Audit: Facility Stewards accessed dashboard and printed baseline reports for providers with ≥15 unneeded antibiotic use, then reviewed the dashboard at 2.5 month intervals to distribute follow-up Audit Feedback reports with Clinic Champions. (Figure 3) The Best Provider comparison group consisted of the lowest 20% of providers antibiotic prescribing rates within each VA Medical Center. All providers received an introductory AD visit and a re-evaluating subsequent AD visit.

Results: There were significant reductions in antibiotic prescribing for all ARI diagnostic groups ranging from -11.1% to 25.7% (Table 3).

Conclusions: The overall antibiotic prescribing rate declined over time. Reductions in antibiotic prescribing are evident following intervention launches. (Figure 4)

Poster # 213

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Abstract

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Abstract

Background: Audit-feedback of antibiotic prescribing rates for acute respiratory infections (ARIs) is a promising approach to reduce antibiotic use; however, the generalizability and sustainability are unknown. We describe an audit-feedback intervention and outcomes across multiple seasons in different clinic settings.

Methods: Two VA Medical Centers distributed audit-feedback reports targeting providers with frequent ARI visits in emergency department (ED) and primary care (PC) during 2015-16 and 2016-17. An academic detailing visit delivered by local peers accompanied the initial audit-feedback report. The intervention was expanded to ED and PC clinics (n=10) in three other VA facilities in 2017-18. Outcomes included rates of antibiotics prescribed, recurrent visits in ARI within 30 days, and adverse events. We assessed intervention sustainability in independent setting through expansion in VAs. Mixed-effect logistic regression models were used to assess intervention effect on antibiotic prescribing and outcome cases.

Results: Antibiotic prescribing for uncomplicated ARI visits (n=8,914) declined from 53.8% to 27.9% post intervention. The intervention was associated with a reduction in odds of prescribing antibiotics in facilitating facilities (Odds Ratio [OR] 0.6 [95% CI 0.3-0.9], 0.22) of total visits. The intervention was continued in 2017-18 and expanded to ED and PC clinics (n=10) in three other VA Medical Centers in 2017-18. ARI were identified by IC02 and IC01 diagnostic codes. Patient with complicated ARIs were excluded from intervention and analysis. Definitions for appropriate therapy was based on guideline recommendations. 4,5

Conclusion: The audit-feedback and academic detailing intervention to improve antibiotic management for uncomplicated ARI was effective at reducing antibiotic prescribing. The intervention was sustainable for three seasons in select clinics and was generalizable to other VA ED and PC settings. Clinical outcomes for patients with uncomplicated ARIs were not significantly different pre and post intervention, but antibiotic adverse events and allergies were less common post intervention.


Work supported in part by the Centers for Disease Control and Prevention SHEPHERD Grant: 20-111-47039 and the Department of Veterans Affairs. The views and opinions of authors expressed herein do not necessarily state or reflect those of the Department of Veterans Affairs or the Centers for Disease Control and Prevention, and are those solely of the authors.

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