

# NCAP Post-Activity Report

The North Carolina Association of Pharmacists (NCAP) Meeting was held from October 24–26 in Durham, North Carolina. *“Zero Tolerance for HAIs”*, an afternoon symposium on October 26, was part of the official program and was attended by 75 participants. This year’s program was designed to address quality improvement and patient safety issues in hospitals with respect to hospital-acquired infections (HAIs).

Dr. George Zhanel provided a brief overview of the program and the challenges associated with HAIs—their prevalence and clinical and economic burden of resistance. This situation is complicated by the lack of new antimicrobials in the pipeline.

Dr. Robert Rapp discussed the challenges of emerging resistance by Gram-positive and Gram-negative organisms. He emphasized the importance of infection control, particularly adherence to hand hygiene protocols. Preventing HAIs will be critical considering that few new antimicrobials are being developed to target difficult Gram-negative bacteria, such as KPC-producing organisms.

Dr. Alla Paskovaty described how to optimize the use of current agents by maximizing their PK/PD attributes—example of one such strategy is prolonged infusions of  $\beta$ -lactams. Dr. Paskovaty further mentioned the use of older agents, such as polymyxins, for infections by particularly difficult pathogens. Though these agents can be effective in combination with other agents, clinicians are still exploring their correct dose and studies regarding dosing based on patient factors (weight, age, severity of illness, etc.) are lacking.

*“By infusing the  $\beta$ -lactams for a longer time, the peak concentration level will decrease but you will increase the time the concentration remains above the MIC.”*

Alla Paskovaty, PharmD

## ***Clinical Skills Workshop***

Dr. George Zhanel 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. A key point in the discussion was the use of the available antibiogram to make an informed decision on appropriate initial therapy. A major limitation that was identified was that the antibiogram was hospital-wide and was not specific to the ICU ward where the infection originated.

## ***Antimicrobial Stewardship Meeting***

Dr. Lindsay Daniels led a simulated Antimicrobial Stewardship Meeting, playing the role of the new ID pharmacist who was trying to identify new stewardship tactics to implement at her institution. The discussion clearly demonstrated the complicated nature of trying to get agreement among the various disciplines involved in policy-making. These discussions also illustrated the type of information and data required to make informed recommendations for policy changes related to infectious diseases.

*“The site of acquisition of an infection in an inpatient makes a difference. An antibiogram of ICU infections will look very different from a hospital-wide antibiogram, which may include community isolates. So it is important to have antibiograms specific to the ward where the infection originated.”*

Participant