

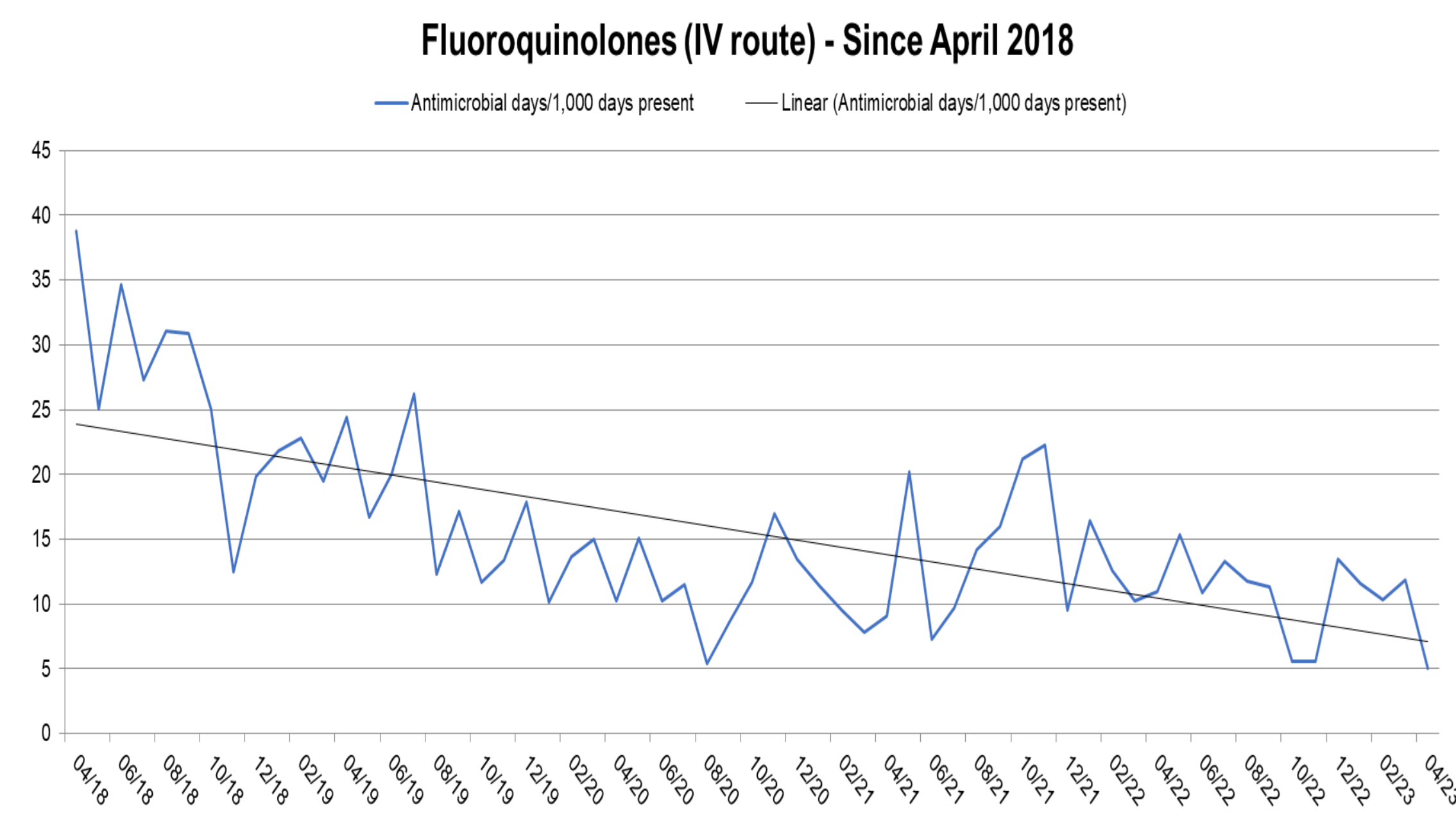
# Antibiotic Stewardship and Improvement of Antibiotic Susceptibility



Great Plains Health, North Platte, NE

## Background

- CDC estimates 50% all antibiotics given in hospitals are unnecessary or inappropriate
- Trends with excessive duration, broader spectrum than necessary, missing IV to po conversions, lack of de-escalation
- Leadership initiative to improve ABS in acute inpatient PPS hospital



## Aims

- Ensure best practice of Antibiotic Stewardship team for acute inpatients aimed at reducing antibiotic overuse and adverse outcomes related to overuse.
- Team led by Infectious Disease Nurse, Infectious Disease Physician, PA's and Pharmacy
- M-F 8:15 AM Review of patients on antibiotics utilizing Zoom for team reviews
- Recommendations to providers

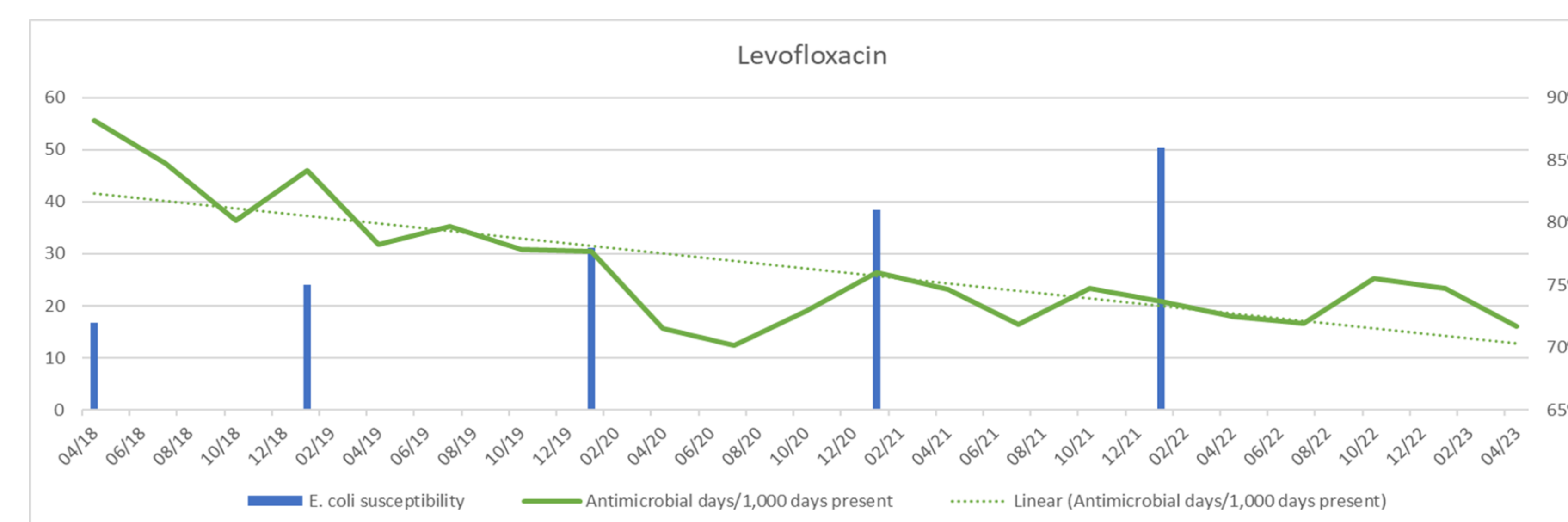
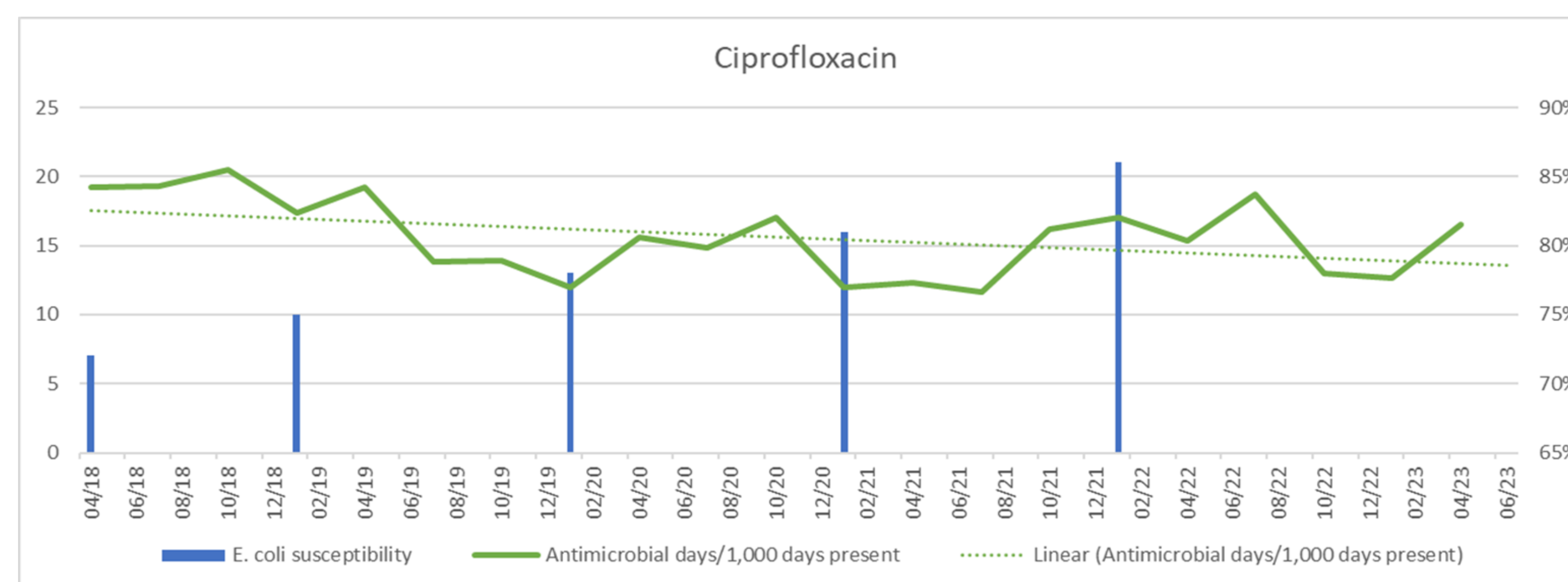
## Plan

- Implementation of multidisciplinary team – ID, Pharmacy, Infection Prevention
- Data capture through EMR review, spreadsheets for monthly data analysis and response rates
- Ongoing monitoring and assessment of the metrics with adjustment and ongoing PDSA cycles to fine tune the process and outcomes

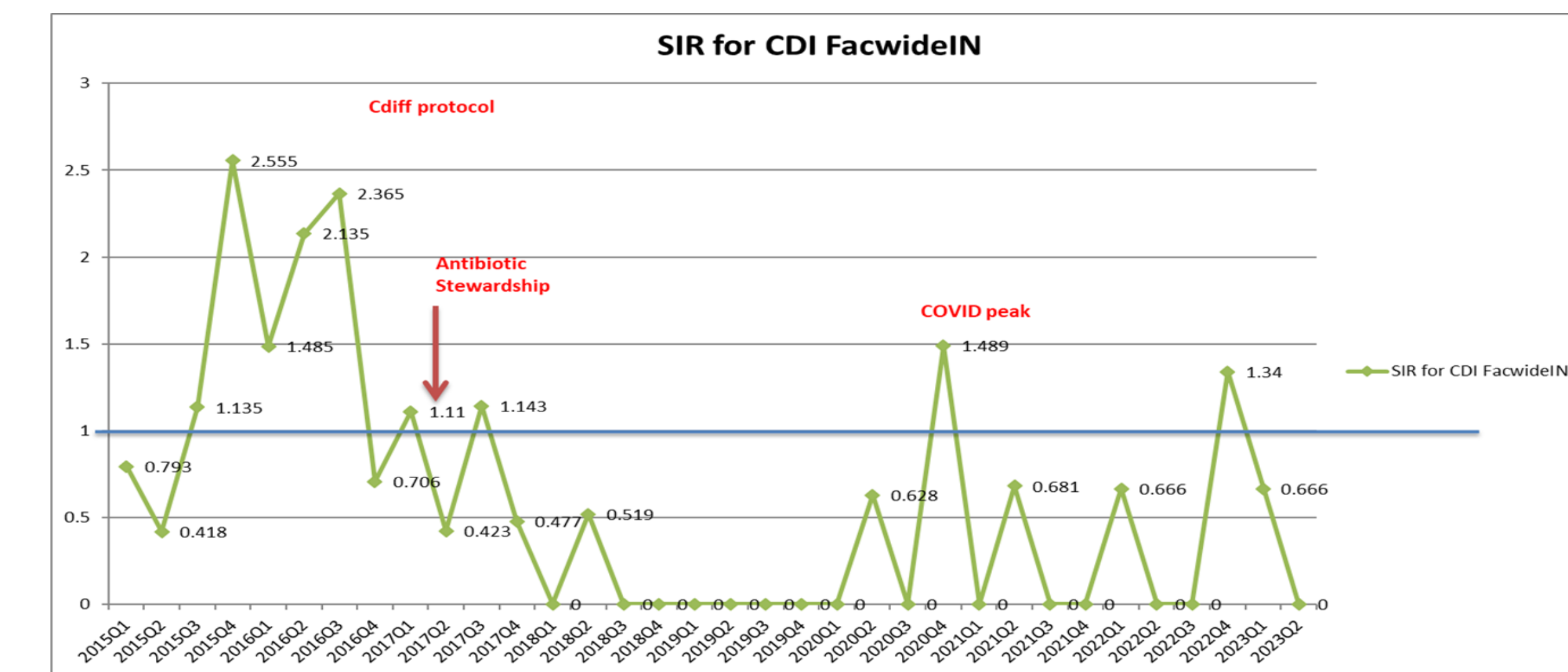
## Measure

- Number of patients reviewed
- Total Patient Interventions
- De-escalation recommendations
- Discontinue treatment recommendations
- Antibiotic usage and Susceptibility rates

## Results



- 68% Recommendation Acceptance Rate
- Decrease in Fluoroquinolone usage from 38 AB days/1000 days present to 5 (April 2018-April 2023)
- Decrease CDIFF SIR from 2.555 in 2015 to 0 in 2022
- Levofloxacin usage decreased from 55 AB days/1000 days to 16 and susceptibility increased from 18 to 50% from 2018 to 2023



## Next Steps

- Focused asymptomatic bacteriuria process improvement
- Treatment and management of cellulitis process improvement
- Capture more cost savings from interventions
- Outpatient antibiotic stewardship

## Team

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