

CSHP Post-Activity Report

The California SHP (CSHP) Seminar was held from October 21–24 in San Francisco, California. *“Zero Tolerance for HAIs”*, a lunch satellite symposium held on October 23, was attended by 215 participants. The audience comprised pharmacists working in a variety of settings, including rural hospitals, long-term acute care facilities, teaching hospitals, and tertiary care institutions. This was the second year of the *“Zero Tolerance”* program at the CSHP Seminar. This year’s program was designed to address quality improvement and patient safety issues in hospitals with respect to HAIs.

Dr. David Burgess provided a brief overview and goals of the program, highlighting the need for pharmacists to prevent and properly manage HAIs in light of the lack of new antimicrobials under development.

Dr. Robert Rapp and Dr. Keith Rodvold discussed the challenges of emerging resistance by Gram-positive and Gram-negative organisms and highlighted strategies pharmacists can use to address these challenges. They emphasized that antibiograms can be an important tool to help meet the challenges of future infections.

“You need to bring your antibiogram to your P&T committee and Infection Control committee to show them what is going on in your institution. With a properly constructed antibiogram, you can figure out what resistance trends are occurring at your institution to help guide the use of antimicrobials.”

Robert Rapp, PharmD

Clinical Skills Workshop

Dr. David Burgess led the audience through a detailed case study translating the evidence-based presentations into clinical practice. The ensuing interactive discussion allowed constructive feedback between the faculty and the audience on how they would handle clinical decisions. Some discussion focused on the use of colistin for difficult infections, such as *A. baumannii*. Dr. David Burgess stressed that if colistin is used, it should not be used as monotherapy given the risk of resistance development. However, Dr. Conan MacDougall brought up the concern of lack of studies evaluating proper dosing and effectiveness of colistin.

“We keep hearing about more and more institutions using colistin, but is anyone doing susceptibility testing with this agent? It will be important for your hospital labs to include colistin susceptibility testing as the amount of colistin used increases so that you get a good sense of any resistance that may occur to this agent.”

Conan MacDougall, PharmD

Antimicrobial Stewardship Meeting

The audience was able to witness a simulated Antimicrobial Stewardship Meeting by the faculty discussing how new antimicrobial stewardship tactics can be implemented at an institution. Leading this meeting Dr. MacDougall described the setting of a 300-bed community hospital with a new full-time ID pharmacist who has evaluated the current antimicrobial use policies and has brought up recommendations for future tactics, including initiating policies for antimicrobial restriction or automatic stop orders of antimicrobials.

The ensuing faculty discussion demonstrated the complexity of trying to accurately evaluate antimicrobial use behaviors and selecting and implementing the most effective stewardship tactics. One point that was emphasized was to get as much data as possible before trying to propose and implement new stewardship tactics in order to gain acceptance by the multiple disciplines involved in institutional policy decisions.