



Pediatric Antimicrobial Stewardship at Colorado Hospitals

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Introduction

- Many hospital pediatric antimicrobial prescriptions are inappropriate.
- Antimicrobial stewardship programs (ASPs) improve antibiotic use, but little is known about how they are applied to pediatric care.
- CDC documents and TJC do not specifically say anything about pediatric ASPs

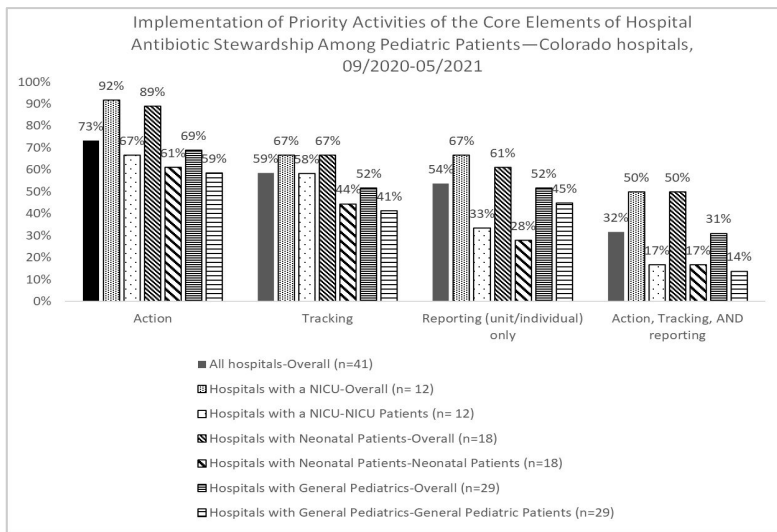
Objectives

- To better understand extension of ASPs to pediatric patients, we assessed stewardship practices as applied to pediatric patients across Colorado hospitals.

Methods

- We conducted a mixed-methods evaluation including a survey and semi-structured interviews. Forty-one hospitals responded to the survey and 24 programs were interviewed, of 103 possible hospitals.

Results



- 35 (85%) hospitals cared for pediatric patients.
- Of hospitals caring for neonatal and general pediatric patients, only 32% employed priority stewardship practices for the action, tracking, and reporting stewardship core elements for these populations (compared to 50% for adult patients).
- Programs combined adult and pediatric ASP efforts (18 hospitals, 81%), including frequent combining of adult and pediatric antibiotic use data, versus separating these patient populations (3 hospitals, 14%).
- Barriers to effective stewardship in pediatrics were lack of priority and lack of pediatric expertise.
- Most common desired resources were pediatric guidelines (62%), and dosing assistance (54%).

Conclusion

- A minority of hospitals implemented priority ASP activities for pediatric patients
- Resources to assist pediatric ASP are uncommon, and incentive to develop such resources may be low.
- Public health departments and pediatric hospitals can support evidence-based pediatric ASPs in community settings by providing easier access to pediatric expertise.

Qualitative Stewardship Insights

Interview Theme	Interview Sub-theme	Hospitals (n, %)
Lack of Priority for Peds Stewardship	Smaller Peds Population compared to Adult	17, 77.2%
	Transferring Complex Peds Cases	13, 59.0%
	Limited/Shorter Duration Use of Abx in Peds	6, 27.3%
Lack of Peds ID Expertise	Lack of Peds Experience and Comfort	11, 50.0%
	Dosing and Prescription Difficulties	4, 18.2%
Resources Employed	Pediatrician ID Expert/Peds Expert on ASP Team	3, 13.6%
	Good Relations with Outside Peds Experts	4, 18.2%
	Using Children's Hospital Colorado Outfacing Resources	5, 22.7%