

**Antimicrobial
Stewardship**



Program

The Copper Queen Community Hospital Staff is dedicated to preventing the development of multi-drug resistant organisms and the infections they cause through our Antimicrobial Stewardship Program.

Dangerous infections, such as *Clostridium difficile* and MRSA (methicillin-resistant *Staphylococcal aureus*) can arise from the overuse of antimicrobial medications. Gastrointestinal infections from *Clostridium difficile* are considered healthcare-associated infections and 29,000 deaths resulted from the ½ million infections that occurred nationwide in 2011, according to the Centers for Disease Control (CDC). Patients at the highest risk are older than 65, have underlying illnesses, are taking antibiotics and receiving medical care. Antibiotics disrupt the normal community of bacteria in our digestive systems and allow *Clostridium difficile* to flourish. Without measures in place to detect their presence and prevent their spread, the *Clostridium difficile* bacteria and other problem bacterial organisms can infect others.

In addition to our programs for tracking and preventing the spread of these dangerous bacteria, the Medical Staff at Copper Queen Community Hospital focuses on limiting the use of antimicrobial medications to only when necessary, in order to limit patient exposure to antibiotics, which can contribute to the development of infections like *Clostridium difficile* and multi-drug resistant bacteria.

The Antimicrobial Stewardship Program at CQCH is designed to address the concerns of over-prescribing and using antibiotic medications. This program promotes the safe use of antibiotic medications by observing the following strategies:

1. Limiting the number and types of antibiotics available to prescribers to those necessary for treating patients. This helps avoid problems of duplicate antibiotic therapies and the unnecessary use of antibiotics that have a broad spectrum of activity which also wipe out a patient's normal bacterial community.
2. Streamline each patient's antimicrobial therapy by a 48-hour re-evaluation of a patient's condition and antibiotic regimen when culture results become available. By narrowing the antibiotic to one that is effective in treating just the specific infection, we limit the alteration of a patient's normal bacterial community.
3. Provide patient-specific antibiotic dosing to limit unnecessary patient overexposure. Patient factors like weight, type and site of infection, kidney and liver function help determine the appropriate dosage and duration of treatment.

Outside of the Hospital setting, the overuse of antibiotics in the community is also a major factor contributing to the multi-drug resistance problem. For this reason, an Outpatient Antimicrobial Stewardship Program the Copper Queen Rural Health Clinics has been initiated. Guidelines for the use of antibiotics for the treatment of common respiratory infections was developed by the Medical staff for practitioner use in the Rural Health Clinics.