

Saskatchewan Antimicrobial Stewardship Symposium 2017, Day 2

Current and Future States, by Theme

Theme	Current State	Future State
Funding	<ul style="list-style-type: none"> • Most AMS programs do not receive dedicated, stable, line-item funding • Commonly, AMS is funded through the pharmacy department, and work is done “on the side of the desk” 	<ul style="list-style-type: none"> • Dedicated AMS program funding in the Saskatchewan Health Authority budget • Dedicated funding to address the special needs of Northern First Nations populations • Remuneration for AMS physicians, pharmacists, nurses, etc., taking into consideration ratios for AMS suggested by the Association of Medical Microbiology and Infectious Disease (AMMI) Canada: 1 FTE pharmacist/1,000 patient beds and 1 FTE infectious disease pharmacist/1,000 patient beds • Funding for IT, research, communication, etc. required to support an AMS program (e.g. centralized data collection and analysis; video conferencing)
Engagement	<ul style="list-style-type: none"> • Limited contact with many prescribers (general practitioners, nurse practitioners, pharmacists), especially those in the community • Interaction is not coordinated 	<ul style="list-style-type: none"> • Educational institutions (e.g. College of Medicine to engage medical students and residents in AMS) • Within hospitals, use monthly department meetings • Collaborative partnerships between community and acute care • Leverage the Connected Care Strategy • Standard work for all prescribers • Involve public health nurses (immunization, etc.) • Change culture through patient / family education • Public education in schools
Surveillance	<ul style="list-style-type: none"> • Provincial surveillance program is only for <i>Clostridium difficile</i> infection (CDI) • Most surveillance is within facilities, not in the community 	<ul style="list-style-type: none"> • Surveillance of antimicrobial resistance (AMR), antimicrobial use (AMU), and healthcare-associated infection (HAI), all feeding into national reporting • 1 year goal – every facility reporting agreed-upon metrics • Targets / aims / goals established for different groups – acute care, community, veterinary
Structure and Leadership	<ul style="list-style-type: none"> • Structure is inconsistent • AMS is often led by pharmacy 	<ul style="list-style-type: none"> • United provincial structure providing guidance to local healthcare workers • Report directly to a VP (not through a chain) • Include all prescribers (physicians, nurse practitioners, pharmacists) • Link to national organizations • Coordinate large and small centres (with some autonomy) • More involvement of community healthcare practitioners • One Health (acute, community, animal health)

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Accountability	<ul style="list-style-type: none"> • AMS Committee may be accountable to the Pharmacy & Therapeutics Committee, to the Medical Advisory Committee, or other • Antimicrobial Stewardship is an Accreditation Canada Required Organizational Practice (ROP) 	<ul style="list-style-type: none"> • Clearer objectives and support • Copy Nova Scotia (good goals already outlined) • More detailed information from accreditation • Feedback to prescribers (report cards) • Patient involvement
Networking	<ul style="list-style-type: none"> • Not much • Medical Health Officers' Council of Saskatchewan (MHOCOS) • Limited to within each region and each profession 	<ul style="list-style-type: none"> • Common understanding of the problem and current experience; shared support • Formalized network – provincial and national (working groups) • Linked to federal initiatives and outside agencies • Other campaigns (Choosing Wisely, ISMP, etc.) • Other professions (agriculture, data collection / analysis) • Students / residents • Regulatory bodies (College of Physicians & Surgeons of SK, SK Registered Nurses' Association, SK Association of Licenced Practical Nurses, SK College of Pharmacy Professionals) and professional associations (SK Medical Association, SK Union of Nurses, Pharmacy Association of SK)
Access	<ul style="list-style-type: none"> • Minimal sharing of tools and information across the province (e.g. antibiograms) 	<ul style="list-style-type: none"> • Educational materials sent down to local areas • Website: national, branching off to provincial, to share resources and work being done