Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon reviewing the following patient, we would like to share the following with you. **Your patient with MRN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, admitted on \_\_\_\_\_\_\_\_\_\_\_\_\_\_, was given a total duration of \_\_\_ days of antibiotics without sufficient radiographic and clinical findings to support a diagnosis of pneumonia.** According to both our evidenced-based Institutional Guidelines and the Michigan Hospital Medicine Safety Consortium (HMS) [guidelines](https://www.mi-hms.org/sites/default/files/CAP-Empiric-Treatment-and-Duration-Guidelines-030421_0.pdf), Pneumonia is [defined as](https://www.mi-hms.org/sites/default/files/Higher%20Level%20Pneumonia%20Definition%20Table%201.23.24.pdf) at least **one abnormal Radiographic Component and 2 or more Clinical Findings**.

Although we value your clinical judgment, over prescribing of antibiotic therapy increases the risk of *Clostridium difficile* infection, antimicrobial resistance, and the development of antibiotic-associated adverse events. If you have any questions, please contact [INSERT NAME AND EMAIL ADDRESS] and we will contact you as soon as possible to discuss.

Sincerely,

Hospital Medicine Safety Quality Improvement Team- [INSERT SITE NAME]