A model for improving and assessing outpatient antibiotic stewardship interventions for common upper respiratory tract infections and UTI, to improve appropriate outpatient antibiotic prescribing in order to improve patient safety, patient cost, and reduce antimicrobial resistance in accordance with the Joint Commission goal of reducing outpatient antibiotic prescriptions for 2020.

Jennifer Garcia
Jasmina Demirovic
Melinda Montoya
Niraj Ganjawala
Michael Palestine

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Authors
Jennifer Garcia, Jasmina Demirovic, Melinda Montoya, Niraj Ganjawala, Michael Palestine, Abhishek Tomar, and William Bowen

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A Pilot Program to Assess and Improve Outpatient Antibiotic Prescribing for Common Upper Respiratory Tract Infections and UTIs at CHRISTUS St. Vincent Regional Medical Center

Jennifer Garcia, Pharm D; Jasmina Demirovic, Pharm D, BCIDP; Melinda Montoya, Pharm D; Niraj Ganjawala, MD; Michael Palestine, MD
CHRISTUS St. Vincent Regional Medical Center; Santa Fe, New Mexico

Background/Purpose

- According to data from the CDC:
  - >30% of outpatient antibiotic prescriptions are unnecessary
  - Antibiotic complications result in 143,000 ED visits annually
  - Antibiotic resistance leads to approximately 23,000 deaths annually

- Joint Commission
  - New standards for outpatient antimicrobial stewardship programs to be implemented by 2020

- Study objective
  - Decrease inappropriate outpatient antibiotic prescribing for upper respiratory tract infections (URIs) and UTIs by 20%

Methods

- A quasi-experimental, interventional study identified patients diagnosed with URIs or UTI in six ambulatory care settings.
- Inclusion criteria:
  - Diagnosis of bronchitis, sinusitis, or UTI
  - Timeframe: December 1, 2018 through March 31, 2019

- Exclusion criteria:
  - Requirement for antibiotics for other indication(s)
  - Immunocompromising conditions
  - Presence of COPD, cystic fibrosis or bronchiectasis

- The following data points were analyzed:
  - Total number of antibiotics prescribed
  - Number of inappropriate antibiotic prescriptions based on:
    - Antibiotic initiation
    - Antibiotic choice
    - Antibiotic duration

- Interventions that have been implemented as of December 1, 2019:
  - Education (provider and patient)
  - Material from the CDC are posted in clinics for patients
  - Re-educated providers on updated guidelines
  - Audit and Feedback on a monthly basis
  - Peer comparison method with areas for improvement

- Post interventional data: December 1, 2019 through March 31, 2020

Results

- Over half of outpatient antibiotic prescriptions are inappropriate
- Initiation of antibiotics was inappropriate in 32% of the patients
- Most patients were treated with antibiotics for more than 5-7 days

- Based on this baseline data, evidence-based interventions of audit and feedback, peer comparison, and education have been implemented.

Final results will be presented at Western States Conference in May 2020

Disclosure

Authors of this presentation disclose the following relationship with commercial interests related to the subject of this poster:


References