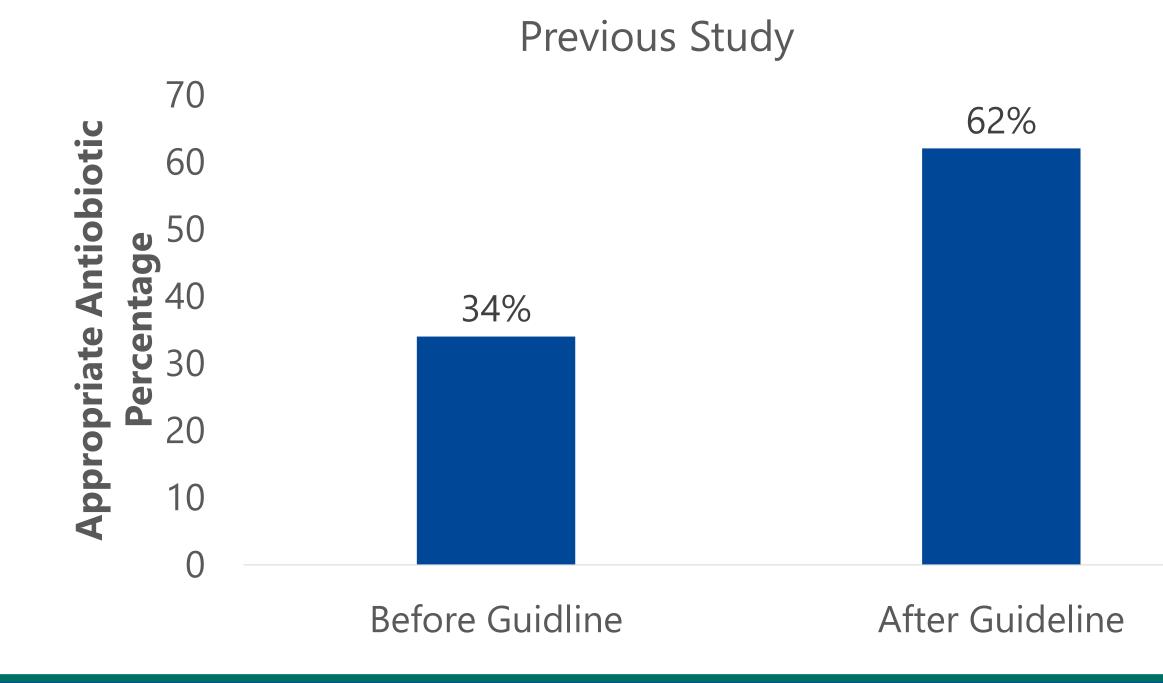
Prescriber Adherence to System-Wide Urinary Tract Infection Guidelines in Ambulatory Care Clinics

FROEDTERT & THE MEDICAL COLLEGE OF WISCONSIN | FROEDTERT HOSPITAL | MILWAUKEE, WI

BACKGROUND

- Antimicrobial stewardship (AMS) practices are well established in acute care settings
- Recently AMS has expanded into ambulatory care clinics
- About 80% to 90% of prescribed antibiotics are in the ambulatory clinic setting
 - About 52% of these prescriptions are unnecessary
- Urinary tract infections (UTIs) are commonly treated in this setting
- Most common treatment variations are:
 - Drug Selection
 - Duration of therapy
- There is an opportunity to promote AMS by adhering to guidelines derived from IDSA recommendations and institutional antibiograms
- Other institutional studies show increased appropriateness after implementation of institutional guidelines for empiric antibiotics



OBJECTIVES

Primary: Assess provider adherence to system-wide guidelines for acute uncomplicated UTIs

Secondary: Evaluate utilization of antibiotic regimens for treatment of acute uncomplicated UTIs

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METHODS

- Study Design: **Retrospective Review**
- Population: 100 people
- System-wide UTI guidelines were implemented previously
- Live education about this guideline and how to access was given to providers

Primary Endpoint

regimen to treat an acute uncomplicated UTI

Secondary Endpoints

- Appropriate duration of therapy
- Appropriate dose
- Patients with recurrent UTI

System-wide adherence to guidelines was 49%

REFERENCES

1. Gupta, K. et al. Infectious Diseases Society of America, & European Society for Microbiology and Infectious Diseases (2011). International clinical practice guidelines for the treatment of acute uncomplicated cystitis and pyelonephritis in women: A 2010 update by the Infectious Diseases Society of America and the European Society for Microbiology and Infectious Diseases. Clinical infectious diseases, 52(5), e103-e120. 2. Hooton TM, Besser R, Foxman B, Fritsche TR, Nicolle LE. Acute uncomplicated cystitis in an era of increasing antibiotic resistance: a proposed approach to empirical therapy. Clin Infect Dis. 2004;39(1):75-80. doi:10.1086/422145 3. Bratsman A, Mathias K, Laubscher R, Grigoryan L, Rose S. Outpatient fluoroquinolone prescribing patterns before and after US FDA boxed warning. Pharmacoepidemiology and Drug Safety. 2020;29(6):701-707. doi:10.1002/pds.5018.

• Percentage of patients prescribed an empiric, guideline-adherent antibiotic

• Patients who were candidates for first-line antibiotics but did not receive it

Inclusion Criteria

Exclusion Criteria

RESULTS

- Primary Outcome

Secondary Outcomes

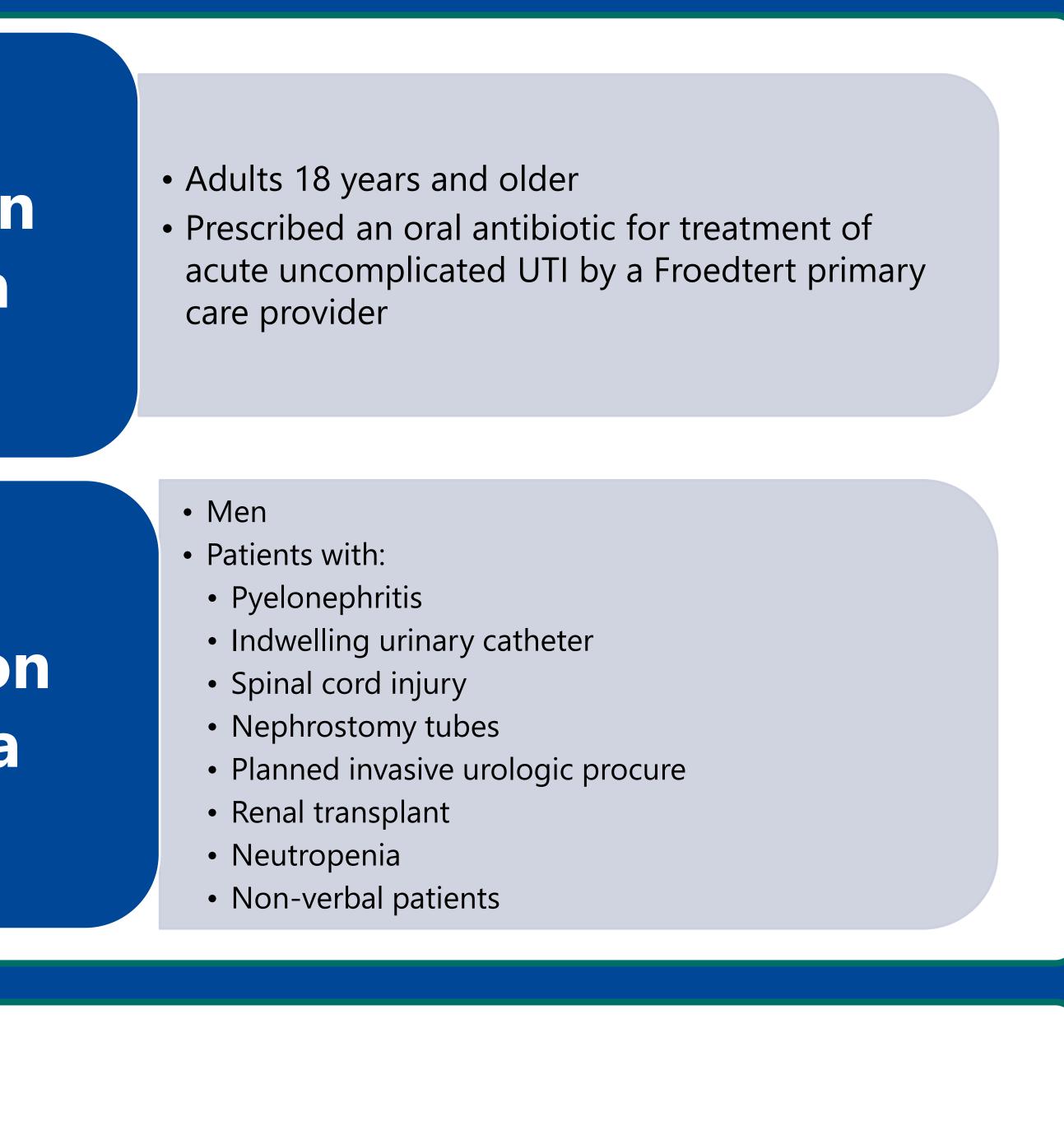
- Primary reason for non-adherence was duration of therapy
- Inappropriate 42% of the time
- All inappropriate durations were longer than recommended in the guidelines
- Most frequently selected antibiotics
- Nitrofurantoin (48%)
- This was drug of choice for 90% of the population
- Sulfamethoxazole/Trimethoprim (35%)
- Most frequently prescribed with correct dose and duration (60%)
- Recurrent UTI occurred in 11% of patients

FUTURE DIRECTIONS

Analyze which clinics were least adherent

Inquire about prescriber hesitancy to prescribing nitrofurantoin

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• System wide adherence uncomplicated cystitis guideline adherence by primary care providers was **49%**

Implement stronger educational material • to prescribers about institutional guidelines

Similar study with different diagnosis

Disclosures: The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities