Data Collection

In order to support the growth of the ECHO movement, Project ECHO® collects participation data for each teleECHO™ program. This data allows Project ECHO to measure, analyze, and report on the movement’s reach. It is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.
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Email questions or concerns to IntermountainProjectECHO@imail.org
EASIE ECHO: Education in Antimicrobial Stewardship and Idea Exchange

Review of Vigilanz Alert/ Intervention Data

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Intermountain Community and Rural Hospitals
Overview

• Review current Vigilanz usage and metrics
• Outline recent and upcoming alert changes
• Discuss ideas for improvement
Vigilanz – Why and How

Primary mechanism for prospective audit/feedback
- Optimizing antibiotic use (action/tracking/reporting)

Current areas we’re targeting with alerts:
- Drug/bug mismatches
- Double anaerobic coverage
- 72-hour antibiotic timeout
- Antibiotic dosing
- Positive blood and CSF cultures
- MDRO review
- “Restricted” antibiotics
Tracking and Reporting Impact

Current metrics

• % alerts acknowledged in 72 hours (*dashboard link pending*)
• Good catches
  o > 100 Vigilanz good catches recorded last year (80% small hospitals!)
  o Both items included in annual reports to local/system leadership

Vigilanz subcommittee focus areas:

• % alerts leading to “intervention” (*Discussed care or Abx dose/route optimization*)
• Eliminating high volume/low impact alerts
ID Pharm alert efficiency

> 14,000 alerts avoided/year!

Alert Volume
Frontline alert efficiency over time (System data)

Total numbers (12 months):

- Alerts = 109,000
  - ~9,000 alerts per month
- Interventions
  - 9,000 (8%)
- “No action necessary”
  - 51,000 (47%)
Recent/upcoming changes to frontline alerts

<table>
<thead>
<tr>
<th>Alert</th>
<th>Change</th>
<th>Projected alerts avoided per year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive cx – Review micro</td>
<td>Remove Gram stain alert for routine cultures</td>
<td>~5,000</td>
</tr>
<tr>
<td>Drug-organism mismatch</td>
<td>Modify criteria for <em>Enterococcus</em> spp. (was firing incorrectly)</td>
<td>~250</td>
</tr>
<tr>
<td>New drug level: Vancomycin</td>
<td>Change to auto-acknowledge (redundant on CPA patients)</td>
<td>~1200</td>
</tr>
</tbody>
</table>

We need your help to improve efficiency/impact:

- Relies on **documentation**
  - “Discussed care with provider” or “Antimicrobial dose/route optimization”
  - Write “good catch” + brief summary in the comments
- We welcome any **feedback**!
Open discussion: potential alert ideas

Efficiency

• High volume/low impact alerts
• Eliminate redundancies (e.g. vanc alerts on CPA patients)

Other potential intervention areas:

• Discharge stewardship (ED callbacks)
• Durations of therapy for specific indications

Ideas from the group??
Vigilanz Subcommittee

We look forward to your ideas, suggestions, and questions!

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