Poster 142

Background
- Antimicrobial stewardship is an activity that optimizes patient care via selection of the most appropriate agent, dose, route and duration of antimicrobial therapy.1,2
- Institutional data demonstrates UTIs as the most common indication for antimicrobial initiation, but diagnosis remains challenging and treatment of asymptomatic bacteriuria common.
- The McGeer Criteria for infection surveillance definitions developed specifically for long-term care facilities was updated in 2012.2

Symptom subcriteria (at least one)
- Acute dysuria
- Fever or leukocytosis
- Kidney symptoms

Microbiologic subcriteria (at least one)
- At least 10^5 cfu/mL of more than 2 species of microorganisms in voided urine sample
- At least 10^4 cfu/mL of any number of organisms in a specimen collected by in-and-out catheter

Purpose
- Evaluate antimicrobial prescribing practices for UTIs in the acute care setting using a standardized chart audit tool as part of an antimicrobial stewardship initiative.

Methods
- Four hospitals participated in this retrospective, multicenter, point prevalence study using a standardized CDC-endorsed assessment tool.
- Data were captured on a single day at each hospital.
- Patients were included if they were receiving antimicrobial(s) for an indication of UTI per order indication or if not available, through positive urine culture.
- Data collected included demographics, presenting symptoms, urinalysis and urine culture, empiric antimicrobial selection and appropriate therapy.

Results
- Total number of signs and symptoms
  - Leukocytosis
  - Fever
  - Other
- New onset delirium
- N (%)

Empirical antimicrobial selection: monotherapy (n = 74) N (%)
- Ceftriaxone
- Ciprofloxacin
- Sulfamethoxazole-trimethoprim
- Nitrofurantoin
- Other

Conclusions
- Using a standardized, CDC-endorsed chart audit tool facilitated rapid project implementation and led to timely identification of a stewardship intervention targeting appropriate diagnostics that could be implemented across a multi-institution collaborative.
- Results demonstrate an over-use of antimicrobials for UTI in the absence of diagnostic criteria.
- Given the high proportion of patients receiving care from the Hospital Medicine teams, education for these providers should be a focus of future stewardship initiatives.

References
1. New onset delirium
2. Clostridium difficile
3. McGeer Criteria: UTI without indwelling catheter – both subcriteria must be present
4. Did not meet McGeer Criteria
5. Of the 45 patients who did not meet McGeer Criteria: Symptom subcriteria
6. New onset delirium was identified in 13 patients

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Antimicrobial stewardship is an activity that optimizes patient care via selection of the most appropriate agent, dose, route and duration of antimicrobial therapy.1,2

2. New onset delirium
3. Reviewing the data and providing feedback to the providers with the most new onset delirium was an important component of an antimicrobial stewardship initiative. Clin Infect Dis. 2007;45(10):119-7.