

# FSHP Post-Activity Report

The Florida SHP (FSHP) Annual Meeting & Exhibit was held from July 30–August 1 in Lake Buena Vista, Florida. **“Zero Tolerance for HAIs”**, a dinner satellite symposium on July 30, was attended by 75 participants. Building on the previous years’ programs, this program addressed quality improvement and patient safety issues with respect to HAIs.

Dr. Mike McQuone, Executive Vice-President, FSHP, opened the session. Dr. Richard Drew provided a brief overview of the program and the challenges with HAIs, emphasizing the prevalence of these infections and the widespread use of antimicrobials in hospitalized patients, especially ICU patients.

Dr. George Zhanel provided an overview of the key drug-resistant bacteria commonly encountered in the hospital setting and the clinical and economic consequences of infections caused by these bacteria.

*“The scary part is that in the US and in Florida, the predominant genotype of ESBLs is CTXM, and the important thing to remember about this is they contain large plasmids that confer multidrug resistance. So they are not only resistant to  $\beta$ -lactams, but also aminoglycosides, fluoroquinolones, sulfonamides, and tetracyclines.”*

In response to rising resistance in hospitals, Dr. Doug Fish reviewed the available agents and provided some tactics to optimize their effectiveness.

*“For Gram-negative infections, a lack of new agents under development highlights the need to use the available agents appropriately. Unlike Gram-negative infections, the challenge with MRSA infections is not running out of drugs, but it is trying to determine how to best use the agents that are available.”*

## **Clinical Skills Workshop**

Dr. Drew 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 during the case.

During the discussion, once *Acinetobacter* was identified, a participant suggested isolating the patient. This can be an important tactic when a multidrug-resistant pathogen is suspected to reduce the risk of spreading the bacteria to other patients. Others mentioned the use of aerosolized antibiotics.

*“Be careful about monotherapy with nebulized antibiotics. This approach can be used for prevention or as part of combination therapy, but should not be used as the sole therapeutic approach for an infection.”*

**Richard Drew, PharmD**

## **Antimicrobial Stewardship Meeting**

During the final part of the program, Dr. Andrew DeRyke led a simulated Antimicrobial Stewardship Meeting to discuss incorporating the use of procalcitonin as a biomarker to delineate if a patient with systemic inflammatory response is due to an underlying bacterial infection and warrants antimicrobial use.

To help determine the utility of procalcitonin in the ICU, the following questions can be posed for consideration:

- How specific and sensitive is this test for bacterial infections?
- Does procalcitonin go up during fungal or viral infections?
- Should the test be performed once or serially over time?
- Should this assay be restricted to ICU patients? Which ICU patients?
- Will the use of this test be cost-effective?