



# Leveraging Tele-Mentoring and Tele-Education during COVID19 for Rural Hospitals

Zahra Kassamali – Escobar, PharmD

UW TASP Co-Medical Director

Natalia Martinez – Paz, MPA, MA

UW TASP Manager

# Tele-Antimicrobial Stewardship



# Stewardship Model

## Tele-Antimicrobial Stewardship Program (TASP) Models in the Inpatient Setting

A force multiplier to optimize antimicrobial use and patient outcomes via telehealth

### TASP Model

#### Fully Remote



- Remote ID Specialist offers antimicrobial therapy recommendations directly to prescriber
- Asynchronous or synchronous patient reviews
- On-site pharmacist/steward activity is minimal

#### Integrated



- Remote ID Specialist offers direct workflow support to on-site ASP team through a shared EHR, a CDSS tool, and/or case-based discussions via video or tele-conference (daily/weekly/monthly)
- May include strategies from Collaborative and/or Fully Remote TASP models
- Can include the ECHO model to provide education to frontline clinicians
- On-site pharmacist/steward is involved in day-to-day work (e.g., PAIF, PA, IV-to-PO, etc.)

#### Collaborative



- Remote ID Specialist offers education, tools, best practices, data analysis, and infrastructure support to on-site ASP team
- Can include the ECHO model to provide education to frontline clinicians
- On-site pharmacist/steward performs the majority of day-to-day work independently (e.g., PAIF, PA, IV-to-PO, etc.)

### Source for Remote ID Specialists

Using any model, remote ID Pharmacists and ID Physicians can be associated with

#### Health System

or

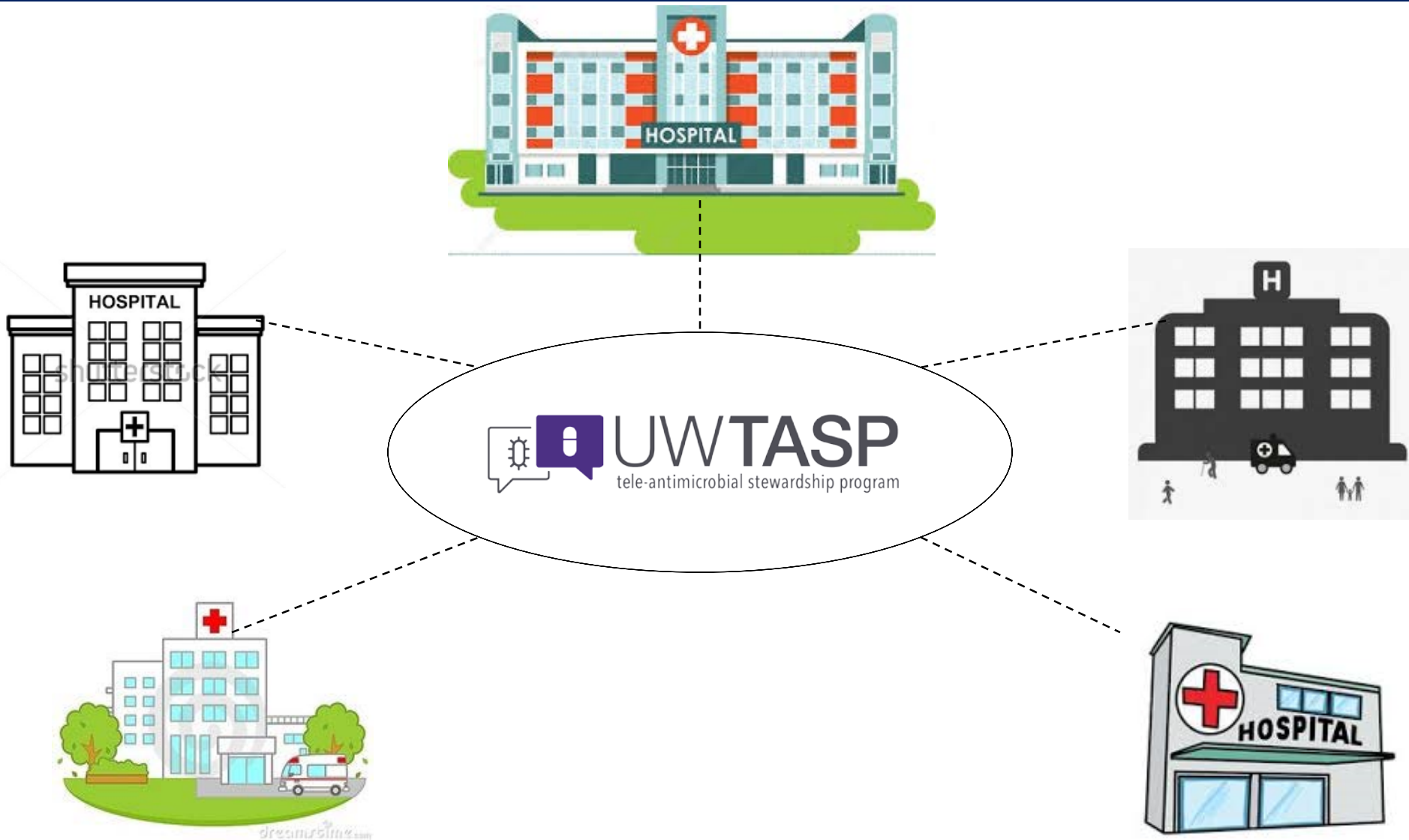
#### Third Party



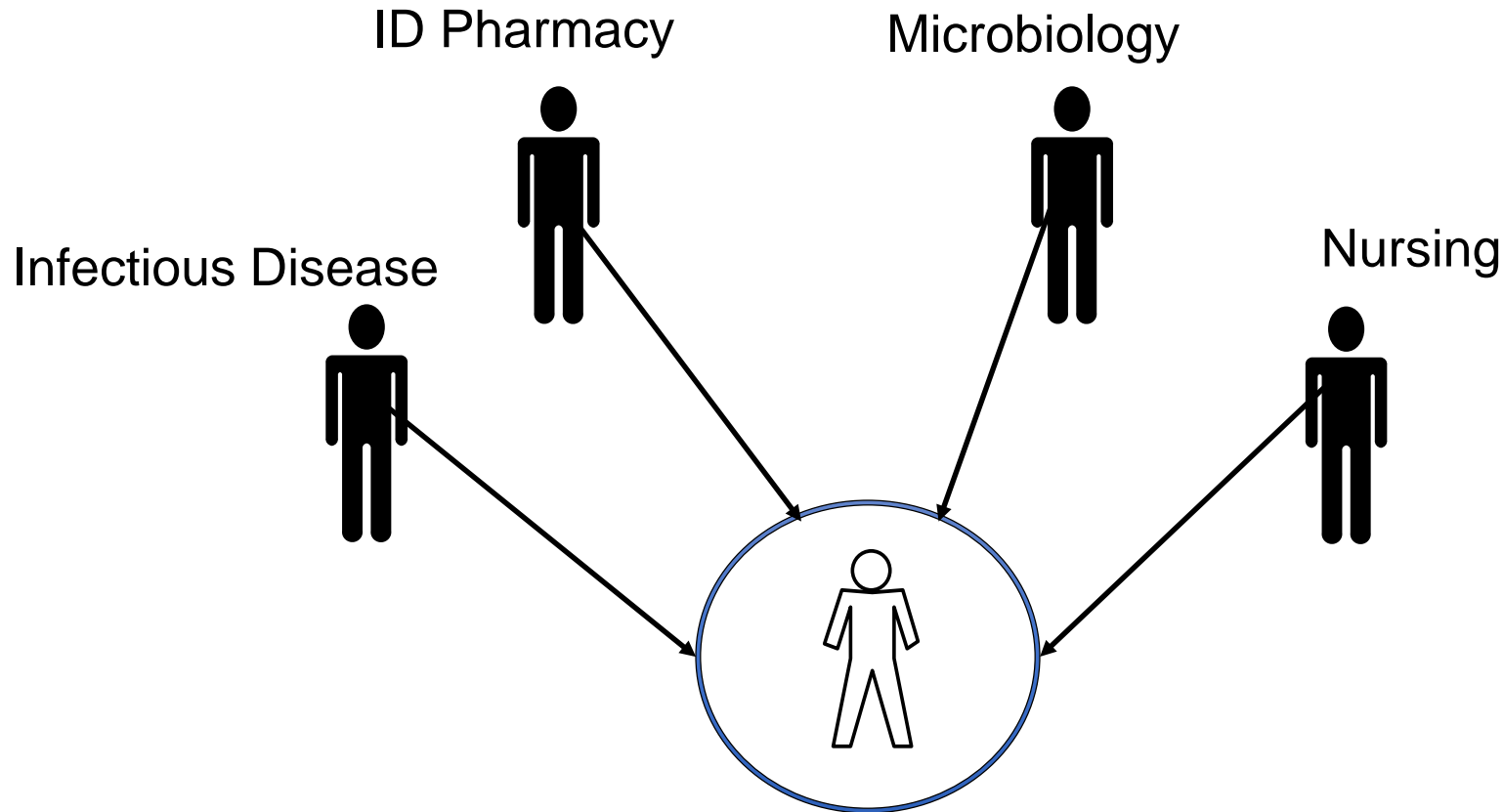
- **Centralized:** System-level TASP team responsible for coordination across all sites
- **Decentralized:** Pods of ID Specialists assisting one or more sites in the network with limited local resources

- Private physician group
- Unaffiliated hospital or health system
- Private telehealth entity or service

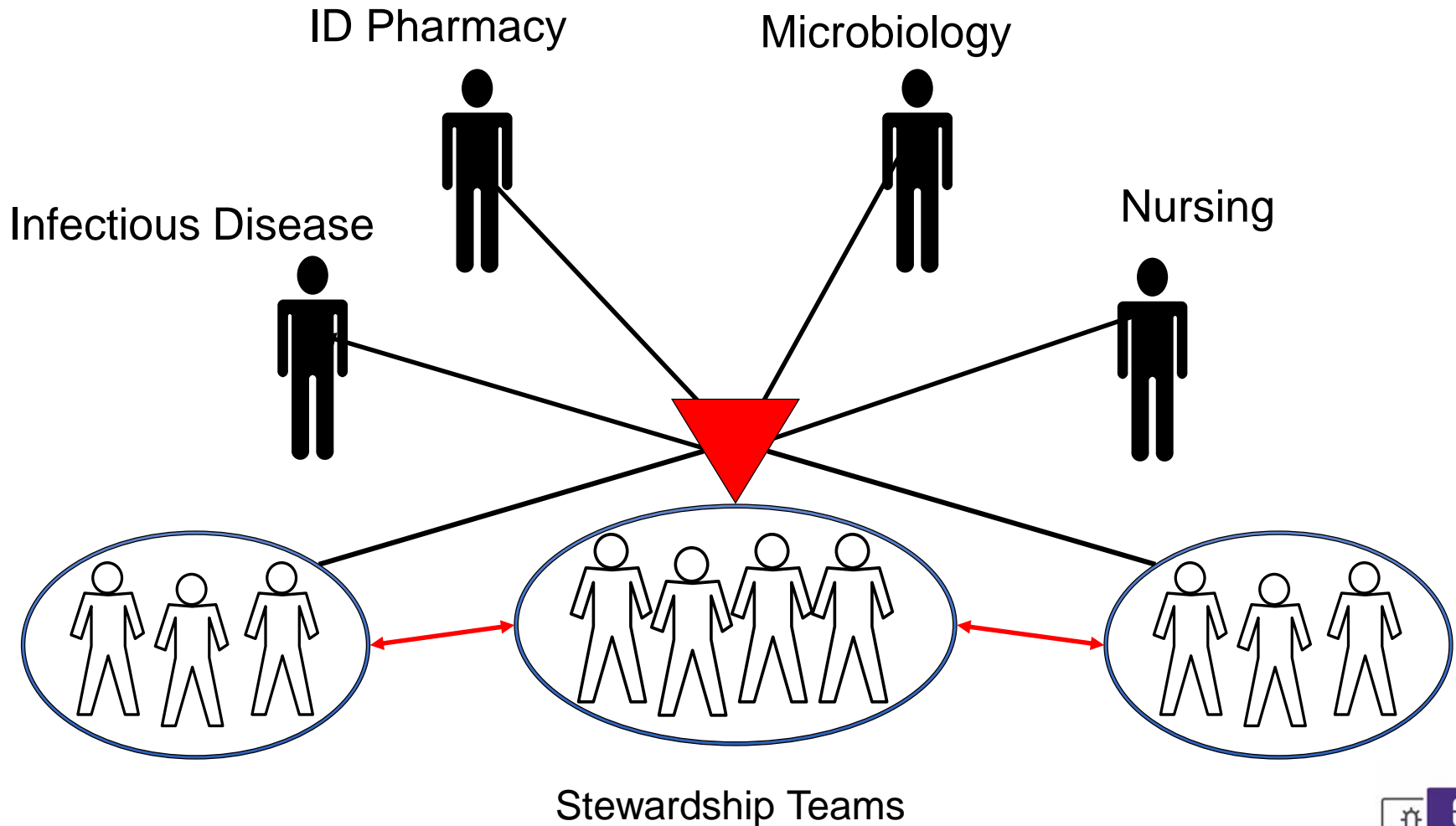
# Building Partnerships

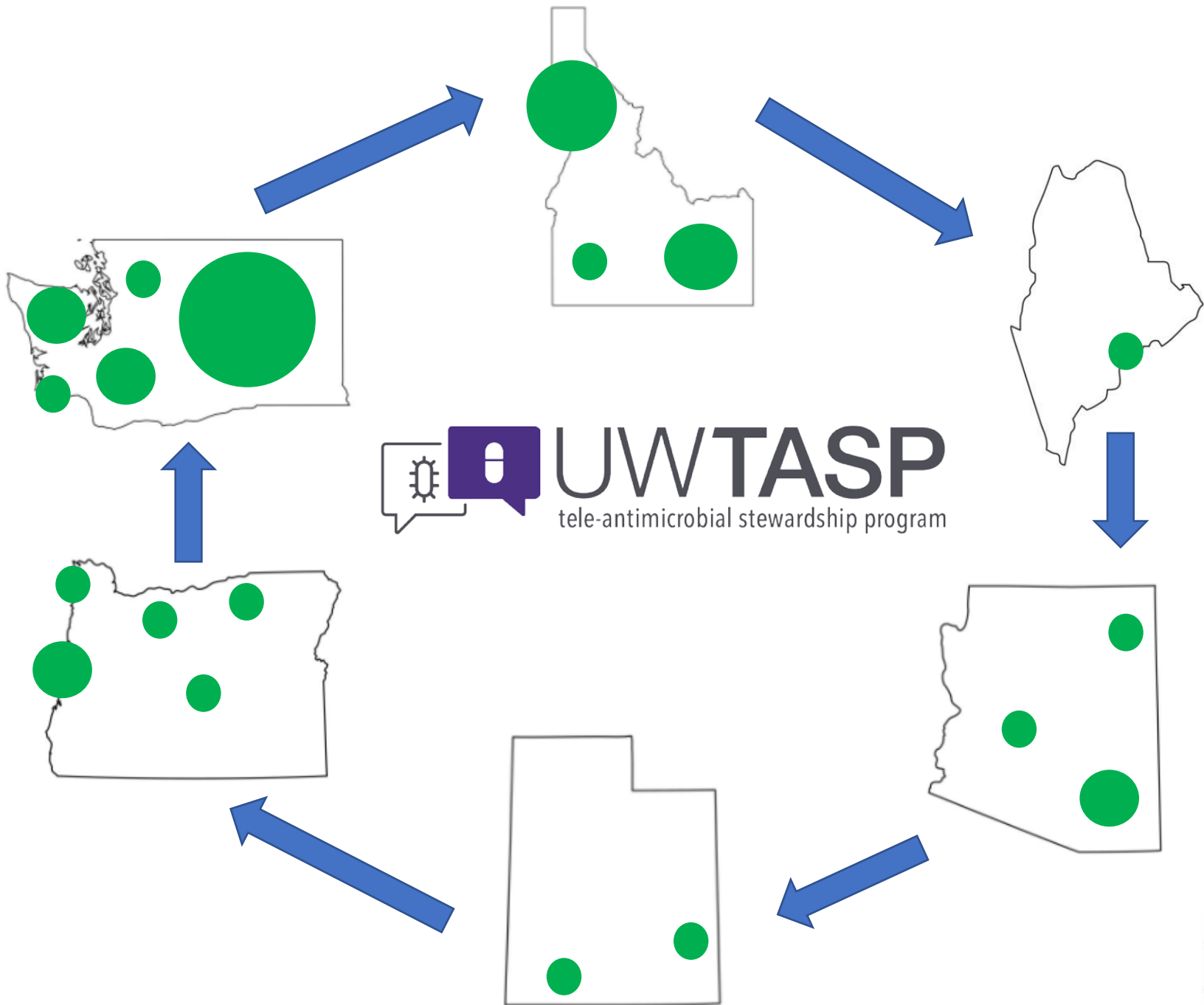


# Traditional Consult Model



# Building a Regional Team



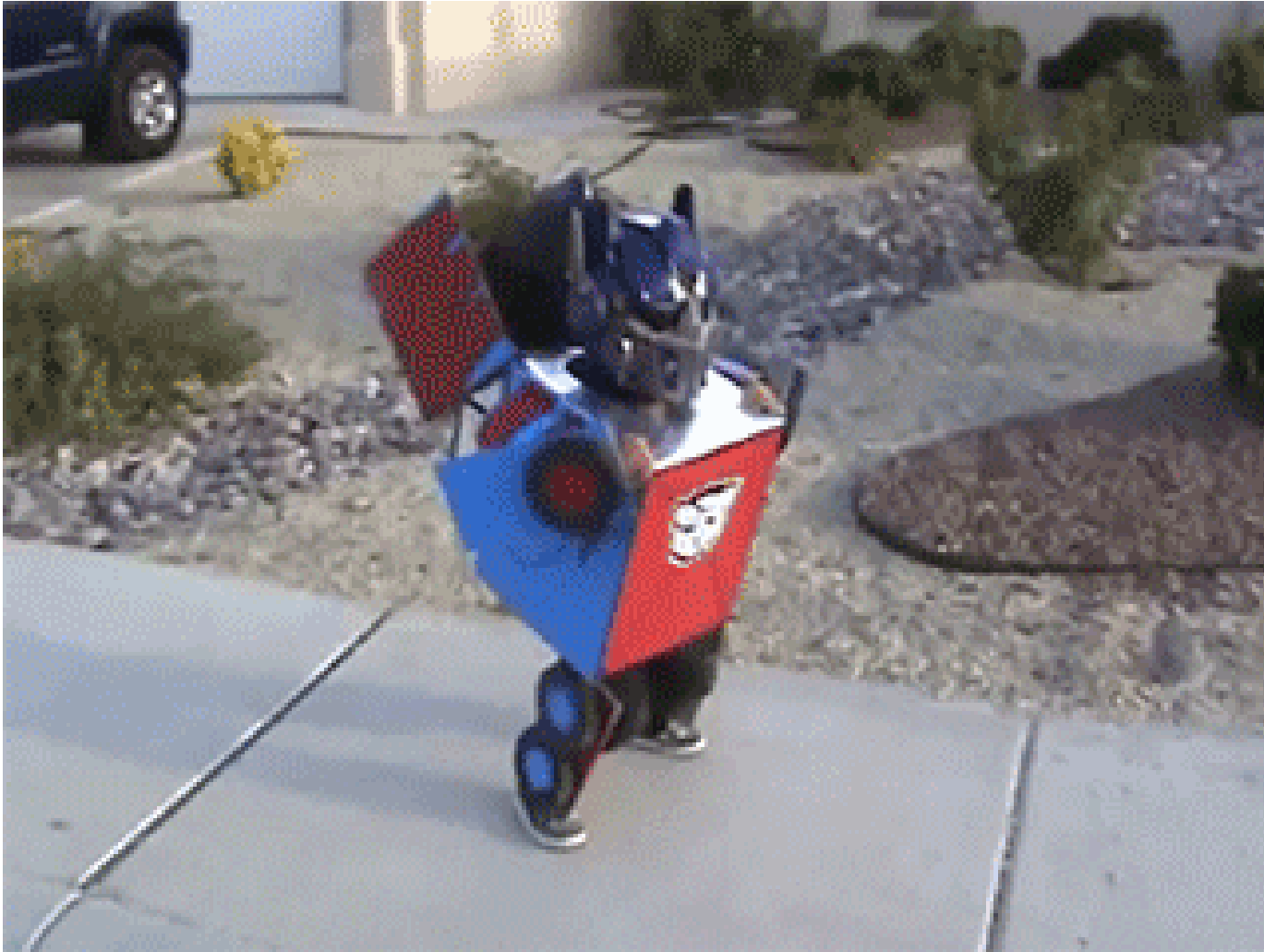


# Wait isn't that Project ECHO?





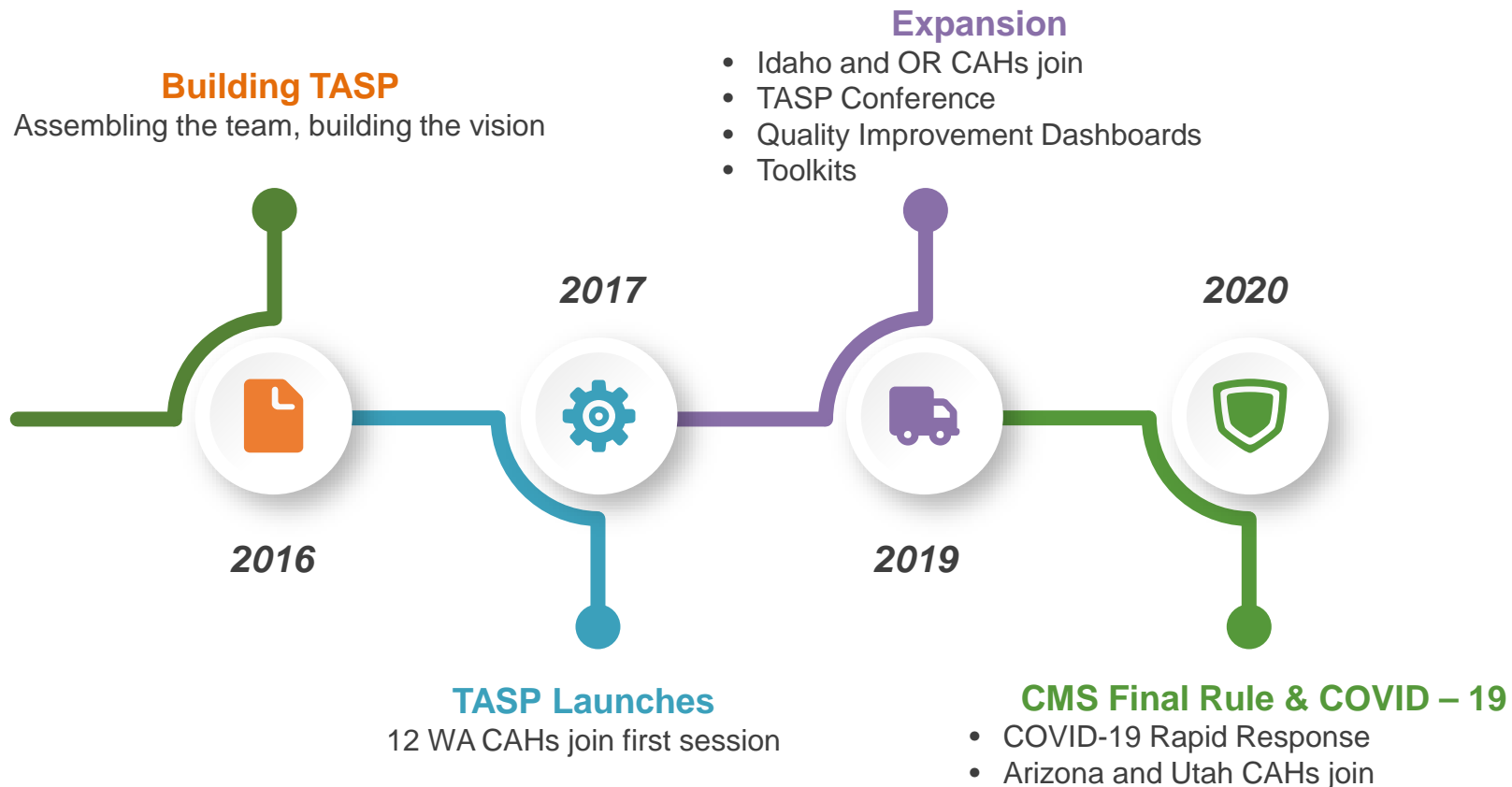
# The Only Constant is Change



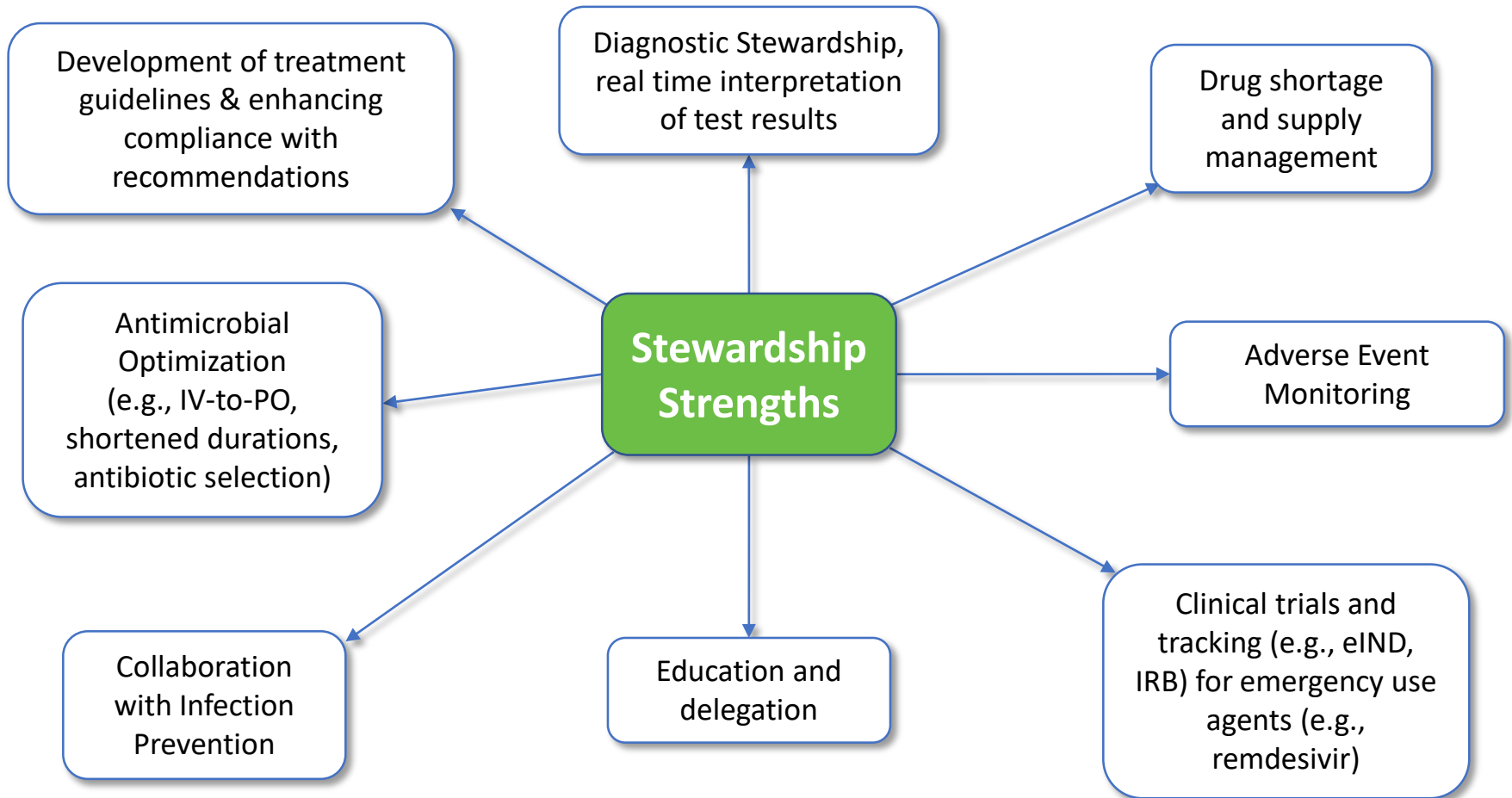
# COVID -19 Response



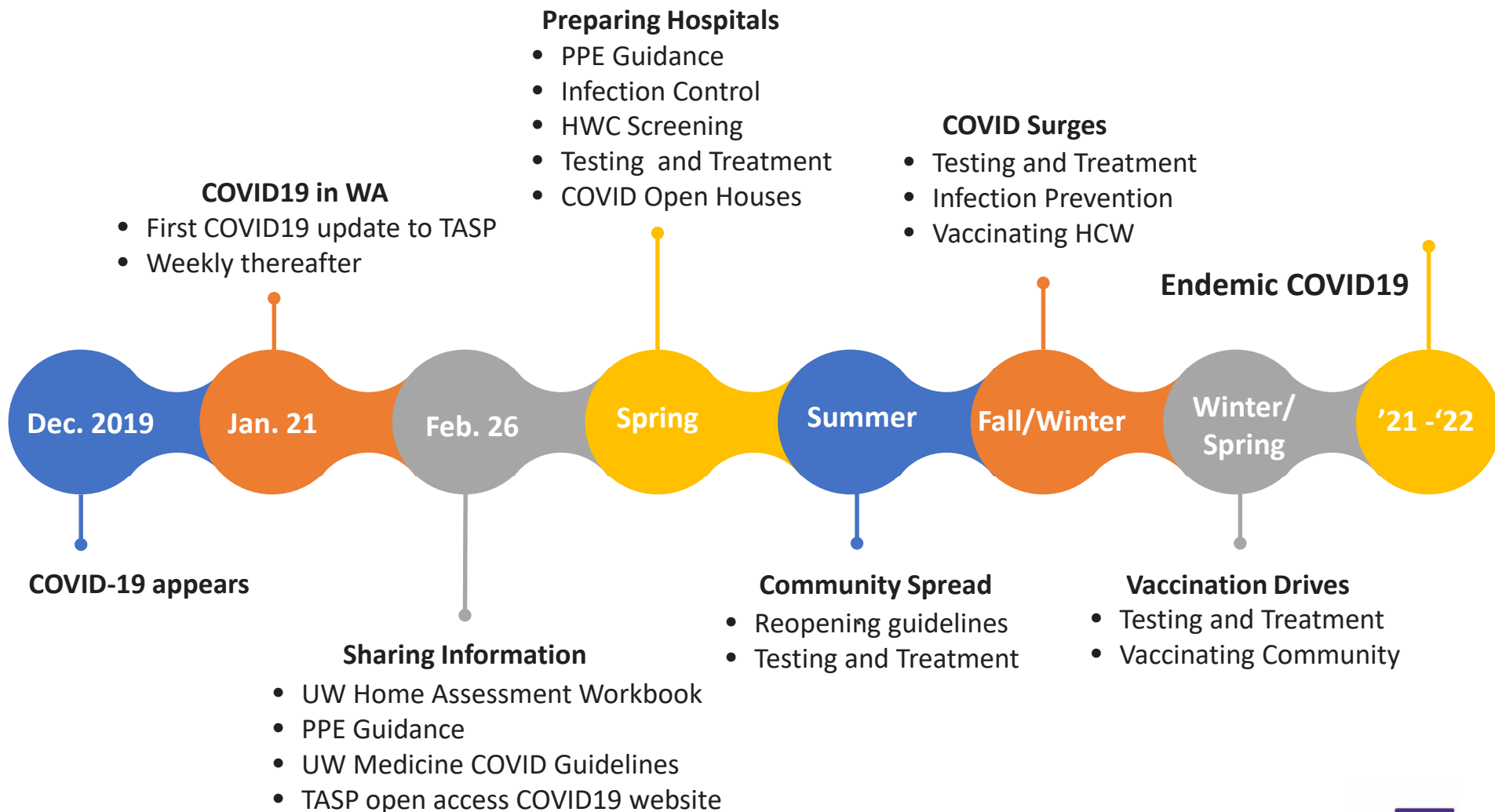
# Chaos in Scarcity

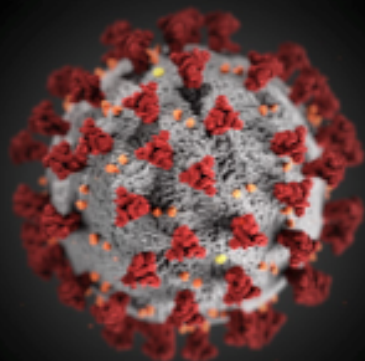


# Initial Structural Framework: Leveraging Stewardship Experience in a Pandemic



# TASP COVID Response





# Coronavirus (COVID-19)

*UW-TASP is committed to supporting our members and the wider community in managing and preventing the spread of COVID-19.*

[Click here for COVID-19 resources](#) ➔



## Re-Opening Healthcare in the Midst of COVID-19

Tuesday, May 12, 2020 - 3:45pm

Dr. John Lynch summarizes the most recent recommendations on reopening hospitals for elective procedures.

[Download slides \(12.58 MB\)](#)

### Jump To:

[Core element 1 & 2: Leadership Commitment and Accountability](#)

[Flu Declination](#)

[Coronavirus Disease 2019 \(COVID-19\)](#)

[Combating COVID-19 misinformation](#)

[COVID-19 Testing and Healthcare Workers](#)

[Clinical Management of COVID-19](#)

[UW COVID-19 Vaccination Registration](#)

The TASP team communicated clearly the seriousness of their situation. We were already tired, but we jumped up and took our preparedness to another level.

COVID-19 material has been priceless in helping my rural hospital keep up with rapidly evolving treatments and procedures.

My response involved communicating to providers appropriate treatment recommendations despite conflicting information from various sources. TASP discussion helped to solidify my ideas and understanding of the current literature in order to be more confident in delivering those recommendations.

I live in WA, but work in ID and ID was bit delayed in having a robust government response. I've been able to share with our Incident Command recommendations based on what UW and Harborview have implemented. Thanks for all you guys are doing to help guide us through this pandemic.



# Revising our Model

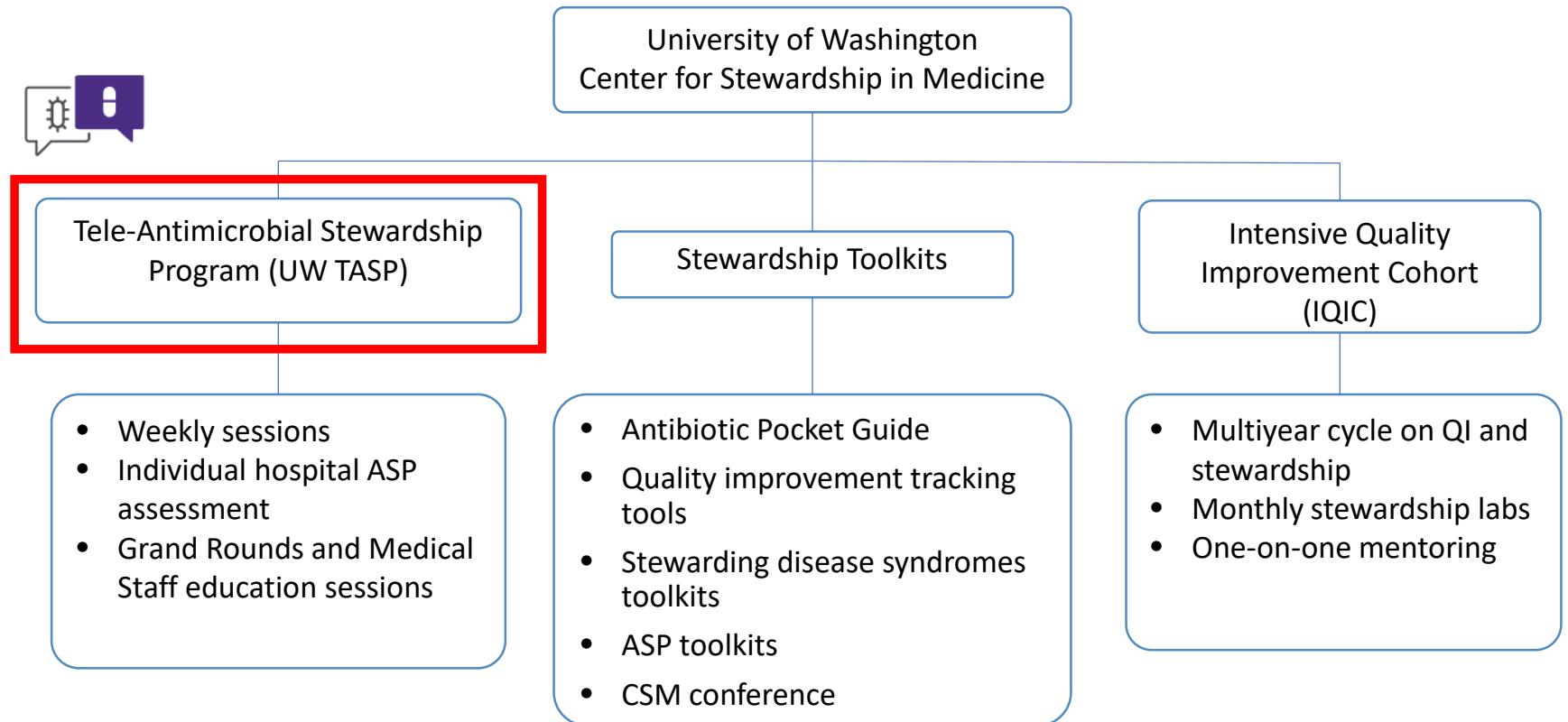


Center for Stewardship in Medicine  
Empowerment through Education





# University of Washington Center for Stewardship in Medicine (UW CSM)




# Weekly Telehealth Forum

April 2022

Sun	
27	
3	
10	
17	
24	


[Home](#) / [Lincoln Hospital AMS Highlights](#)







## Lincoln Hospital AMS Highlights

Thursday, February 25, 2021 - 12:30pm

Merilla Hopkins from Lincoln Hospital reviews their AMS tracking tool and how they structured and created an antibiogram for their hospital.

 [Download slides \(1.6 MB\)](#)

### Resources

-  [Lincoln hospital AMS Tracker \(11.8 KB\)](#)
-  [Lincoln hospital Antibiogram \(34.9 KB\)](#)
-  [Lincoln hospital AMS Highlights \(1.6 MB\)](#)
-  [Lincoln hospital Antibiogram finalized \(67.67 KB\)](#)

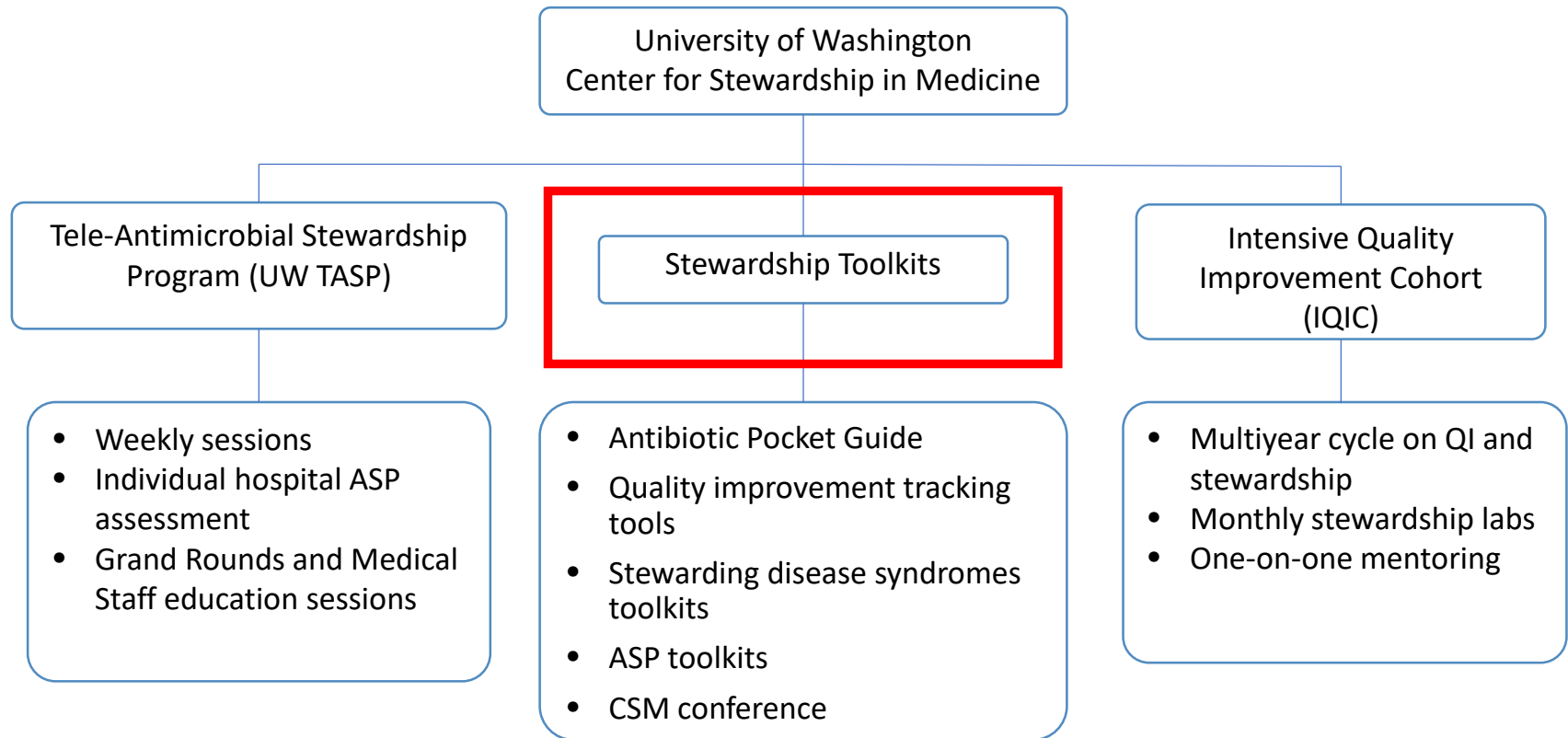




**Centers for Disease  
Control and Prevention**  
National Center for Emerging and  
Zoonotic Infectious Diseases  
Division of Healthcare Quality Promotion



# Center for Stewardship in Medicine





## Get the Antibiotic Pocket Guide

The UW TASP Antibiotic Guide is based on local  
based data and expert opinion.

[Click here to learn more](#) ➤

<b>ORGAN SYSTEM:</b>	<b>SYNDROME:</b>
<b>Lower Respiratory</b>	<b>Acute Uncomplicated Bronchitis in Adults</b>

## SYMPTOMS AND/OR RISK FACTORS

### Presenting Symptoms:

- Cough > 5 days in a patient WITHOUT COPD
- Purulent sputum occurs in 50% of cases and does NOT necessarily indicate bacterial infection
- Low-grade fever is common early in illness (<100.5 F or <38C)
- Diffuse wheezes or rhonchi on exam, but NOT rales or signs of consolidation
- Mild dyspnea
  - Chest wall pain due to coughing

**Comorbidities to consider:**

- COPD
- Asthma
- Elderly (> 75 years)
- Immunocompromised
- Heart failure
- Underlying bronchiectasis

### Testing:

- Vital signs including SpO2
- Obtain CXR if: hemoptysis, ill-appearing, focal abnormality on auscultation, age >70, RR >24 bpm, temperature > 100.4F or >38C for longer than 4 days OR recurrent after having resolved for longer than 24 hours, HR > 100 bpm, resting O2 sat < 90% cough not improving after > 6-8 weeks
- A low procalcitonin (if available) may help confirm decision to withhold antibiotics



# Quality Improvement Dashboard

## Clostridioides difficile at WhidbeyHealth: for Providers

### Project Report

Title ▼

Asymptomatic Urinary Tract Infections (Effects of Routine Urine Analysis Upon Swing Bed Admission)

BRH ASB Education and Tracking

CDC/ IDSA Clinician Calls on COVID-19

Clinical Indicators for Antibiotics

Clostridioides difficile at WhidbeyHealth: for Providers

Collaboration and Communication in UTI Diagnosis

Columbia Memorial TASP F-ASB Project

Community Acquired Pneumonia policy and order set

Community Education

Hospital

Harney

Dayton

Gritman

Clearwater

Whidbey

Blue Mountain

Columbia  
Memorial

Gritman

Whidbey

**Core Elements**

Action, Education, Leadership Commitment, Tracking

Education, Tracking

Education

Action, Reporting, Tracking

Action, Education, Reporting, Tracking

Accountability, Action, Education, Reporting, Tracking

Leadership Commitment, Reporting, Tracking

Action

Education

# Stewardship and Disease Toolkits

## Core element 1 & 2: Leadership Commitment and Accountability

Leadership commitment by hospital executives and board trustees in small and critical access hospitals is important to ensuring allocation of the necessary resources to support antibiotic stewardship programs. Obtaining leadership commitment from the chief medical officer (CMO), pharmacy director, and nursing leaders can facilitate program implementation.

### Flu Declination

#### Presentations



UW Flu Declination

#### Resources and Documents



Influenza Vaccination Information for Health Care Workers

#### Tools



UW Medicine Employee Health Influenza Vaccination Program 2020-2021 (8.82 MB)



UW Medicine Provider Documentation Letter 2020-2021 (125.82 KB)



Employee Influenza Vaccination Survey 2020-2021 (14 KB)

dout (857.06

Is for COVID-  
5.08 KB)



Pharmacist details ivermectin's dangerous snowball effect



The lesson of ivermectin: meta-analyses based on summary data alone are inherently unreliable



How to Address COVID-19 Vaccine Misconceptions - HHS



Fact Check-COVID-19 nasal swabs sterilised with ethylene oxide are safe to use



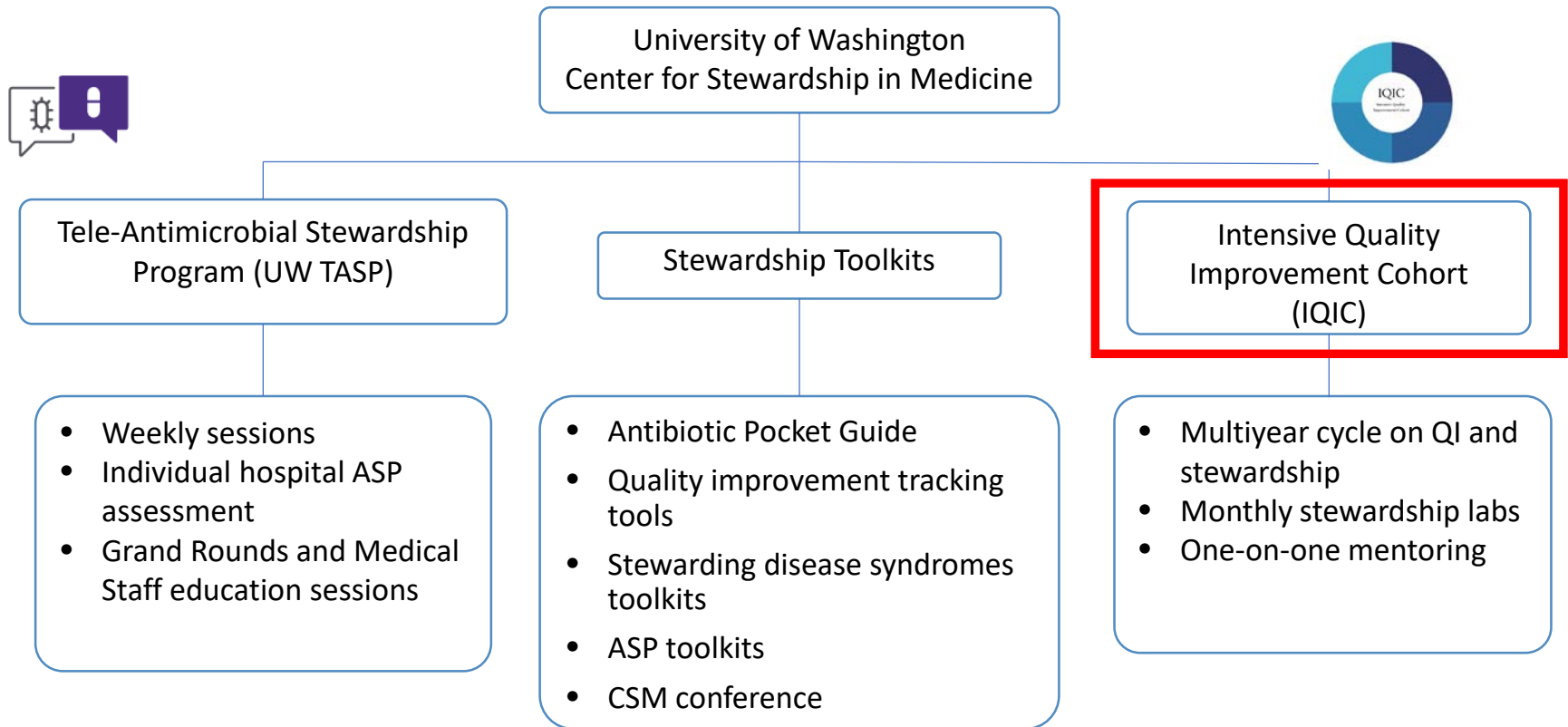
How to Address COVID-19 Vaccine Misinformation - CDC

# Annual Conference





# Center for Stewardship in Medicine



# Intensive Quality Improvement Cohort (IQIC)

## Objective

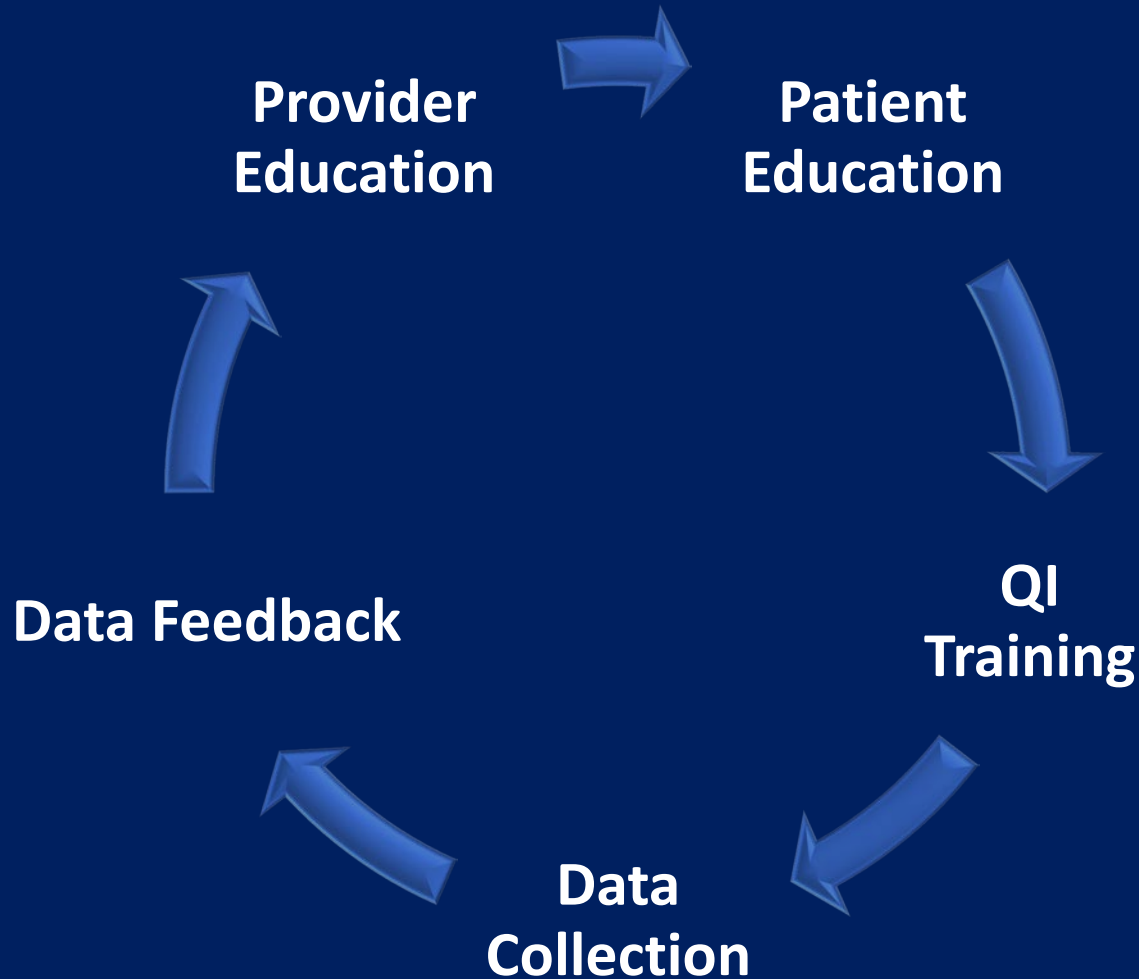
To locally adapt antimicrobial  
stewardship strategies and optimize  
patient care



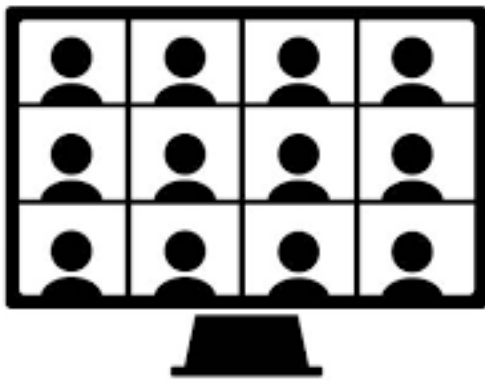


# **IQIC:**

## **A Multimodal Approach to Stewardship**



# IQIC Structure



## Meetings

- Monthly meeting (1h)
- Coaching sessions (30 min)
  - Monthly- Bimonthly



## Day to Day Work

- Distributing education
  - Nursing huddles
  - Provider meetings
  - To Patients
- Tracking impact
  - Quality improvement goal
  - Antibiotic prescribing rates



# Intensive Quality Improvement Cohort (IQIC)

## F-ASB Dashboard

This toolkit includes all resources for the F-ASB Quality Improvement Initiative.

Office Hours with Zahra

### EDUCATION TOOLKIT

#### Presentations:



Reflecting on Reflexing: A Pro/Con Debate



QI Project: Asymptomatic Bacteriuria Intro and Wrap Up



Behavior Change



SMART Goals

#### Resources & Docs:



Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America (2.82 MB)



Improving Evaluation of UTIs in the Elderly Massachusetts Coalition for Prevention of Errors



Urinary Tract Infection (UTI) Event for Long-term Care Facilities

#### Tools:



F-ASB Homework (1.38 MB)



ASB FAQ Sunnyside (262.44 KB)



CDC Antibiotic Awareness Week ASB Playbook - November 18-24 (16.11 KB)



UTI Diagnosis Pathway (337.19 KB)



FAQ Identifying and Managing Asymptomatic Bacteriuria (275.9 KB)



# The work continues...





April 12, 2022 at 9:05 am

## COVID-19, overdoses pushed US to highest death total ever

Federal data confirms that 2021 was the deadliest year in U.S. history. And the coronavirus is not solely to blame. [Updated 3:56 pm](#)



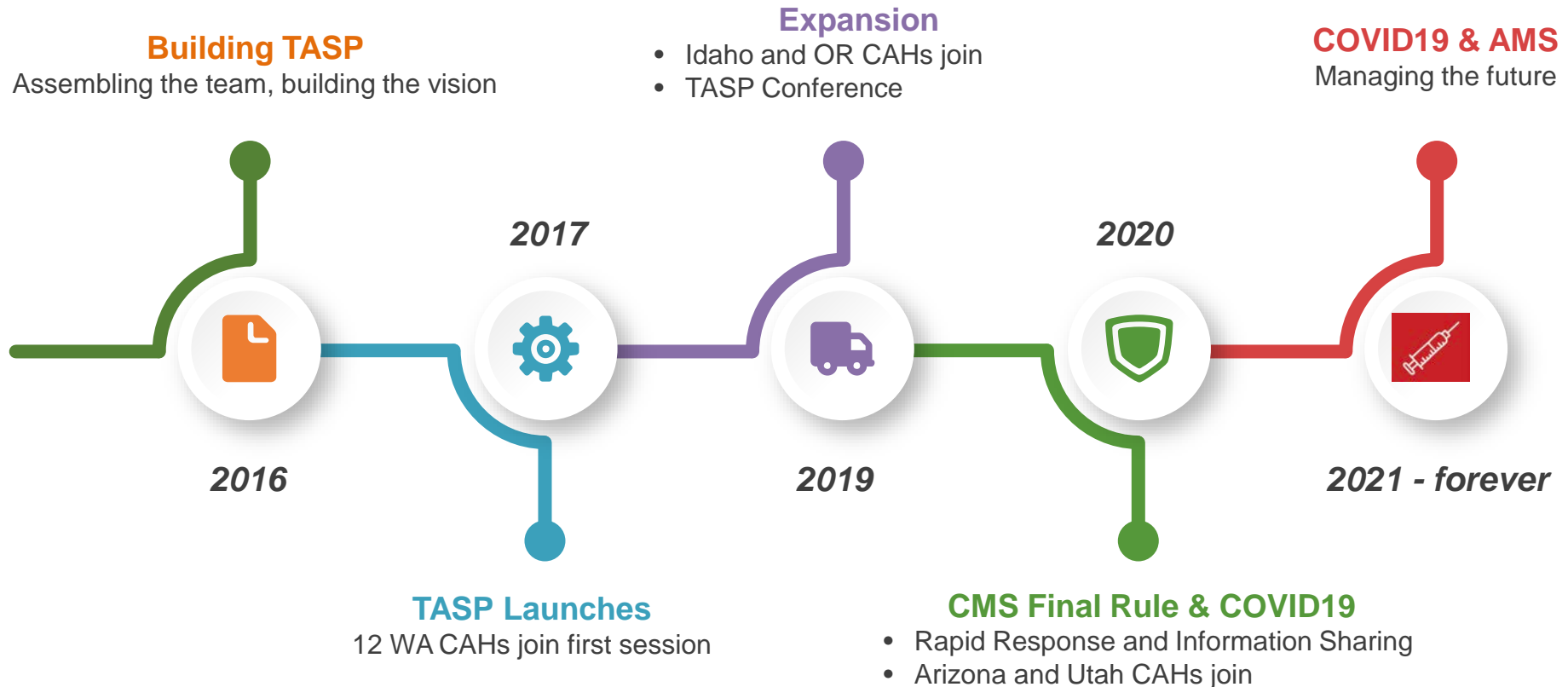
April 10, 2022 at 8:01 am

## Washington's rural hospitals grapple with staff shortages as competition gives big cities advantage

Burnout and competition from higher-paying city hospitals has made it difficult for rural hospitals to keep enough nurses on staff.



# An Endemic Pandemic?





# Summary:

## Change happens, Adapt to meet new needs

