

# Telehealth helps promote safe antibiotic prescribing practices in remote healthcare

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A pilot project at two rural VA medical centers demonstrated that telehealth videoconferencing promoted antibiotic stewardship efforts by linking remote facilities to infectious diseases-trained professionals, according to a study published today in *Infection Control & Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America. Antibiotic stewardship helps promote safe prescribing practices to prevent adverse medication events and reduce antibiotic resistance.

"It can be difficult for more rural facilities to employ the staff needed for infection control initiatives to work," said Robin Jump, MD, Ph.D., senior author of the study and physician-scientist with the Louis Stokes Cleveland VA Medical Center. "Telehealth can be a low-cost and effective way to provide facilities with the expertise needed to implement these initiatives—eliminating some of the barriers that have typically thwarted these efforts."

The project created hour-long weekly video-linked meetings to connect rural VA pharmacists, infection preventionists, staff nurses, and other clinicians with an infectious diseases physician at a geographically distant VA facility. These meetings were set up to form a videoconference antimicrobial stewardship team, or VAST.

Despite the serious threat posed by antibiotic resistance, there is an insufficient number of infectious diseases-trained physicians and pharmacists to meet the urgent need for comprehensive antibiotic

stewardship programs across many healthcare settings. For example, a 2012 survey of the Veterans Health Administration found that among 130 medical centers providing inpatient care, 40 percent did not have a full-time infectious diseases physician on staff. This leaves implementation of antibiotic stewardship programs to clinicians who have not received specialty training in infectious diseases or antibiotic stewardship.

"When antibiotic stewardship programs are left to those who are not trained to run them, they are more susceptible to issues and can ultimately be ineffective," said Lauren Stevens Ph.D., an author of the study. "As a result, our goal of reducing these multi-drug resistant organisms is more difficult to meet."

The pilot project found that the VAST teams reviewed an average of at least three cases each week and implemented more than two-thirds of the recommendations generated by the interdisciplinary team members during the sessions. The most common recommendation was to stop [antibiotics](#). While the teams reviewed cases from both acute care and long-term units, the most common clinical conditions discussed were pneumonia/respiratory syndromes, including chronic obstructive pulmonary disease.

In interviews with researchers, VAST participants reported that the sessions increased their awareness of antibiotic stewardship principles, helping them to adapt their practice patterns and engage in antibiotic stewardship efforts. They specifically mentioned feeling greater confidence in their ability to make more targeted antibiotic choices, to reduce the time patients were on antibiotics, and to utilize more effective methods whenever possible (i.e. intravenous to oral conversions).

"This study is a great example of how technology can help provide access to expert knowledge and practices that are not always readily

available to smaller facilities," said Jump.

**More information:** *Infection Control & Hospital Epidemiology*, [DOI: 10.1017/ice.2018.197](https://doi.org/10.1017/ice.2018.197)

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