

The Walton Centre NHS Foundation Trust

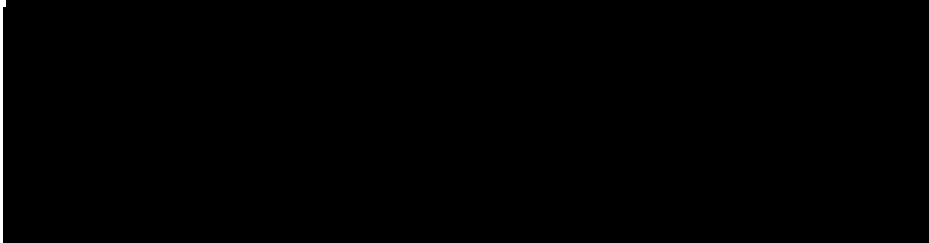
CONFIRMED

Minutes of Antimicrobial Stewardship

Wednesday 23rd March 2022

ITU Seminar Room

Present:



No.	Item
1	Apologies [Redacted]
2	Review Minutes of last meeting Confirmed minutes as correct. SL will circulate the powerpoint presentations of the audits that were presented.
3	Matters Arising <ul style="list-style-type: none">• SL and SLf to draft a process for the Glasgow scoring relabelling of antibiotic allergies. To bring to the next meeting and discussion with VP• Spinal infection pathway - SL and JL to draft a pathway and work with spinal teams. JL to link in with [Redacted] – policy/protocol page for external referrals on Orion. Need to clarify where this would be approved – spinal MDT or CESG
4	Incident and RCA's for discussion SLf pulled datix submissions relating to antibiotics between October 21- Feb 22. These have all been discussed at safer medication group and brought to AMS for information. Key themes in the incidents identified; prescribing errors and missed doses. Prescribing errors were across a few doctors, they have been spoke to and educational supervisor aware. Missed doses was highlighted on a specific ward and related to a new influx in nursing staff. Agreed to review these themes again at next meeting. Noted that the issues with vancomycin powder were in October/November. Will continue to monitor.
	Issues for discussion <ul style="list-style-type: none">• Epidemiology – SL has looked at blood culture data between 2019-2021. There were a total of 67 gram negative infections. All remain very sensitive, 1 resistant to ciprofloxacin, 2 resistant to gentamicin, 1 resistant to piperacillin/tazobactam. Gave reassurance that our empirical drug recommendation of piperacillin/tazobactam is appropriate and allows for the difference to LUFHT.• CAESAR network – For information, this is the Central Asian and European Surveillance of Antimicrobial Resistance. The UK now feeds in to this post Brexit.• IT drug delivery on ITU – SL updated the group that ACCPs are not administering IT antibiotics. They did all receive a training session but there has not been the opportunity to assess competency due to no EVD infections.

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	<ul style="list-style-type: none"> • TOR – SLf provided the TOR from 2020 to be reviewed. Minor changes to wording around education. It was suggested that a neurology representative should be included in the group. SLf to email Anita Krishnan regarding this. The OPAT nurse should be included in the membership, and it was agreed to change quorate to nursing representation rather than specifying IPC/OPAT. To add a box for approval and review dates for version control. SLf will make these changes and submit to D&T. • Education – DC suggested that it would be useful to provide an educational newsletter following the quarterly meetings. SLf to work on this
	<p>Audits</p> <p>SL/SLf discussed the current ongoing and planned audits. DC highlighted that all audits should be registered with the Trust. Those that are in progress are.</p> <ul style="list-style-type: none"> • Surgical prophylaxis – previously completed yearly – had some discussion about whether this should continue and it is due now. As there were concerns highlighted on the previous audit the group felt this should remain yearly. DC to see if any of the neurosurgical doctors would volunteer. • ITU prescribing audit – due for re-audit • VAP audit on ITU – started in January, data collection continuing until end of march • SMART sepsis audit to come to AMS • TDM audit –SLf plans to look at gentamicin and teicoplanin TDM with a focus on inpatient vs. OPAT for teicoplanin • SL highlighted that a trachy site audit was needed • SLf discussed the main points on the point prevalence audit report from Q3, full report not available for Q4 but data given for stop dates, reviews and compliance. It was highlighted that the main concern is around lack of stop dates. The current report splits between neuro infections vs non, and shows there is more of a concern with the non-neurological infections. SLf will try and spilt this further into indication. Junior Drs – poor continuity of care and not taking responsibility for focus of infection or review/stop of abx. <p>Actions discussed: Put into newsletter, need a Start Smart Then Focus Campaign, diagnosis or focus of infection is key, need to work with SMART about focus of infection. Consider NMPs to increase formularies.</p>
	<p>Formulary Review</p> <ul style="list-style-type: none"> • Formulary updated Jan 2022 • Thank you to Sian, Ruth and Greg for this large piece of work. Praise was given! Review next year. Long term aim – more interactive formulary on the intranet. • Gentamicin monograph update – due March – SLf will do this and send to D&T
	<p>OPAT</p> <ul style="list-style-type: none"> • SL/JL updated the group about the new EP2 referral form – tested out and is almost ready following a few tweaks from IT. • JL has updated the policy and PIL, for minor amendment once ep2 referral live then to go to CESG • Database – JL has started looking at this, needs an extra screen for home working. • Agreed to have quarterly meetings • SLf and JL met to discuss OPAT processes. Highlighted some areas where issues are arising. <ul style="list-style-type: none"> ▪ Oncology process not working – JL spoke to ██████████ about this. At time of referral needs to be flagged that these are oncology patients and decide on an individual basis how they will be followed up.

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	<ul style="list-style-type: none">▪ Rehab patients in OPAT - difficult getting hold of bloods and doctors. SLf/JL suggested patients are booked into first apt where the clinic letter with OPAT plan is sent to the rehab unit and no further follow up. Care passed onto the rehab team, who can contact if any concerns for further advice. Agreed by the group. SL highlighted that it needs to be clear what bloods and when, no follow up scan unless changes/discuss with us, and when the line is coming out at end of treatment. SLf will update the policy.▪ Patient feedback forms need to be chased – JL/SLf will arrange meeting with [REDACTED] (OPAT secretary)▪ To start face to face/video appointments for first appointment then telephone - JL/SLf will arrange meeting with [REDACTED]
	Education <ul style="list-style-type: none">• SLf will provide informal sessions to SHOs on micro WR• SL/SLf will change the mandatory training for consultants to focus on AMS• SLf will introduce a newsletter with key points from the AMS meeting
	Any Other business <ul style="list-style-type: none">• SL discussed the role of the AMS pharmacist and proposed expansion of the hours/operational/strategic work. DC in agreement and need to produce a business case.• SLf explained that there is a CQUINN around abx prescribing for UTI in adults aged 16+ - still waiting to hear if Trust want to take this on or not
	Date of next meeting: 3months - TBC