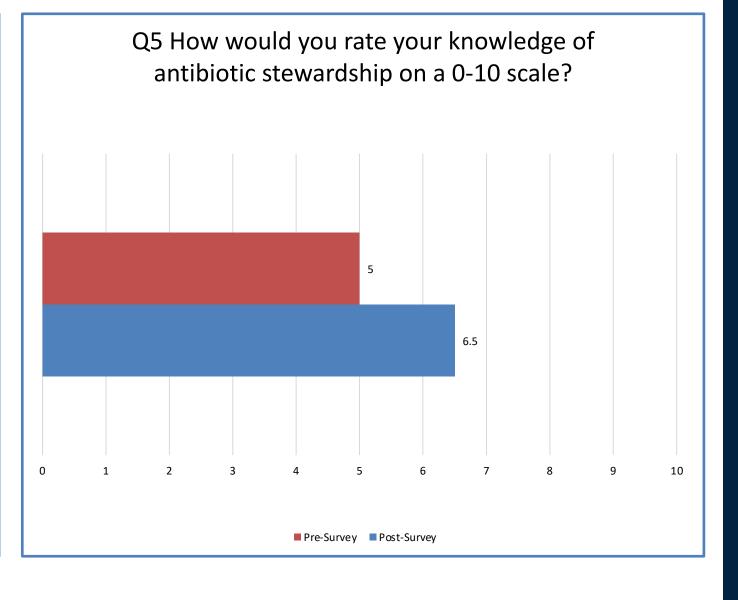




Nurse Knowledge and Attitudes Survey







Framework and Methods

- Framework: The Iowa Model of Evidence-Based Practice
- **Design:** Descriptive data, retrospective, observational. Pre- and post- interventional electronic survey
- **Setting:** 24-bed Step-down Trauma Telemetry Unit in Acute Care Hospital
- Participants: Patient encounters based on rounds criteria. Convenience sample for pre- and post- survey

Discussion

Key Findings

- ASP Rounds can increase nurse knowledge of stewardship processes
- Nurses want to learn more about ASP
- ASP can lead to increase discontinuation of unnecessary invasive catheters

Nursing Implications

- Nurses perform stewardship practices every day
- Help to achieve TJC program standards
 Strengths
- Leadership Support
- Engagement of Staff
- Infrastructure & Integration into EMR

Limitations

- Survey limited sample size
- Competing Priorities
- Learning modules not mandatory

Recommendations

Sustainability

- Leadership Support
- Continued Education
- Constant feedback for improvement

Future Research

- Continue to collect retrospective clinical data for special cause variation
- Larger sample size
- Expand to other units hospital wide

References

Email mbforte89@csu.fullerton.edu
for references

