

Antibiotic Awareness Week 2025 Hospital Highlight: Forks Community Hospital

Washington's rural and critical access hospitals are enhancing their stewardship efforts through the University of Washington Centers for Stewardship in Medicine (UW-CSiM) collaborative. We are pleased to be able to highlight their work in our special Hospital Highlights feature for Antibiotic Awareness Week 2025.



Forks Community Hospital

1. Tell us about your hospital and the services that it provides to the community

Our mission statement: "Pioneers in Rural Health; providing exceptional personalized care," clearly demonstrates our pledge to continue to provide high-quality, affordable health care services to the west end. We are a critical access hospital that includes our ambulance service (who even make home visits to palliative care patients), our emergency department, surgery, acute inpatient unit, extended care, three rural health clinics, infection prevention and employee wellness, a clinical laboratory, diagnostic imaging, interventional pain, social services and community outreach, physical rehabilitation services, and a behavioral health clinic.

2. Tell us about your latest stewardship project/endeavor

The Centers for Stewardship in Medicine offers a weekly tele-antimicrobial stewardship program through the University of Washington and Harborview Medical Center that our team participates in routinely. This spring they started breakout sessions on various infectious diseases, and we opted to focus on management of sepsis.

3. Tell us about your stewardship team. How did they work together on this project?

Part of our team includes our infection preventionist, patient safety/quality/risk manager, and clinical pharmacist who together implemented a process to monitor all cases of sepsis for patient outcomes and compliance with best practices. Our laboratory manager facilitated adding reflex testing to monitor the patients' progress. Working closely with the medical staff, we developed guidelines for sepsis by organ system and obtained approval of our infection prevention physician champion, the pharmacy & therapeutics committee, and medical staff committee. In addition, we prepared a colorful flow chart of sepsis management criteria to post in patient care areas to create awareness of sepsis. September is Sepsis Awareness Month where we launched the materials resulting from this project and further educated providers and staff.

4. What has been the most impactful part of your stewardship project?

Since the inception of our antimicrobial stewardship program in 2016, we continue to practice “handshake stewardship” with providers and other healthcare professionals who put our patients first. We were the first site visit by the UW team at that time. Education for our providers started with an online program that gave them continuing medical education credit through the Washington Medical Commission, competencies for staff, and a “Moment for Stewardship” at every clinical meeting. Our participation in this project reinforced what we are doing continually to recommend antimicrobial therapy, monitor patients, mitigate adverse events proactively, prevent development of resistance, and conduct quality reviews on drugs and disease states for performance improvement. Again, working together, Forks Community Hospital was the first critical access hospital to be awarded the DNV Certification in Infection Prevention and has re-certified every survey.

5. What words of wisdom or advice do you have for your stewardship colleagues?

Be patient-centered, communicate often in collaboration with the team and other providers, and get the word out to the community about antimicrobial stewardship including prevention through vaccinations and safe and effective use of antimicrobials. We publish articles in the local newspaper and have developed a video through Foundry 10. Also, the Washington State antimicrobial stewardship pharmacist and our clinical pharmacist were featured speakers on an international webinar through the Centers for Disease Control on antimicrobial stewardship in critical access hospitals. Finally, we recommend that clinicians participate in the CSIM Tele-Antimicrobial Stewardship Program: we wouldn’t want to do this without them!



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