Establishing antimicrobial stewardship programs (ASP) in community hospitals with limited resources can be challenging. Many hospitals do not have infectious disease (ID) trained pharmacists (PharmD) available.

We implemented a comprehensive ASP with syndrome-based prospective audit and feedback at an urban community hospital.

ASP was implemented at a 151-bed urban community hospital in October 2017. PharmD training on syndrome-based treatment guidelines, including definitions, severity, empiric regimens, de-escalation and duration was created.

Prospective audit by PharmDs was established.

This program was implemented and overseen by an ID physician.

Days of therapy per 1000 patient days (DOT/1000) was assessed 3 months before and after ASP.

Prospective audit and feedback data was reviewed.

At 3 months, antimicrobial use decreased (370 vs 350 DOT/1000) while the proportion of oral antimicrobials used increased (32% vs 43%).

Antibiotic expenditures decreased by 11% ($42,500 vs $37,900).

Most cases reviewed by prospective audit (58%) fit pre-determined syndromes (Figure 1).

Soft tissue and urinary tract infections were the most common syndromes.

Interventions occurred in 53% of cases.

De-escalation from broad-spectrum agents was more successful in non-critical care settings (Figure 2).

Syndrome-based prospective audit and feedback was successfully implemented in an urban community hospital with non-ID trained PharmDs using ID physician leadership.

Our program led to a decrease in antibiotic use, increase use of oral alternatives, and decreased antibiotic expenditures.

Empiric use of broad-spectrum agents was common at our facility.

ASP likely contributed to an increase in ceftriaxone and decrease in piperacillin-tazobactam use in medical-surgical floors.

Stewardship in critically ill patients remains a challenge.

Clear guidelines and access to an ID physician are necessary to provide adequate support for PharmDs without ID-specific training and can help curb antibiotic use.

Expanding the list of syndromes may further impact antimicrobial use.