Clinical Engagement Program

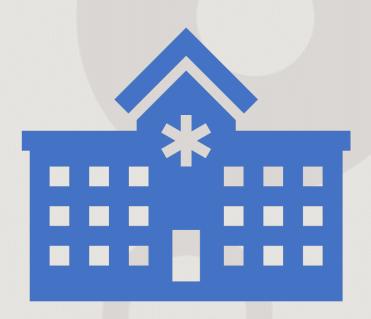












Background

The Clinical Engagement (CE) program started in 2021 and has aimed to improve and evaluate the use of antimicrobials at six tertiary care public hospitals across Pakistan. These include:

- Jinnah Postgraduate Medical Center (JPMC) Karachi
- Dr. Ruth K. M. Pfau Civil Hospital (CHK) Karachi
- Sheikh Zayed Hospital (SZH) Lahore
- Nishtar Medical University Hospital (NMUH) Multan
- Hayatabad Medical Complex (HMC) Peshawar
- Provincial Headquarters Hospital in Gilgit, Baltistan (PHQ-GB).



Framework

- The basic framework of the program focuses on three areas:
 - Antimicrobial Stewardship,
 - Infection Prevention and Control (IPC) and
 - Diagnostic Stewardship



Setting the the stage



Baseline survey based on WHO PPS methodology on antibiotic utilization in target hospitals to measure Antimicrobial Use (AMU) in healthcare facilities.



Advocacy meetings with provincial departments for approvals and notifications.



Advocacy meetings with higher management for introduction of the initiative and formal agreements.

12 June 2025



Activities

- Teaching and Training Sessions
- Supportive and Supervisory Visits
- Performance review and Advocacy Meetings
- Communication Material



Teaching and training sessions

To engage the health care professionals, small group teaching sessions, seminars and workshops were conducted on an ongoing basis for the nominated teams.



the mechanism of action and resistance, spectrum of action and therapeutic principles of antibiotic use along with antibiotic timeout

importance of Global Antimicrobial Resistance Surveillance System (GLASS) pathogens

surveillance of antimicrobial resistance,

interpretation of antibiogram and WHONET data entry

infection prevention and control (IPC) practices

WHO AWaRe Classification of antibiotics revision of basic concepts of IPC including prevention and management of needle stick injuries and IPC surveillance

antibiotic prophylaxis and treatment guidelines

Supportive and Supervisory Visits

Clinical ward rounds to facilitate prescription practices.

Discussions with the senior faculty, residents, junior doctors and nursing staff about the appropriate selection of antimicrobials according to the site of infection, organism isolated, susceptibility pattern and patient comorbidities were held.

Antibacterial spectra of commonly used antibiotics were discussed. It was emphasized that culture reports from the laboratory should be used to initiate targeted therapy.

Basic concepts and the role of IPC in controlling rising AMR were discussed.

Details of transmission-based precautions, appropriate use of personal protective equipment and patient placement were highlighted.

The significance of functional Infection prevention & control (IPC) and Antimicrobial Stewardship (ASC) was highlighted.



Performance review and Advocacy Meetings



Meetings were held with decision-makers (Medical Director, Chancellor and others) to discuss the activities, challenges and way forward.



The observations and the current antibiotic prescription practices and infection prevention and control (IPC) practices observed during the ward rounds were highlighted.



After advocacy with senior management, members of the IPC and Antimicrobial Stewardship Committee (ASC) were nominated, and an ASC was formulated at the six sites.



Regular meetings of ASC were ensured.



Advocacy for strengthening of IPC committee and training sessions on IPC Basics for master trainers



Trickle-down training sessions for all healthcare professionals.



Communication Material

Job aids were developed in the form of posters and booklets and disseminated among the clinical teams and higher administration.

These posters and booklets display information regarding:

- appropriate techniques of sample collection for microbiological culture and sensitivity testing
- basic concepts of infection prevention and control
- basic concepts of antibiotics
- a guide for initiation of the antimicrobial stewardship program.



Achievements

AMR Industry Alliance Award

ISO 15189 certification of JPMC and CHK

ASCs established at all sites

IPCs established at 4 sites

Endline survey conducted



Lessons learnt

Scale-up and sustainability



Revised strategy

Scale-up and sustainability

Residency certificate program

Based on experiential learning

Development of a Centre of Excellence on AMS

On-site training for residency certification

Didactic learning as well as hands-on training

Multidisciplinary team rounds/ASP rounds

clinical decision support system





Course structure



Two weeks/10 days



First week focuses on building foundation for establishing an AMS program at the hospital



Second week focuses on advanced training on running and maintaining AMS program



Parallel advocacy with administration of the site



Pre and post evaluation of the residents



Target Healthcare professionals





One cohort of upto 10 HCPs

Frequency and execution

One course every other month

Includes all potential members of the AMS system

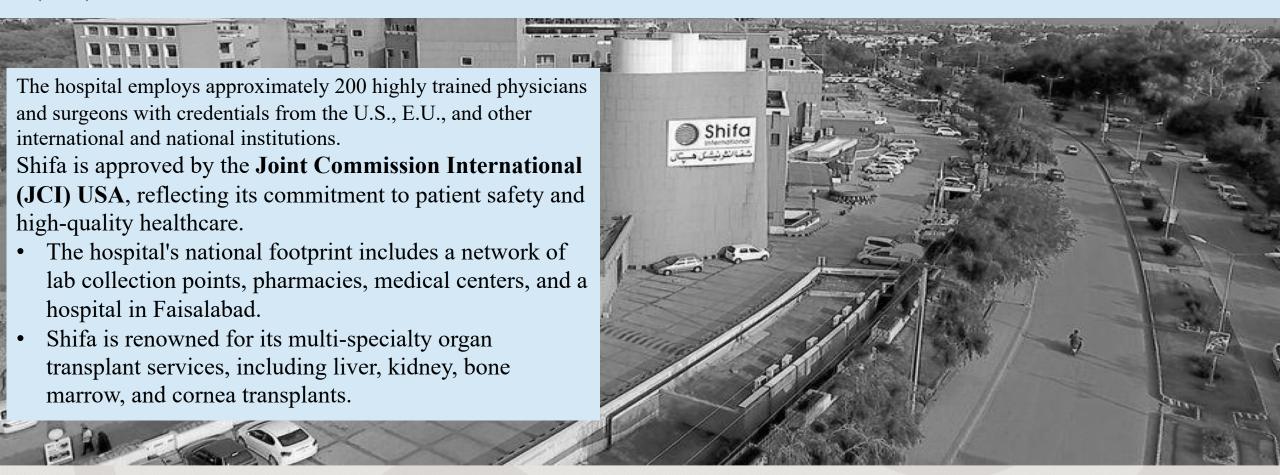
Can explore the possibility of separate short training for administrators



Tentative topics

- Introduction and Mechanisms of AMR
- Role of surveillance and antibiograms
- Evidence based prescription
- Appropriate selection of antimicrobials
- Antimicrobial stewardship strategies
- Components and implementation of AMS
- Infection Prevention and Control
- Diagnostic stewardship

- Shifa International Hospital proudly stands as a symbol of quality healthcare.
- Quaternary care facility in Islamabad
- Offers comprehensive diagnostic services, outpatient clinics, and inpatient care across more than 30 medical and surgical specialties.
- Since its establishment in 1994, it remains the only corporate sector tertiary care hospital listed on the Pakistan Stock Exchange (PSX)





Antibiotic Stewardship Program at SIH

- Is a Subcommittee of Pharmacy & Therapeutics Committee (P&TC).
- A well developed program already employing the **core** as well as **supplemental strategies** of antibiotic stewardship program (ASP).
- Salient features
 - 1. Regular ID rounds
 - 2. Antibiotic authorization restricted antibiotic
 - 3. Prospective and retrospective feedback to doctors
 - 4. Antibiotic Utilization Reviews
 - 5. DDDs, DOT review
 - 6. Antibiotic & vaccines Formulary management
 - 7. Developing antibiotic guidelines and protocols
 - 8. Antibiogram and C/S reporting SOPs
 - 9. ADR tracking and management
 - 10. ASP newsletter
 - 11. Educational activities within hospital, in local community and other hospitals.
 - 12. Annual world antibiotics awareness week (WAAW) to raise awareness



Facilitators

A multidisciplinary team comprising of:

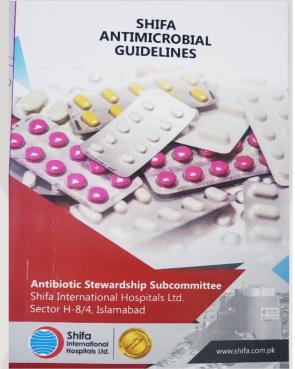
ID specialists, microbiologists, ID pharmacists, and infection preventionists

All active members of the

- Antibiotic Stewardship Subcommittee
- Prevention & Control of Infection (PCI) committee

Specialists

Bring extensive experience in AMS & IPC activities.





Department of Pharmacy Services in conjunction with Antimicrobial Stewardship Subcommittee of SIH

> Quarterly Newsletter Vol. I, July 2021

Shifa Antimicrobial Stewardship

The Antimicrobial Steward:hip Subcommittee (ASSC) is the subcommittee of Pharmacy and Therapeutics Committee (P&TC) of Shifa, and is committed to promoting rational use of antibiotics in the hospital.

Patron in Chief. Dr. Ejaz Ahmed Khan(Chairman) Dr. Naveed Rashid (Co-Chairman) Editor in Chief:

Salwa Ahsan Editor & Co-Editors

Rehan Anjum (Clinical pharmacist Sundus Maria (Clinical Pharmacist)

Published by

Subcommittee (ASSC)-Shifa; Shifa International Hospital H-8 /4, Islamabad-Pakistan For Comments/Queries:

8: +92-51-846-3492, 3005, 3977

Inside this Issue

- Highest used antibiotics in the first quarter of 2021
- Restriction on the increased use of linezolid
- Caspofungin and its Judicious
- Meropenem to Imipenem switch guidelines.

Quarter I-2021 Quantitative Usage of Antibiotics From the desk of Patron in Chief as per DDDs (Defined daily doses) data

The defined daily dose (DDD) is a statistical measure of drug consumption, defined by the World Health Organization (WHO) and serves as an important means of gauging consumption of antibiotics in a healthcare

According to the DDD data of the Quarter-I of 2021 (Jan-March), Meropenem, Ceftriazone and Vancomycin were among the highest used intravenous antibiotics while Azithromycin, Voriconazole and Co-Trimoxazole ware among the highest used oral antibiotics.

Among the restricted antibiotics, Use of Collistin was the program (ASP) is an important component highest in the Liver transplant, Critical care and oncology in the control of antibiotic use in all health-patients and has increased as compared to the previous care settings. It has been shown that ASP quarter. Use of Vancounycin was also higher among the plays a vital role in controlling the their transplant, neurology and gastroenterology antimicrobial resistance, improving specialties. Overall the use of Colistin, Linezolid and appropriate use of antibiotics and patient Tigecycline was higher as compared to the previous outcomes such as mortality and cost in the

Restriction has been imposed on its use starting from F4 co-operation from all the stakeholders in floor (will be expanded). Usage criteria has been defined by the Antimicrobial stewardship subcommittee (see next Ambiotics.

% Compliance to Linezolid Use Criteria (2021)





our Antimicrobial Stewardship team on this initiative of bringing out the first edition of

Zeeshan Ahmed (Clinical Pharmacist) Drug and Poison Information Centre Department of Pharmacy Services, Shifa International Hospitals Ltd. H-8/4, Islamabad - Pakistan Fel:+92-51-846-3492, 3005, 3977 hospital. The Antimicrobial Stewardship Subcommittee (ASSC) has been carrying ail: drug information@shifa.com.pl Linezolid - Restricted Use
Owing to the increased use of linezolid (Both oral and IV),
years in SIH. We hope and look forward to

All physicians are requested to kindly

follow the updated guidelines in the

selection of antibiotics. Our team is

available round the clock for any help in

this regards. We hope that following the

stewardship strategies will further help us

in establishing good practices in the

hospital. Good luck to everyone and keep

sending us suggestions to improve this

newsletter and also our stewardship

Thank you

Committee - SDE

Dr. Bjaz Ahmed Khan

Chairman ASSC and Infection Control

Inside this issue

- Shifa Pharmacy starts Discharge Medication Counseling In Emergency
- What's New In Infectious
- SGLT-2 Inhibitors or GLP-1 Receptor Agonists?
- Myths/Facts about Covid Vaccino

A NEWSLETTER BY DEPARTMENT OF PHARM ACY-Shift ISIHI



Shifa International Hospitals Ltd. شفا انترنيشنل هسيتال لميثذ

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ISSUE 11, June 2021

Shifa Pharmacy starts Discharge Medication Counseling In Emergency

(Naima Manzgor, Emergency Pharmacist)

Background: n Emergency Pharmacy of Shifa, our traditional role includes prescription revie fispensing, emergency supplies management (Crash cart, Disaster trolley, patient transfer bass), provision of drus information, compliance to medication use pro oxicological emergency management and floor stock management etc., we aspired to countries the role further by involving ED pharmacists in patient and caregiver education.



Pharmacist Services, that urges ED pharmacy to evelop a system of triage for patient education and counseline for the patients discharged from the ED with a new or high-risk medication r whose visit to the ED was the result of edication adverse event or error.

Asthodology:

We started with identifying a team of ED pharmacists for the project. The team viewed discharge summaries and identified common drugs, age distribution, A o charges/day and peak timings etc. Taking physician and nursing lead of ED in loop was the next step. Later we ensured that education info/guide/brochure etc. are vailable for major type of drugs prescribed. ED pharmacy then started the pilot project luding patient counseling, discharge medication reconciliation and take-home redicines dispensing (thereby eliminating the need of patients to come to pharmacy for redicines after being discharged from ED)

coess of this project is visible by the numbers which is increasing every quarter. The oject was started in Dec 2020 (1 hour/day) and patients were 9. Timings were adually increased and in first 3 months (Dec 20-Feb 2021) average 21 patients/mont were catered. From March 2021 onwards the # of patients increased to average 82/month (Mar-May 2021) i.e. almost 4 folds!

Patients were highly engaged and mostly asked question related to timings of dos foods to a void, lab tests to be done, drug allergies etc.

Uso there was opportunity for pharmacists to do interventions, most commonly involved are: formulary brand itching, wrong drug/dosage form selection while verall it is a much appreciated and value added project that mportant for healthcare team and patients equally.



Antibiotic Guideline

Newsletters



Hospitals Ltd

RATIONAL USE OF ANTIBIOTICS

POLICY ON ANTIMICROBIAL STEWRADSHIP PROGRAM (ASP) - SIH

Approved By:

Viet and

Dr. Zeeshan Bin Ishtian Chief Executive Officer

POLICY ON RATIONAL USE OF ANTIBIOTICS

Approved By



Dr. Manzoor H. Qazi Chief Executive Officer



Workshops in Local hospitals











Fleming Fund Workshops within the hospital











HEALTHCARE PROFESSIONALS:

"ANTIBIOTIC STEWARDSHIP; **NEED OF THE HOUR"**

Workshop outline:

- · Welcome address Dr Ejaz A. Khan
- · Threat and challenges of AMR Dr Naveed Rashid
- Strategies for NOT prescribing antibiotics in common infections - Dr Ejaz A. Khan
- · Antibiotic stewardship : the what, why, when and how Sundas Maria and team
- · Diagnostic stewardship Dr M. Usman
- · Progress on National Action Plan on combating AMR Dr Mumtaz khan
- · Q & A expert panel

Each session - 20 mins

Certificate distribution and conclusions







https://comethealth.org



Engaging the community through Media

Shifa Antibiotic Stewardship Committee seizes every opportunity to connect with the public, fostering awareness about antibiotic resistance and promoting the judicious use of antibiotics.

This commitment is evident through activities such as awareness walks and TV/radio talk shows.



Shifa Intl. Hospital @ShifaIntl · Nov 22

Watch the full episode of the program Aik Aur Subh, and find out what our Chief Pharmacist, Salwa Ahsan & Dr. Amina Nawaz have to say on World Antibiotics Week, and learn how important it is to be informed when it comes to the usage of Antibiotics.



voutube.com

World Antibiotics Week 2022 - Chief Pharmacist, ... Watch the full episode of the Morning show, Aik Aur Subh, and find out what Shifa International ...

Shifa team regularly conducts antibiotic and AMR awareness walk with National Institutes of Health (NIH)

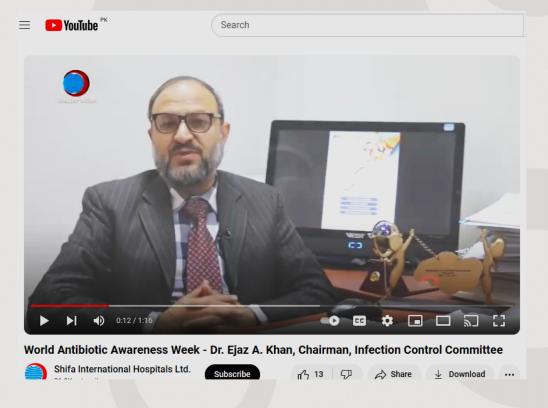


Dr. Ejaz Khan featuring on Roze TV and discussing irrational use of antibiotic and related threats





Videos on social media





Access full videos:

https://www.youtube.com/watch?v=nKrpSWEWKxQ

https://m.facebook.com/shifa.international.hospital/videos/world-antibiotics-awareness-week-2021/635537154485184/



Engaging the Patients & Families













- World Antibiotic Week is celebrated every year, and during these 6 days we setup stalls in different parts of the hospital.
- Team of doctors and pharmacists meet with general public/patients to raise awareness on the threats of AMR and importance of the rational use of antibiotics and avoiding self-medication etc.
- 12 Wendistribute hand-outs, brochures for education



Fleming Fund Milestones of the Project Country Grants



Objectives	Deliverables	Activities	
To assess the working of the existing ASP committees	Base-line assessment of the ASP committees of 5 hospitals Coordination, Advocacy, Monitoring and Evaluation Advocacy and Feedback Sharing with Administration	Review the structure, composition, and functioning of ASP committees Assess level of implementation of ASP strategies, policies, and guidelines. Conduct a gap analysis to identify shortcomings Propose interventions to enhance compliance with ASP and infection prevention and control (IPC) practices.	
To establish Key performance indicators related to ASP and IPC	Development of the ASP and IPC related KPIs based on the baseline assessment	Establishment of at least 2-3 KPIs depending on the hospital's resources and capacity	
To train and equip the Health care professionals with antibiotic stewardship skills	Nominated healthcare professionals from target facilities trained and assessed Clinical Engagement program rolled out at target sites	Nominate and Train Healthcare Professionals Conducts ASP training at Shifa International Hospital (SIH)	
Monitoring the progress of the ASP and IPC committees in the form of quarterly KPI compliance	Advocacy and feedback sharing with administration will involve continuous monitoring of target facilities, focusing on ASP and IPC committee performance, trainee sessions, and policy implementation. Compliance will be assessed at three stages—baseline, interim, and final—through online meetings and onsite visits, ensuring adherence to key indicators and effective implementation of program goals.	Review the progress and success of the ASP and IPC programs through regular discussions with hospital focal points, focusing on challenges, achievements, and opportunities for improvement. Organize follow-up sessions to address identified issues and provide necessary guidance, support, and resources to ensure the committees' effective functioning.	





Key Performance Indicators - KPIs

,	_	7	-

KPI	Domain	Implementation	Assessment tools
Prospective audit and feedback	Pharmacy	 Initiation of once weekly ASP team rounds. Documentation of the Antibiotic dose optimization Intervention record (Interventions: IV-Oral switch, renal and hepatic dose adjustments, Discontinuation and de-escalation) Data and compliance monitoring Audits and Feedback 	Intervention documentation record Monthly Intervention Data Monthly Cost Saving Data
IV-to-Oral	Pharmacy	 Identifying 5 drugs for IV-Oral switch Development of the IV-Oral switch criteria Education of the prescribers and pharmacists Data and compliance monitoring Via Audits and Feedback 	Monthly Cost Saving Data Monthly intervention data and acceptance rate
Development of Guidelines/ Pathways (Most Common Infections)	Antibiotic stewardship Core committee (ID,IPC and pharmacy)	 Identifying common infections (e.g, UTIs, Community acquired pneumonia) Development of the guideline under the light of local antibiogram / hospital's formulary Meetings with the concerned department for finalizing the guidelines Education and dissemination of the final document 	Availability of approved guideline Staff awareness Basic compliance
Hand Hygiene	IPC	Education and TrainingFeedback and Reporting	Monthly Hand Hygiene Compliance Rate



Support required from the hospital



	Domain	Action	Indicator
1	Leadership Support	commitment in writing from hospital leadership for the ASP, including allocation of necessary resources (time, staff, funding) and empowering the stewardship team to enforce policies.	 Document (memo, approved policy or program) Committee notification along with ToRs Timely closure of observations Regular committee meetings
2	Data Access	Support in data access to related to pharmacy, purchase, PCI and patient care systems for tracking antibiotic use, and adherence to guidelines	 Allow comprehensive assessments onsite and follow ups Timely response from focal persons on observations and action plan
3	Interdisciplinary Coordination	Facilitate collaboration between departments such as infectious diseases, pharmacy, microbiology, and infection control to ensure smooth communication and implementation of stewardship interventions.	 Assign focal persons and their backups Ensure their continued engagement
4	Policy and Protocol Support	Assist in drafting, reviewing, and implementing hospital-wide antibiotic use policies, protocols, and clinical guidelines, ensuring alignment with national standards.	 Guideline – formal approval Formal Notification Internal trainings and audits
5	Education & Training Resources	Nomination for training at Shifa Plan for trainings as identified areas in the baseline assessment	 All nominated staff complete training in Shifa # of identified trainings are conducted in time



Lab rounds





Hospital Rounds





Thank You