Our AUR Journey

Tri-State Memorial Hospital & Medical Campus

2018

- We joined TASP through the University of Washington
  - Helped us to identify our gaps, our strengths, and how to implement AMS
  - *"**TASP**"- Tele-Antimicrobial Stewardship Program-* it was a free cohort at the time.

- First Steps after TASP:
  - Wrote an Antimicrobial Stewardship policy
  - Engaged Providers, including clinics starting with viral v.s bacterial infection treatment recommendations
  - Hung posters directed at patients on the difference between viral and bacterial treatment recommendations

  - Note: We were reporting some AMS data through Qualis, so we could see how we compared to other facilities –we were mid-range

War on C. diff

- During 2018 & 2019: We identified an issue with increased C. diff potentially related to antimicrobial prescribing practices.

- A work group was formed to work on creating a robust policy, education to Providers, and we began to contemplate AUR reporting through NHSN to give us more data for our Providers.
  - Providers want to see the data!

Meditech Frustration

- We began working with our internal IT team to build reports
    - They were unsuccessful over and over again
    - We had no idea at the time that Meditech did not have the ability to build the reports needed
- We connected with another facility I learned about on a call
    - Forks was a CAH as well and successfully used a 3rd party vendor
- Months of back and forth with internal IT/ administration trying to get them to agree to allow us to partner with 3rd party vendor

Finally! A reprieve in 2020! Administration signed the contract!
Cost was minimal at $100/ month.

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Asolva to the Rescue

Highlights:
- In just a few short weeks, Asolva had us up and running
- They were prompt with email responses
- We met multiple times to review and review again during the validation
  - This was the difficult portion because it took 3 of us to validate
  - We wanted to make sure that we had good data
- Asolva helped us upload the first few times to NHSN

Benefits:
- Asolva still responds to email promptly and meets with us when we have questions, i.e new IT staff
- Asolva regularly follows any updates by NHSN so we don't have to worry
- Asolva has only increased the monthly amount by $50 in the last couple of years. Cost is now $150/month
- They can also build the AR reports, for an additional $400/ month

Unknowns:
- We do not have our own lab- we do have a contracted lab service
  - Unsure how this will affect reporting

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The Data

Monthly steps:
- Internal IT uploads data to Asolva from Meditech
- IP (me) logs in to Asolva and NHSN, pulls the data from Asolva and uploads to NHSN- a total of 5 minutes.

Annually:
- Spot check validation

What do we do with the data:
- Pull reports specific to drug, or Provider
- Allows us the the ability to give specific education
- Create facility goals to reduce antimicrobial usage
- We also use the NHSN data to pull SAAR reports
  - SAAR reports are used in our AMS workgroup to help us with facility goals, and how we compare to other hospital systems
  - Previously, we had an ID Physician, and they regularly asked for SAAR data. We currently only have Tele-ID, and they are not yet involved with AMS due to increased cost.

Remember- Providers **LOVE** the data. The data tells the story and helps promote change!