



**2024 Nebraska Antimicrobial
Stewardship Summit
Poster Session
Informational Webinar**

SAVE THE DATE!

2024 Nebraska Antimicrobial Stewardship Summit

Smart Antibiotic Choices, Stronger Future

Friday, May 31, 2024 | 7:30 am – 3:30 pm

Embassy Suites LaVista Hotel & Conference Center

Registration information to follow



Nebraska Antimicrobial Stewardship Summit 2024 Call for Posters:

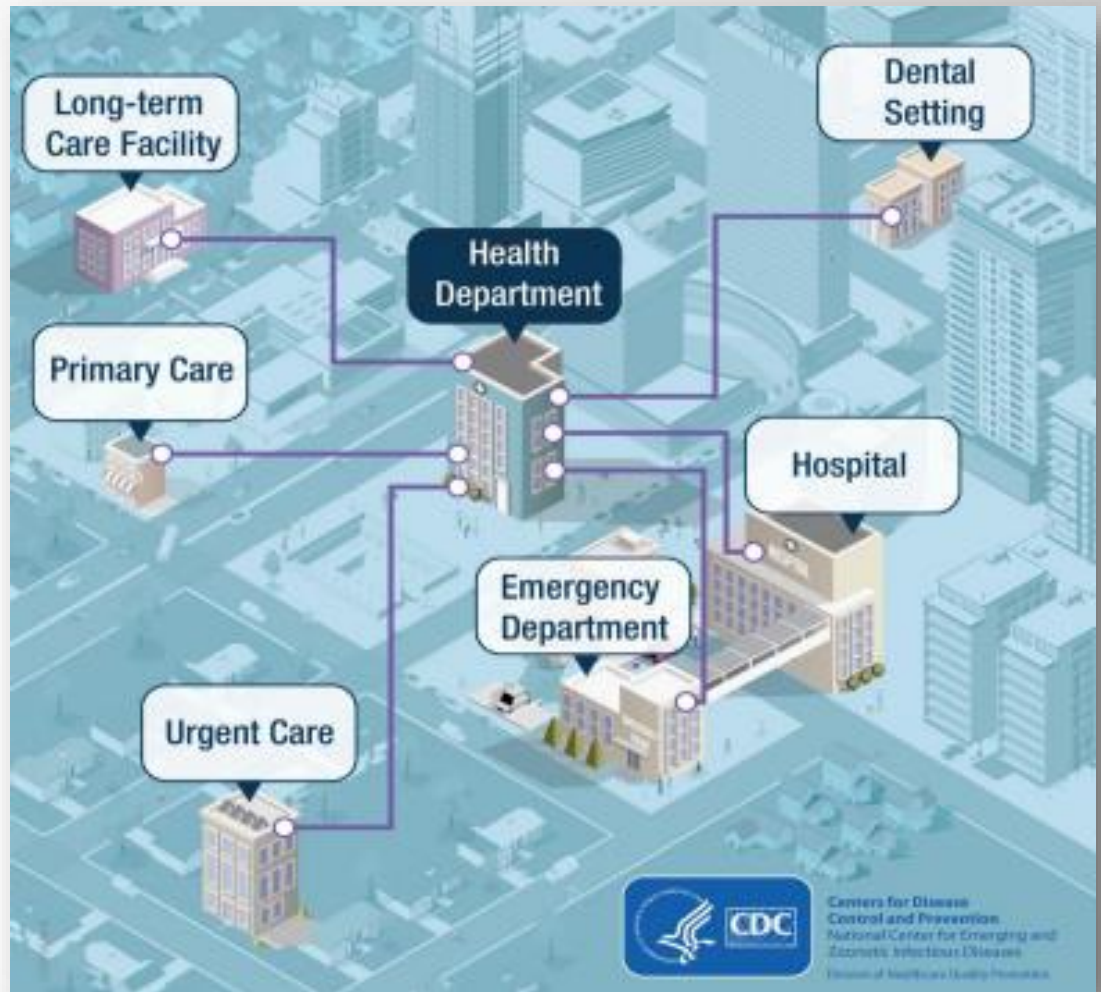
Showcasing Quality Improvement Projects in Antimicrobial Stewardship

We invite healthcare professionals to submit poster presentations at the 2024 Nebraska Antimicrobial Stewardship Summit focusing on quality improvement projects in antimicrobial stewardship.

This poster session aims to highlight innovative and effective initiatives undertaken by Nebraska healthcare facilities to enhance antimicrobial stewardship practices.

We encourage submissions that demonstrate successful strategies, best practices, and measurable outcomes in optimizing antimicrobial use.

**All facility types
are welcome to
participate!**



Topics of Interest:

- Implementation of antimicrobial stewardship programs
- Data-driven approaches to monitor and improve prescribing
- Collaborative efforts between healthcare professionals to address antimicrobial resistance
- Utilization of technology for antimicrobial stewardship
- Education and training programs for healthcare providers
- Patient engagement and communication strategies

Submission Guidelines:

Poster Format:

PowerPoint template provided by ASAP

- Background
- Aims
- Plan
- Measure
- Results
- Next Steps
- Team/Authors

POSTER TITLE		Insert facility logo image
INSERT Hospital, Unit (Type), City, State		
Background	Plan	Results
<ul style="list-style-type: none"> • Number of beds in unit/facility, type of facility, geographic location • Data used to identify gaps to create aim • Overview of the project <ul style="list-style-type: none"> • What project was chosen • Why was the project chosen <p>INSERT IMAGE OF BASELINE DATA OR TOOL, IF APPLICABLE</p>	<p>Insert what steps you took to accomplish aims</p> <p>INSERT IMAGE OF TEAM, DATA DISPLAY ON THE UNIT, ETC.</p>	<p>Insert quantitative or qualitative data (e.g., champions and teams engaged, choice of new products or tools, improvements in infection rate, antibiotic use, savings/revenue, etc.)</p> <p>INSERT IMAGES OF DATA, TOOL CREATED, ETC.</p>
Aims	Measure	Next Steps
<p>Insert aims of the project</p> <ul style="list-style-type: none"> • Include goal metrics 	<p>Identify what measures you used (e.g., infection rate, antibiotic utilization, staff feedback, audits conducted, etc.)</p>	<p>Insert next steps identified, plans for sustainability, etc.</p>
		Team
		<p>Insert Team Member names and credentials</p>

2024 Nebraska Antimicrobial Stewardship Summit

Reducing Urinary Catheter Utilization to Improve CAUTI Rate **EXAMPLE**

ABC Hospital, MS-ICU, Chicago, IL

Insert facility logo image

Background

- 18-bed MICU in a 350-bed urban area hospital
- ICU Assessment, conversations with staff and indwelling urinary catheter utilization rate by physician identified that there is a gap and inconsistency in appropriate use of indwelling urinary catheters
- Staff saw an opportunity to change their culture of thinking around usage

INSERT IMAGE/CHART OF UTILIZATION RATIO FOR BASELINE

Aims

Reduce indwelling urinary catheter utilization by 25% before April 30, 2019.

Plan

- Educate staff on appropriate use of indwelling urinary catheters
- Assess alternative options to use
- Share data with frontline staff

INSERT IMAGES OF TEAM, DATA DISPLAY ON THE UNIT, ETC.



Measure

- Percentage of urinary catheters with documented insertion checklists
- Indwelling urinary catheter utilization rate

Results

- Physician champion engaged
- Nurses trialed two alternative devices, now using Brand Name female external catheter
- 28% decrease in use of indwelling urinary catheters
- 5% decrease in CAUTI rate

INSERT IMAGE/CHART OF UTILIZATION RATIO AND CAUTI RATE

Next Steps

- Continue to monitor and display utilization rates in publicly available space
- Work with ED to avoid placement if not clinically indicated

CUSP Team

Jewel Ree, DNP; Janis Joplin, MD; Chris Tin, NP; Jack Sparrow, BSN, RN; Joe Fresh, CIC

Cultures Resulting After Discharge

Community Hospital, McCook, NE



Background

- Community Hospital is a 25-bed Critical Access Hospital
- Due to the time required for cultures to grow, there are a significant number of bacterial cultures that result after patient discharge.
- Historically, the responsibility for following up on these cultures that resulted after patient discharge had been assigned to the ED provider(s) working the day the culture resulted.
- Audits revealed this was not a well controlled process with documented follow-up varying from 33% to 100% depending on the month, with the average < 75%

Aims

Reduce delays and ensure appropriate treatment related to cultures resulting after discharge from hospital.

Plan

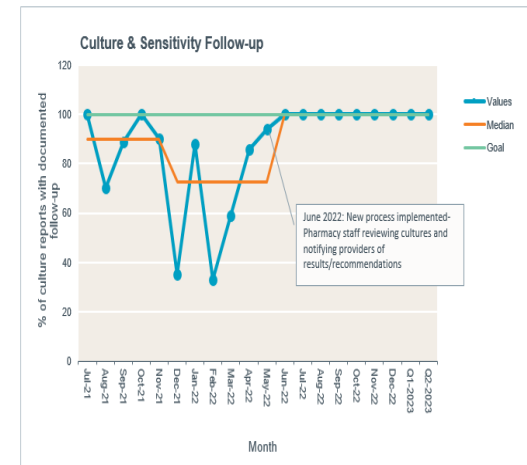
- Determined that, given the nature of the ED setting, it was unlikely that we would be able to achieve consistent follow-up with these results unless the process was entirely re-designed and responsibility was assigned elsewhere.
- It was decided that our CH pharmacists would take over the responsibility for assuring the ordering provider is notified of these results in a timely manner.
- Pharmacy worked with the IT team and with Sentri7 support to make sure all culture results are routed to the pharmacy team for review.
- The pharmacist reviews the culture reports that drop into the Sentri7 surveillance software and then notifies the ordering provider of the results along with appropriate antibiotic recommendations if warranted.
- The pharmacist then uses the Sentri7 surveillance software for documenting this follow-up.
- New process went live in May of 2022 (Q4 FY22).

Measure

- Numerator - # of culture and sensitivity reports that had documented follow-up completed.**
- Denominator - # of final positive culture and sensitivity reports.**

Results

	Q3 FY22	Q4 FY22	Q1 FY23	Q2 FY23
Numerator	41	62	113	89
Denominator	70	67	113	89
% Compliance	59%	93%	100%	100%



Next Steps

- Continue to monitor compliance with documented follow-ups for all culture and sensitivity reports that finalized and report this out on the pharmacy QA dashboard.
- Provide feedback accordingly if goal of 100% isn't met.

Team

Walter Es kildsen, MD, Anthony Rodewald, Chase Crawford, Lori Ryl and, Julie Wilhelmson, Janelle Carter, Brad Hays, Ashley Vontz, Kimberly Holliday, Lindsey Dame, Brandi Renner, Chelsey Hartwell

Submission Instructions:

Submission deadline: April 15, 2024

Please submit your poster here:

[2024 Nebraska Antimicrobial Stewardship Summit Poster Submission Portal](#)

You will be provided with a code upon submission that can be used to return and make any edits to your submission prior to April 15, 2024.

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need both the *survey link* and your *return code*. See the instructions below.

1.) Return Code

A return code is ***required*** in order to continue the survey where you left off. Please write down the value listed below.

Return Code

* The return code will NOT be included in the email below.

2.) Survey link for returning

You may bookmark this page to return to the survey, OR you can have the survey link emailed to you by providing your email address below. For security purposes, **the return code will NOT be included in the email**. If you do not receive the email soon afterward, please check your Junk Email folder.

* Your email address will not be associated with or stored with your survey responses.

Or if you wish, you may continue with this survey again now.

Evaluation Criteria:

Submissions will be evaluated by Nebraska ASAP based on the following criteria:

- **Relevance:** How well does the project address current challenges in antimicrobial stewardship?
- **Innovation:** Does the project showcase creative and novel approaches?
- **Impact:** What measurable outcomes or improvements resulted from the project?
- **Clarity:** Is the poster well-written, clearly presenting the project's objectives and results?



Poster Acceptance:

**Authors will be notified of acceptance by
Friday, May 3, 2024**

- Accepted posters will be printed by Nebraska ASAP for the facility and displayed during the Summit.
- Accepted posters will also be uploaded to the Nebraska ASAP website following the Summit.
- **During the conference:** At least one author from the facility should be present with the poster during the scheduled Summit poster session

Authors are welcome to keep their poster and may take it with them at the end of the conference. We encourage sharing this important work at your own facilities following the conference!

Why should we participate?!?

- Present their work to conference attendees
- Engage in discussions with experts in the field
- Further your professional development
- Contribute to the advancement of antimicrobial stewardship practices
- Meet CDC Core Elements of Antibiotic Stewardship
- Be eligible for award consideration



Important Dates to Remember!

- ✓ **Submission Deadline: April 15, 2024**
- ✓ **Acceptance Notification: May 3, 2024**
- ✓ **Nebraska Antimicrobial Stewardship Summit: May 31, 2024**

For inquiries or additional information, please contact
Jenna Preusker, PharmD at jepreusker@nebraskamed.com

We look forward to receiving your submissions and showcasing the outstanding Nebraska work in antimicrobial stewardship at the 2024 Nebraska Antimicrobial Stewardship Summit!