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ADDING ERTAPENEM TO THE HOSPITAL  
FORMULARY: EFFECTS ON ANTIBIOTIC USAGE  
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Resistance to currently available antibiotics has become a significant problem over the past decade and has limited the ability to effectively treat these infections. The introduction of ertapenem to the Veterans Affairs Greater Los Angeles Healthcare System (VA GLAHS) formulary has allowed for less reliance on older broad-spectrum agents. This study will quantify the effect that the introduction of ertapenem has had on the usage of other broad spectrum antibiotics, particularly ampicillin-sulbactam, piperacillin-tazobactam, intravenous fluoroquinolones, cefepime, ceftriaxone, and imipenem-cilastatin. A retrospective chart review was performed on patients receiving intravenous antibiotics while admitted to the VAGLAHS from 03/01/2004 to 12/31/2008. The monthly quantities of each antimicrobial agent delivered to each unit of the hospital will be obtained from the Pharmacy Information System. The usage of ertapenem will be reported as Defined Daily Dose (DDD) per 1000 patient-days per month starting from 24 months prior to and 24 months following ertapenem's introduction onto the formulary. An interrupted time series analyses will be used to determine a statistically significant change in amount of usages in the antibiotics in the same time frame. Results and conclusions to be presented.

