

Pilot program in pediatric long-term care facility halves topical antibiotic use

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A pilot antibiotic stewardship program at a pediatric long-term care facility brought about a 59 percent decrease in use of a topical antibiotic and an 83 percent decrease in orders for antibiotics without proper documentation during a six-month period, according to a new study.

When the infection prevention team at Elizabeth Seton Pediatric Center in Yonkers, N.Y. noticed that certain antibiotics were being prescribed for a prolonged period of time and for non-infection indications, they launched a trial program to make improvements in [antibiotic prescribing](#) and reduce the risk of antibiotic-resistant infections in their vulnerable patient population. The results of the study will be presented on Saturday, June 27 at the 42nd Annual Conference of the Association for Professionals in Infection Control and Epidemiology (APIC).

With support from the medical director of the 137-bed facility, Dr. Gordon Hutcheon, and the facility's infectious diseases consulting physician, Dr. Natalie Neu, the study team conducted monthly audits of all antibiotics ordered from April to September 2014 and met regularly with physicians, pharmacists, nurses, and administrators to review the data and enlist staff support to reduce inappropriate antibiotic prescribing.

The program aimed to decrease the number of prescriptions without a documented indication, and to decrease the use of mupirocin, a topical antibiotic ointment, for non-infectious conditions such as skin rashes and abrasions. Both of these goals were achieved.

"Our children suffer from many chronic health conditions, and any way that we can reduce the potential for [antibiotic resistance](#) will be beneficial for them in the long run," said Olivia Jackson, RN, [infection control](#) coordinator, Elizabeth Seton Pediatric Center in Yonkers, N.Y. "While this is a pilot program, it is clear that we can make a sizeable impact by getting our healthcare providers to really think about why they are prescribing antibiotics and whether they are necessary."

The researchers report that before transitioning to an electronic medical records system, healthcare providers in their facility often failed to document a reason for [antibiotic prescriptions](#) or failed to discontinue treatment when an appropriate duration had been completed. With a new barrier built into the [electronic medical records](#), providers are required to document the specific condition that dictates the need for the antibiotic they want to order. Once this was in place, they noted a sharper decline in prescription numbers.

"Poor antibiotic prescribing practices put patients at risk for super-resistant infections for which there are few treatment options," said APIC 2015 President Mary Lou Manning, Ph.D., CRNP, CIC, FAAN, FNAP. "Antimicrobial resistance is one of the most pressing issues facing healthcare today, and programs that steward the correct use of antibiotics, such as the pilot program described in this abstract, are a vital strategy to protect our patients in the future."

According to the Centers for Disease Control and Prevention, every year at least two million people become infected with antibiotic-resistant bacteria and at least 23,000 people die as a direct result of these infections. The Obama administration recently convened a White House Forum on Antibiotic Stewardship to discuss activities to ensure the responsible use of [antibiotics](#). Manning was APIC's representative at the event.

More information: Oral Abstract #005—Implementation of a Pilot Antimicrobial Stewardship Program in Pediatric Long Term Care

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