

**Presentation Type:**

Poster Presentation

**Targeted Outpatient Fluoroquinolone Intervention utilizing an Integrated Electronic Health Record in the Bureau of Prisons**

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**Background:** Fluoroquinolones are the perfect target for antimicrobial stewardship programs (ASPs) due to their broad-spectrum nature, poor safety profile, and frequent misuse. In April 2019, the Bureau of Prisons (BOP) created a national antimicrobial stewardship clinical pharmacist consultant program. One of the program's main initiatives was to screen active fluoroquinolone prescriptions for appropriateness and work with providers to tailor therapy as needed. Since July 2019, pharmacist consultants have utilized a singular system-wide electronic health record (EHR) to conduct fluoroquinolone prospective audit and feedback targeting all BOP sites across the country. The objective was to assess the national impact of prospective audit and feedback on outpatient fluoroquinolone prescriptions utilizing pharmacist consultants and an integrated EHR. **Method:** Reviews were conducted in a federal correctional setting including 122 BOP sites with an average daily population of 167,308 inmates. The ASP consisted of 7 pharmacists, each assigned a region across the country. Consultant pharmacists were in charge of conducting daily fluoroquinolone reviews within 72 hours of the prescription being written, utilizing a singular system-wide EHR to gain remote access to newly prescribed prescriptions along with all other pertinent information (ie, clinical notes, patient profiles, laboratory, and radiology). Interventions were sent via e-mail. Total fluoroquinolone prescriptions per 1,000 inmates during the preintervention period (July 1, 2018, to September 30, 2018) were compared to the postintervention period (July 1, 2019, to September 30, 2019), after the development of the clinical consultant program. Data were also collected during the 3-month postintervention period to include total fluoroquinolone prescriptions reviewed, total recommendations sent, percentage of recommendations accepted, and intervention types. **Results:** In total, 833 fluoroquinolone prescriptions of 1,264 total prescriptions written (66%) were reviewed over the 3-month postintervention period. In total, 192 interventions were recommended (23%). Of the interventions recommended, 65 (34%) were accepted. The most common intervention was to stop therapy (41%), followed by changing antibiotic (37%), and shorten therapy duration (8%). Total outpatient fluoroquinolone prescriptions decreased by 1.5 prescriptions per 1,000 patients after the intervention. **Conclusions:** Pharmacist-driven prospective audit and feedback on a national scale utilizing a singular system-wide EHR resulted in an overall decrease in outpatient fluoroquinolone prescriptions over short period of time.

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Poster Presentation

**Targeting Zero-Preventing Surgical Site Infections by Reducing Immediate-Use Steam Sterilization (IUSS)**

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**Objective:** To reduce the number of immediate-use steam sterilization (IUSS) cycles performed to below 2% to increase patient safety and decrease surgical site infections (SSIs). **Methods:** The facility decide to make a "hard stop" date at which IUSS cycles were no longer going to be allowed without operating room (OR) and Sterile Processing Department (SPD) leadership approval, based on standardized indications for IUSS cycles. Before the start date, extensive education was given to surgeons, OR clinical teams, and SPD team members to ensure understanding of the process and risk of infection due to IUSS. The facility also recognized that workflow was a large part of why instruments were being sent through IUSS cycles, due to a backup of sets in the department and because some items could not be processed before the next day. Many items were purchased to increase workflow capabilities: such as a new washer, sonic, adding a pass-through window, a low-temperature sterilizer. Also, 3 sterilizers were replaced with newer, more efficient models. The facility also purchased a large number of instruments to create new and additional trays to accommodate the surgical volume. The SPD also underwent LEAN Kaizen events on both the clean and dirty sides to improve workflow and efficiency to prevent further IUSS. **Project Results:** The facility saw immediately results in reduction of IUSS cycles being performed and were the department was able to drop below the goal of 2% after the first month of using the new process. The rate has continued to be <2% for >5 months. Communication and partnership between the OR, infection prevention staff, and SPD were beneficial and will continue to move the facility forward in a shared decision-making model as improvement continues in the future.

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Figure 2: IUSS Rates: January 2018- July 2019

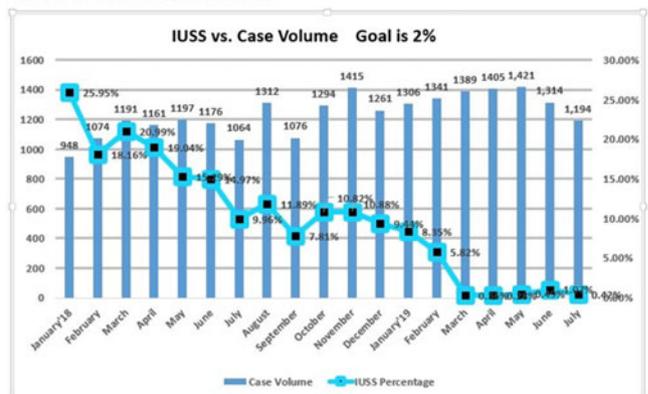


Fig. 1.

Figure 3: SSI rates 2016-June 2019

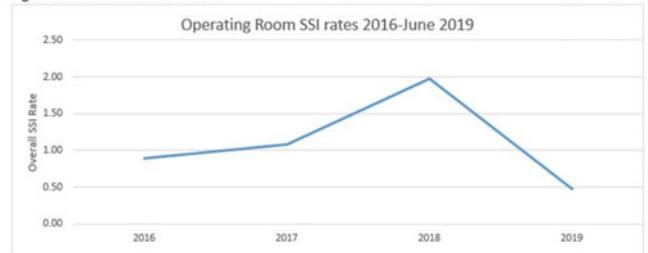


Fig. 2.