

Innovation Challenge Semi-Finalists Submission

Please fill out this submission form and return to Bryanna Miller (bryanna.miller@sclhs.net) by 11:59 MST on **May 25th, 2017**. Submissions received after the deadline will not be considered and will not move forward in the challenge.

Innovation Venture Lead (one name only, please): **Jeff Sarnowski, Pharm.D.**

Team Member Names: *Geoff Clover M.D., Kirk Quackenbush M.D., Community champion TBD*

Location (Care site, Department): **Platte Valley Medical Center, Pharmacy Department**

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Innovation Venture Title: *Antimicrobial Stewardship Program Community Outreach*

Innovation Intent: *Our goal is to encourage that our local community prescribers utilize an antimicrobial stewardship philosophy within their practices to help improve the quality of patient care, improve patient safety, and prevent the spread of antimicrobial resistance within our community. We will do so by educating the prescribers and patients regarding the appropriate use of antimicrobials for patient care in the outpatient setting.*

Innovation Shift: *Antimicrobial stewardship has mostly been an initiative within the controlled inpatient settings due to current and/or future regulations and having the resources to do so. However, it is the outpatient antimicrobial use that could use the resources for and awareness to antimicrobial stewardship to make an impact on infectious disease patient care. Antimicrobial stewardship doesn't just occur within the walls of a hospital. It should be used within all of healthcare, as it is these local patients that eventually become our inpatients. We want to build a platform that will help our local community prescribers and patients better understand antimicrobial stewardship and the role they play in it. If we truly our serving our local communities, then let's support their needs in fighting antimicrobial resistance. Let's be the health system that goes that extra mile beyond its walls to help create a platform that can impact patient outcomes, antimicrobial resistance, and the future of antimicrobial use in its local community.*

Background: *I am sure other institutions across the country are doing this or have thought of it. I spoke with SCL's lead antimicrobial stewardship program liaison to see if it has been done over there, and the interest was there but there has not been committed resources to it to date just yet. I also did a quick google search to see what others are doing, and I could not find too much on the topic. Why could it not be us that takes the lead, seizes the opportunity to do the right thing, and reach beyond our walls?*

Benefits: *The outreach program will benefit patients, prescribers, and potentially reduce expenditures. Patients will become more knowledgeable about appropriate antimicrobial use. They will better understand when antimicrobials are recommended, get rid of the habit of asking for antimicrobials for minor upper respiratory infections, and reduce expenditures for all parties. Prescribers will have an improved understanding of when and what antimicrobials are recommended for a certain indication. Antimicrobial stewardship will become a standard of practice for them. With their help, they will improve the culture change of patients asking for antimicrobials when they may not be needed. Expenditures can be reduced over time since there will be less office visits, less time away from work, less prescriptions written for antimicrobials, and less antimicrobial exposure. The benefits provided in the community will eventually trickle down to our patient population we serve. Thus our own providers in the emergency department and on the floors, may see less resistant bugs in our patients which can decrease length of stay and improve outcomes. Benefits can be measured by patient and provider surveys to see what messages were impactful for them. With EPIC and Vigilanz, our antibiogram can be tailored for extracting data within the emergency department which is a decent reflection of our community resistance patterns.*

Technology: *The awareness will be created by way of introductions and educational opportunities. Technology can enhance the learnings. Whether it will be thru presentations (live or recorded), social media, or print, technology could be used by prescribers or patients. A local antimicrobial stewardship hotline (phone/email) could be used by the community providers to gain access to a pharmacist for recommended antimicrobial use.*

Funding/Resources:

- 1. Describe the time required to secure resources and launch the venture. This outreach program would take time away from inpatient projects and patient care. However, my antimicrobial stewardship co-lead is on board and so is our CMO. There will be time up front to plan a build out a strategy, which has begun already. Then there will be the time committed to implement and track the outreach. Most of the time commitment will be from myself.*
- 2. Describe the investment needed for this solution (people, roles, technology). In order to be successful, this will take a team effort. Our antimicrobial stewardship program leaders will be involved, as well as, a community provider champion, our CMO, and possibly other pharmacists maybe called upon for tasks. I will take the lead on it and use my resources as needed for assistance. Technology for this outreach is already being used for other opportunities, so it should not require any new technology.*
- 3. Lastly, 'guessimate' and circle budget needed (the innovation project funding will not exceed a 4 month period pilot).*
 - A) \$1,000-\$5,000*
 - B) \$5,000-\$10,000***
 - C) \$10,000-\$15,000*
 - D) \$15,000-\$25,000*
 - E) \$25,000-\$50,000*
 - F) \$50,000+*