

GSHP Post-Activity Report

The Georgia SHP (GSHP) Summer Meeting was held from July 23–25 in Amelia Island Plantation, Florida. ***“Zero Tolerance for HAIs”***, a lunch symposium on July 23, was part of the official program and was attended by 220 participants. This was the second year of the ***“Zero Tolerance”*** program at the GSHP Summer Meeting. This year’s program was designed to address quality improvement and patient safety issues in hospitals with respect to HAIs.

Dr. Patricia Knowles, President of GSHP, opened the session. Dr. David Nicolau provided a brief overview of the program and the challenges with HAIs—their prevalence and associated clinical and economic costs of resistance.

“Stewardship provides us a unique opportunity to transition away from the costs of drug-acquisition and towards optimization of care. Once optimization and prevention are taken care of, the economics will fall into place. It is important to remember that efficient quality of care is the least expensive care.”

David Nicolau, PharmD

Dr. Jason Gallagher discussed the challenges of emerging resistance by Gram-positive and Gram-negative organisms. Dr. Gallagher provided an overview of resistance trends by nosocomial pathogens and discussed the clinical implications of resistance.

In response to rising resistance in hospitals, Dr. Keith Rodvold described how to optimize the use of current agents to maximize their PK/PD attributes.

Dr. Rodvold further mentioned the use of older agents, such as polymyxins, for the treatment of particularly difficult pathogens.

“By using prolonged infusions of β -lactams, you gain significantly better target attainment when compared to agents being intermittently infused.”

“These agents are effective in combination. But we do not know how to best dose these drugs in terms of safety and efficacy, especially with older drug, such as colistin.”

Clinical Skills Workshop

Dr. Nicolau 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. At one point, the discussion helped identify barriers to implementing stewardship principles in the clinical setting, such as nurses giving push-back to prolonged infusions. This provided an opportunity to discuss how to address those barriers to improve quality of care.

“Once you take some time to develop a policy and educate the nurses on the rationale for prolonged infusion, you will find that they will be accepting to utilize this tactic in practice.”

David Nicolau, PharmD

Antimicrobial Stewardship Meeting

During the final part of the program, Dr. Vanthida Huang led a simulated Antimicrobial Stewardship Meeting on how to implement an antimicrobial stewardship program at an institution. This simulation identified many of the barriers associated with implementing a stewardship program and discussed ways to address them.