

# The Oregon Antimicrobial Stewardship Initiative (OASIS)

Shahrzad Mohammadi, MPH <sup>1</sup>, Lynne Strasfeld, MD <sup>2</sup>,  
Melissa Parkerton, MA <sup>3</sup>, Robert F. Arao, MPH <sup>4</sup>, Zintars G. Beldavs, MS <sup>5</sup> and Graeme Forrest, MBBS <sup>6</sup>

(1) Division of Infectious Disease, Veterans Affairs Medical Center, Portland, OR, (2) Division of Infectious Disease, Oregon Health and Science University, Portland, OR, (3) Oregon Patient Safety Commission, Portland, OR, (4) Public Health Division, Oregon Health Authority, Portland, OR, (5) Oregon Antibiotic Stewardship Collaborative

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### Background

Inappropriate use of antibiotics may be related to increases in multidrug resistant organisms (MDROs) and *Clostridium difficile* infections (CDI) in hospital and community settings. Unfortunately, there are few new antibiotics in development to treat increasingly resistant infections. We implemented the OASIS as a statewide model to develop sustainable antimicrobial stewardship programs (ASP) for hospitals.

### Methods

We invited all Oregon hospitals to complete an online survey to assess ASP baseline practices. Thirteen hospitals then committed to participate in the OASIS, providing antimicrobial utilization and cost data to the Oregon Patient Safety Commission (OPSC), along with a monthly logbook of pharmacy recommendations and outcomes.

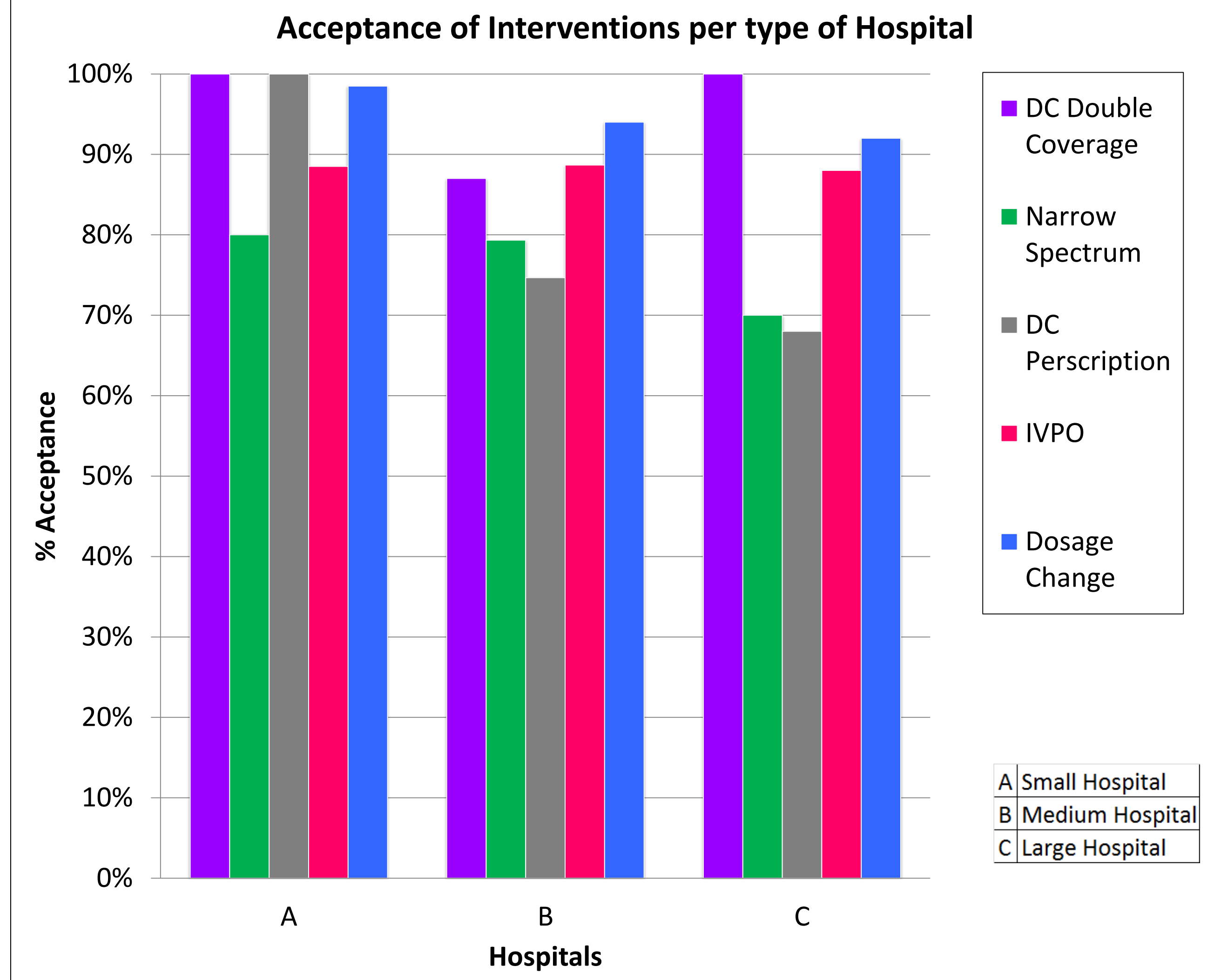
As part of the collaborative, hospital teams participated in 3 learning sessions focused on core ASP strategies and program development tools. Participants selected their own interventions of greatest impact based on the CDC recommendations for ASP non-specific RTIs

- Pharmacy and therapeutic committees approved the implementation of ASP and management guidelines at each hospital
- The OPSC provided a secure web-based platform where hospital teams can view guidelines, updates and directly upload data on a monthly basis
- Other educational support includes weekly “Drugs & Bugs” calls to an Infectious Disease Consultant (IDC), webinars, conference calls, and site visits.

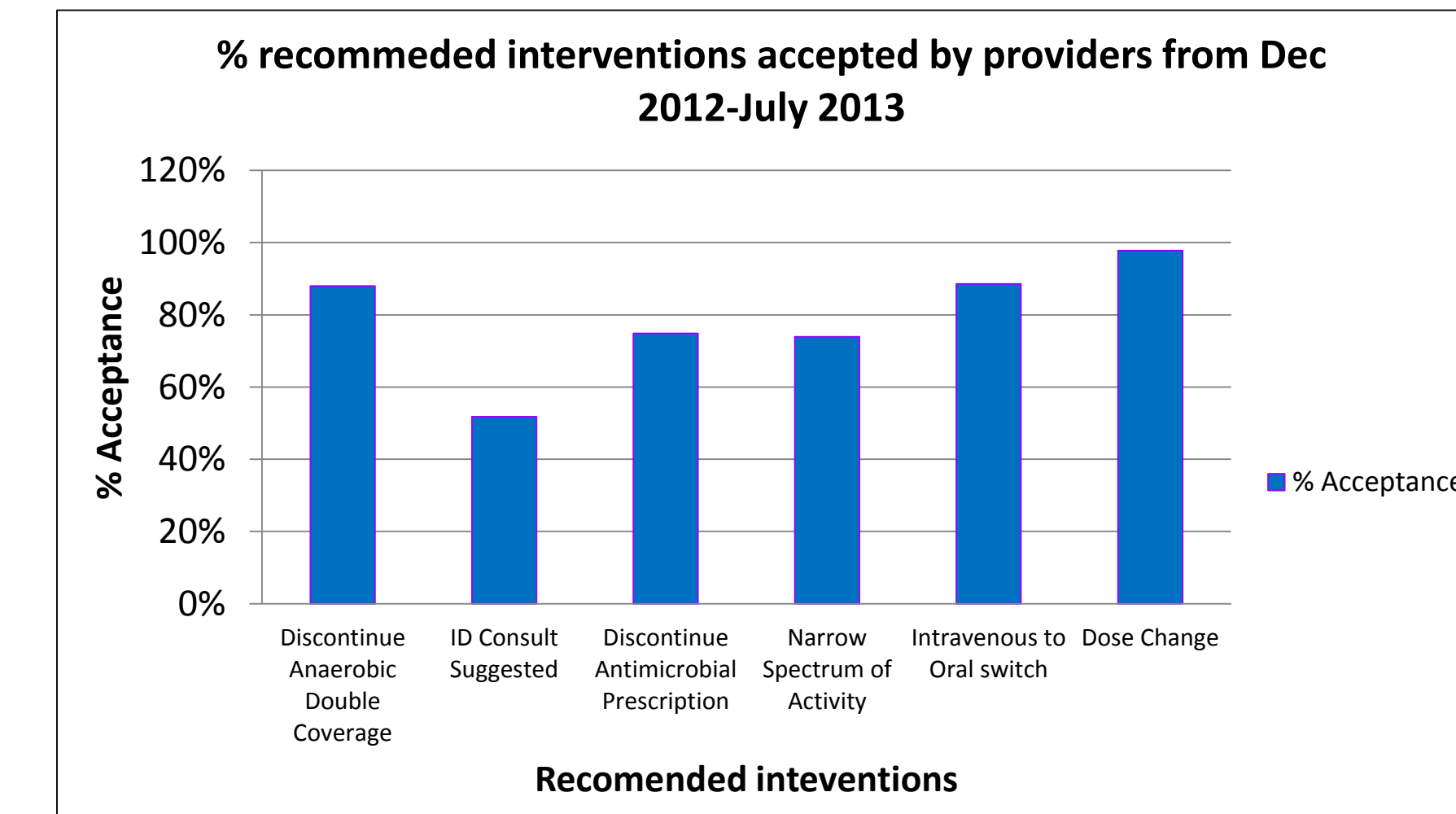
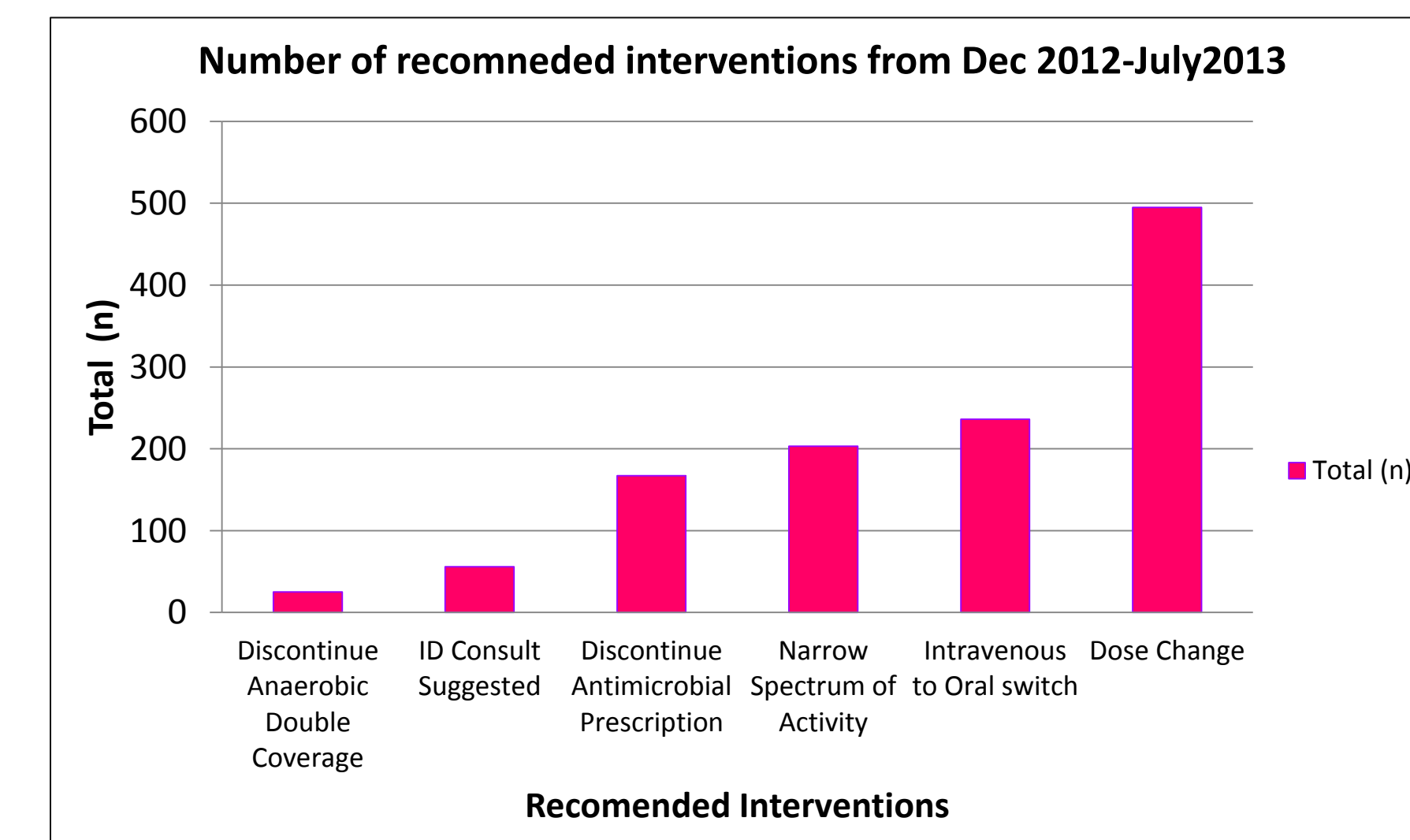
Contact Information: Graeme Forrest :  
Email: [forrestg@ohsu.edu](mailto:forrestg@ohsu.edu)

### Results

Thirteen hospitals in Oregon are participating. 2 are pediatric hospitals and 3 are critical access hospitals. Hospitals have created programs using Pharm D, Internists, hospitalist or ED physicians. Support from hospitals administration has been sought. Seven of 13 hospitals (54%) are providing antimicrobial utilization data while 6 are still facing challenges with inadequate IT support and/or complex pharmacy systems. Currently, there is a high acceptance at most centers for stopping double anaerobic coverage and IV-PO conversion.



A= <50 beds, B= 51-200 beds, C=>201 beds. DC=discontinuation. IV=intravenous. PO=oral



### Conclusions

OASIS has provided educational tools and resources for initiation and maintenance of ASP for Oregon hospitals. There has been a high rate of acceptance amongst providers participating in OASIS. Lack of adequate IT support for cost and antimicrobial utilization data is a limitation that is being addressed.

Website: <https://oregonpatientsafety.org/asp/>