**Antimicrobial Stewardship:**

"Coordinated interventions designed to improve and measure the appropriate use of antibiotic agents by promoting the best use of the available antibiotics, including dosage, duration of therapy, and route of administration." – SHEA

**Regular action:**
- Tracking stewardship interventions is beneficial.
- Tracking at RUMC resulted in the

**Impact of Antimicrobial Stewardship Intervention (ASI) on Bloodstream Infections with and without Rapid Pathogen Identification on Antimicrobial Use and Patient Outcomes**

1. Previous study performed at Rush University Medical Center (RUMC) compared
2. Vancomycin DOT/1,000 patient days, and total antibiotic expenditures, including vancomycin.
3. Impact of Antimicrobial Stewardship Intervention (ASI) for Patients With Bloodstream Infections (BSI) in Hospitalized Adults

**Objectives**

1. To improve and measure the appropriate use of antimicrobial agents.
2. To analyze the impact of Antimicrobial Stewardship Intervention (ASI) on bloodstream infections at Rush University Medical Center (RUMC).

**Methods**

1. **Inclusion Criteria:**
   - Adults 18 years old
   - Presence of bloodstream infection
   - Initiation of vancomycin therapy
   - Presence of blood culture results

2. **Exclusion Criteria:**
   - Patients with missing data
   - Patients with more than one bloodstream infection

**Inclusion Criteria with bloodstream infections and vancomycin therapy**

1. **Primary endpoints:**
   - **Vancomycin DOT/1,000 patient days**
   - **Total cost savings**

2. **Secondary endpoints:**
   - **Time to effective therapy**
   - **Mean LOS**
   - **Total costs**

**Conclusions**

1. ASI decreased vancomycin duration without increasing mortality or LOS.
2. No difference in time to effective therapy.
3. Save $35,000/year by discontinuing RDT alone.
4. Decrease in vancomycin/1,000 patient days or total antibiotic expenditures, including vancomycin.

**References**

2. "Implementing an antimicrobial stewardship program: guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America." Clin Infect Dis. 2012; 54(10): e51-e77. 3. "Demonstrating the value of antimicrobial stewardship programs to hospital administrators." The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.