



# Taking a QI Approach to Antibiotic Stewardship



In my previous column, I introduced why antibiotic stewardship is important to urgent care practice and presented some practical solutions to common scenarios that can lead to overprescribing of antibiotics. This month, let's look at some efforts underway to promote stewardship through education and performance improvement initiatives.

Quality improvement (QI) programs have several key components that apply very well to antibiotic stewardship initiatives; these can serve as a guide as you prepare your own plan of action. The nice thing about QI projects is that the interventions you make are not prescriptive. You can tailor your plan to what works best for you and your patients. The key components include the following: identify, intervene, measure, report, change.

- Identify: What is the problem and what are you trying to achieve?
  - Antibiotic overuse
  - Reduce unnecessary antibiotic use
- Intervene: What are you proposing to do?
  - Patient and provider education
  - Back-up antibiotic policy and procedure
  - MIPS quality measure implementation
- Measure:
  - Pre- and postintervention measures
  - Audits
  - Surveys
- Report:
  - Monthly performance reports to providers
  - MIPS reporting
  - Benchmarking
- Change:
  - Intervention
  - Implementation
  - Repeat QI assessment

For a QI initiative to be successful, data collection and reporting are key. Working with your EMR vendor to develop simple reports can go a long way in this regard. Even if you aren't planning to formally participate in MIPS, many EMRs are already capable of collecting data to match some of these measures. Here are some examples:

*“Urgent care can have a dramatic impact on unnecessary antibiotic use...without impacting patient satisfaction.”*

- MIPS Measure #65: Appropriate treatment for children with upper respiratory infection
- MIPS Measure #66: Appropriate testing for children with pharyngitis
- MIPS Measure #91: Acute otitis media externa topical therapy
- MIPS Measure #116: Avoidance of antibiotic treatment in adults with acute bronchitis

Even if your EMR vendor does not participate in MIPS, they should be able to run simple reports for you to yield similar results. One example would be to match the diagnosis codes for upper respiratory infection and bronchitis with antibiotic prescriptions to determine the rate of antibiotic prescribing for these nonindicated conditions.

Patient and provider education is another important intervention that should be part of any stewardship program. There are a lot of materials available, but I encourage you to review the Antibiotic Stewardship Toolkit compiled by the Urgent Care Association. You can access the toolkit at [www.ucaoa.org/antibioticsteward](http://www.ucaoa.org/antibioticsteward).

With proper training, scripting, and patient education tools, urgent care providers can have a dramatic impact on unnecessary antibiotic use in the communities we serve *without* impacting patient satisfaction. Still in doubt? Consider implementing any of the initiatives described above over 1-2 months and simultaneously measure performance and patient satisfaction. I am confident that you will be surprised by the results. ■

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