Introduction

- Reporting antibiotic-consumption metrics is becoming standard practice across the US
- Active peer comparison has demonstrated reductions in inappropriate prescribing
- Sharing unit-specific consumption metrics may positively influence antibiotic prescribing for common infections

Methods

- Study Design and Objectives
  - This was a quasi-experimental study conducted at Henry Ford Hospital, Detroit, MI. The departments of family medicine and pharmacy sought to:
    1. Implement a periodic antibiotic reporting and education system on a family medicine ward
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Results

- Baseline Demographics
  - Pre-intervention: n=76
    - Age, years ± SD: 60.9 ± 19.4
    - Sex, male (%): 37 (48.7)
    - Unit census, median (IQR): 814 (77.7–90.7)
  - Post-intervention: n=74
    - Age, years ± SD: 60.4 ± 18.7
    - Sex, male (%): 37 (49.3)
    - Unit census, median (IQR): 813 (77.7–90.7)

- Duration of therapy, days (IQR)
  - Pre-intervention: 2 (1–4)
  - Post-intervention: 2 (2–4)

- Infection, %
  - Pre-intervention: 31 (40.8)
  - Post-intervention: 22 (29.7)

- Antibiotic consumption, n (%)
  - Pre-intervention: 48 (64)
  - Post-intervention: 38 (50)

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Discussion

- Simple dissemination of prescribing information improved care and did not require additional stewardship audit & feedback
- Monthly feedback on unit-specific antibiotic usage decreased unnecessary antibiotic usage without compromising patient outcomes for uncomplicated infections
- Prescribing of extended and broader spectrum antimicrobial tonnage was reduced
- The intervention was the only covariate independently associated with optimized antibiotic regimens, and inconsistent chart documentation of duration was a negative predictor

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