

Providers preferences may be helpful in reducing inappropriate antibiotic prescriptions

June 7 2018

Physicians are open to receiving information on their antibiotic prescribing patterns, but have specific preference for receiving that information, according to results from a study published today in *Infection Control & Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America. Anticipating physicians' preferences for feedback on antimicrobial use (AU) could help optimize impact of antibiotic stewardship programs and improve the use of antibiotics.

"Antimicrobial use [feedback](#) is an important component of antibiotic stewardship initiatives that can improve the use of these drugs," said Tara Lines, PharmD, infectious disease pharmacy resident at Vanderbilt University Medical Center, and lead author of the study. "Understanding and anticipating the best way to communicate with providers can help drive change by ensuring providers are reached effectively."

The study reports responses to a 20-question survey from 211 inpatient providers at Vanderbilt University Hospital in various specialties. The survey included demographic questions, preferred feedback methods, barriers and comparison metrics, and a hypothetical patient hospitalization scenario assigning provider responsibility for antibiotic use. The clinical scenario became more complex with the number of consulting teams involved in the care of the patient and included transitions of care.

The findings demonstrate clear preferences from providers across specialties that can be used to ensure clinicians are more receptive to AU feedback:

- The vast majority (89 percent) of respondents preferred their own institutions determining provider use attribution as opposed to external personnel.
- Most wanted to be compared to other providers within their service (64 percent) with feedback provided on a quarterly basis (69 percent) via email (73 percent).
- Surprisingly, the study found that providers agreed upon attribution of antimicrobial use early on in a hospital stay scenario but disagreed once care became more complex, with some teams deferring and others accepting responsibility.
- Providers generally shared concern about quantitative feedback accounting for complexity of clinical care, severity of illness, and accuracy.
- Overall, 51 percent of providers anticipated changing practice based on AU feedback.

"Data can help drive change, however in order to implement meaningful change, we must overcome barriers and use this data to improve the use of antibiotics," said Lines. "As current national reporting utilizes unit-based and facility-wide data, local [antimicrobial stewardship programs](#) will play a crucial role in examining provider- or service level data to identify and act on stewardship opportunities and to increase the acceptability of these programs."

Limitations of the study include a low response rate; however findings are similar to past research regarding antimicrobial use within acute care hospitals. Additionally, the generalizability of these results may be limited as physicians in infectious diseases and critical care had the highest completion rates, which may have created a response bias toward

more engaged providers.

The authors note that since antimicrobial stewardship is a shared responsibility across the healthcare continuum through various roles including house staff, physician assistants, nurse practitioners, pharmacists, nurses, and many others, future studies looking at all team members are needed.

More information: Tara H. Lines et al, Driving antimicrobial use improvement: attitudes of providers of adult hospital care on optimal attribution and feedback, *Infection Control & Hospital Epidemiology* (2018). [DOI: 10.1017/ice.2018.113](https://doi.org/10.1017/ice.2018.113)

Provided by Society for Healthcare Epidemiology of America

Citation: Providers preferences may be helpful in reducing inappropriate antibiotic prescriptions (2018, June 7) retrieved 26 April 2024 from <https://medicalxpress.com/news/2018-06-inappropriate-antibiotic-prescriptions.html>

<p>This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.</p>
--