Prescriber Information Needs for Antibiotic De-escalation in Nursing Homes

E Ramly1, M Brennan2, C Crnich3
1) University of Wisconsin-Madison (UW) Center for Health Systems Research and Analysis
2) UW School of Medicine and Public Health, Madison, WI
3) William S. Middleton VA Hospital, Madison, WI

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Abstract

Background

• To date, efforts to improve antibiotic use in NHs have largely focused on reducing the initiation of therapy.1
• There may be substantial opportunity to improve antibiotic stewardship in NHs through post-prescription review and de-escalation.2-4
• Given the limited availability of specialty expertise in NHs, we sought to determine if self-post-prescription review would be a feasible approach in this setting.

Approach

• Study 1
  • Interviews of 12 physicians and 10 nurse practitioners in 3 Wisconsin and 3 Pennsylvania NHs.
  • Transcripts analyzed thematically using a deductive analytical approach.
  • Study 2
  • 5 providers were asked to consider changing existing antibiotic orders in 4 simulated clinical scenarios.
  • After the initial clinical presentation, information about the simulated resident was provided upon participant request.

Conclusions

• NH providers have existing workflows and practices that may be amenable to self-stewardship interventions
• Awareness of antibiotic ordering by cross-covering and ER provider, discomfort with class de-escalation and lack of a standard process to guide antibiotic changes are potential barriers.
• Tools that standardize the post-prescription review process with a particular focus on decision support for class de-escalation decisions have the potential to positively impact patterns of antibiotic use in NHs.

Cited Literature


Study 1 - Results

• An antibiotic de-escalation schema was developed a priori by members of the research team.
• 22 interview transcripts were reviewed and analyzed deductively to identify the frequency of responses related to schema themes.