

Tiered Strategies for Improving Antibiotic Use at Hospital Discharge



Tier 3. Discharge-specific Stewardship	Discharge Intervention De-emphasizing Fluoroquinolones* (15%)		Uses HMS Antibiotic Use Data on Discharge Antibiotics (5%)		Review of Outpatient Antibiotics before Discharge* (8%)		
	Tier 2. Broad Interventions	Antibiotic Timeout (31%)	Fluoroquinolone Restriction* (31%)	Fluoroquinolone- specific Interventions* (3, 2-4) (100%)	Preset Duration for Pneumonia** (56% said yes)		Audit & Feedback Pneumonia (80%)
Audit & Feedback ASB (59%)					Audit & Feedback UTI (67%)	CPOE ASB (26%)	CPOE UTI (67%)
Tier 1. Critical Infrastructure	Dedicated Stewardship Resources since TJC Requirement (31%)	Hospital Policy Requiring Documentation of Intended Duration in Discharge Summary (15%)	Updated UTI Guideline (51%)		Education on UTI and ASB (87%)		
			Updated Pneumonia Guideline (59%)		Education on Pneumonia (95%)		

Hospitals should consider meeting all strategies in Tier 1 before moving on to Tier 2, then Tier 3. Large boxes represent strategies important for all antibiotic use at discharge. Smaller boxes target specific disease states (i.e., pneumonia or UTI). Numbers in each box represent the number of HMS hospitals having the noted strategy.

*Indicates interventions associated with improved antibiotic use at discharge.

Having a preset duration for pneumonia was noted to **WORSEN antibiotic overuse at discharge. Hospitals should consider removing or shortening preset duration.

Abbreviations: UTI (urinary tract infection), ASB (asymptomatic bacteriuria), CPOE (computerized order entry)