Up to half of all antimicrobial use in the US is inappropriate, leading to increases in antimicrobial resistance, adverse events, and costs. Recognizing the crisis of antimicrobial resistance, the US Centers for Disease Control and Prevention, Infectious Diseases Society of America, Society for Healthcare Epidemiology of America, and other professional societies have strongly encouraged the implementation of antimicrobial stewardship (AS) programs.

AS programs are designed to promote appropriate prescription, with various departments, can consume resources and incur higher transaction costs. Under these conditions, AS interventions are expected as means to reduce costs by optimizing antimicrobial prescribing and improving patient safety, but also lower transaction costs by ensuring efficient coordination among staff. Therefore, standardizing AS activities should decrease labor intensity and professional time expended by the staff.

Implementation of AS interventions in VA facilities represents a complex change, requiring a system-wide response. These variables represent mechanisms that improved efficiencies of coordination and provided resources to achieve intended stewardship goals.

The TCE framework is useful to inform facilities in their strategies to ameliorate barriers to stewardship and optimizing antimicrobial use.

Overall, human resources, physical assets, and policies affected AS intervention uptake and ameliorated barriers to stewardship and optimal antimicrobial use.

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