

Telepharmacy Support of an Antimicrobial Stewardship Program in a Small Rural Acute Care Hospital

Dhaliwall, S.², Coulas, S.¹, Kuiack, J.¹, Malinowski, J.¹, McDonald, K.²
St. Francis Memorial Hospital, Barry's Bay, Ontario¹, North West Telepharmacy Solutions,
Brampton and Deep River, Ontario²

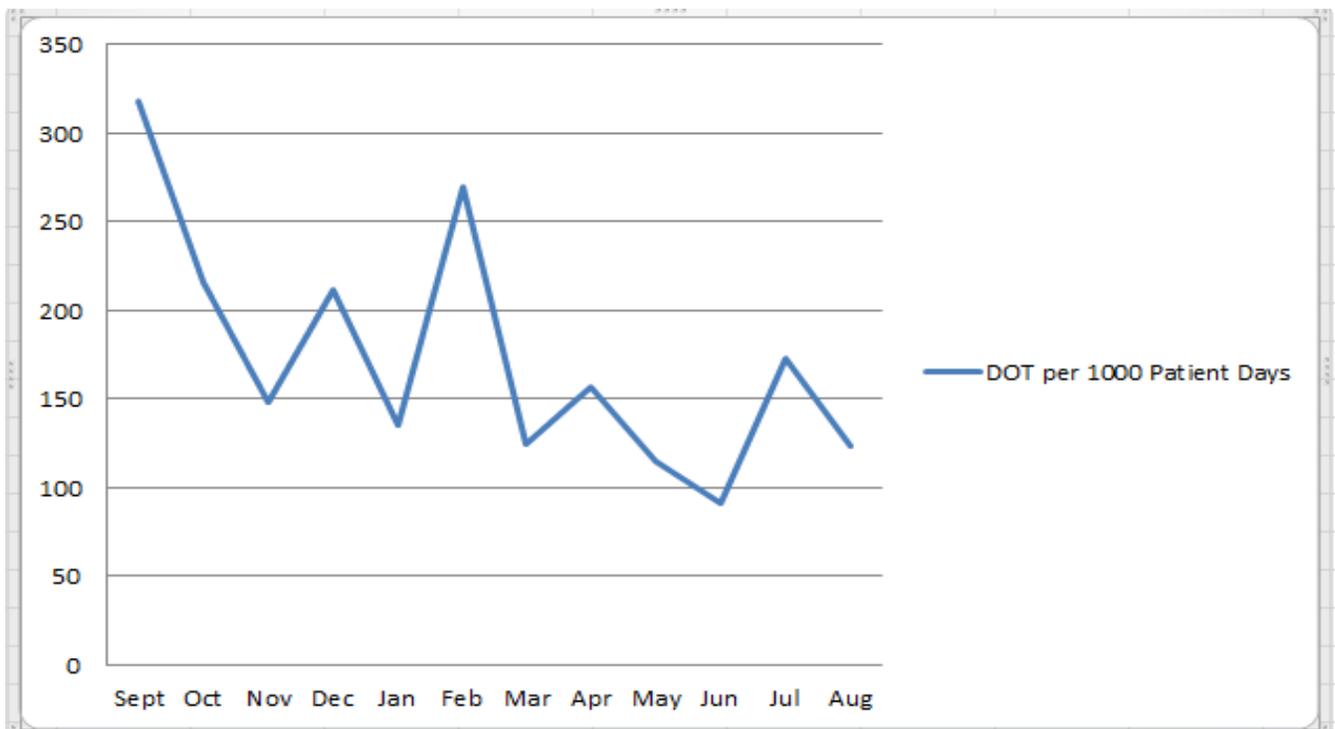
Background: Accreditation Canada identified an Antimicrobial Stewardship Program (ASP) as a Required Organizational Practice in all acute care hospitals. Clinical pharmacists have been identified as a key member of a successful ASP. This small rural acute care hospital utilizes a telepharmacy model of care with a remote clinical pharmacist.

Description: The hospital is a 20- bed acute care hospital with no on-site clinical pharmacist and requested the remote clinical pharmacist to help lead the ASP to prepare for Accreditation in December 2013.

Action: The remote clinical pharmacist performed a gap analysis to identify areas requiring improvement for a successful ASP which included the need for an Antimicrobial Stewardship committee, an IV to PO conversion program for antibiotics, development of guidelines and clinical pathways for common infections, hospital specific antibiogram, and prospective audit with intervention and feedback. The remote clinical pharmacist participated in meetings with nurses, physicians and other key stakeholders using OTN videoconference technology to develop a plan for the ASP which was approved by the Medical Advisory Committee. The remote clinical pharmacist started prospective data collection in September 2013.

Evaluation: The implemented and innovative ASP was accepted by Accreditation Canada in December 2013.

Figure 1 Days of Therapy (DOT) per 1000 Patient Days Over 1 Year



Implication: Small rural and remote acute care hospitals without access to an on-site clinical pharmacist can successfully implement and maintain an ASP by seeking support from experienced remote clinical pharmacists.