

IMPLEMENTATION OF AN ANTIBIOTIC
UTILIZATION REVIEW PROGRAM IN AN
INPATIENT COMMUNITY HOSPITAL (A1), Viet Lam,
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(viet_lam@valleymed.org) IRB approval not needed.

The objective of this project is to evaluate if implementation of an antibiotic utilization review program in an inpatient hospital setting can reduce hospital antibiotic expense. An antibiotic utilization review team was developed consisting of one infectious disease physician and one pharmacy resident meeting for up to one hour Monday through Friday. A daily printout of hospitalized patients on antibiotics previously selected for inclusion was instituted. Selected antibiotics included imipenem/cilastatin, ertapenem, piperacillin/tazobactam, levofloxacin, daptomycin, tigecycline, cefepime, linezolid, and voriconazole. Antibiotic regimens were assessed for appropriateness based on available cultures and sensitivities, diagnosis, and total duration of treatment. Recommendations included switching antibiotics to improve or narrow coverage, IV to PO conversions, or stopping antibiotics altogether. Recommendations were communicated to the ordering physician through the use of a communication form which was not a permanent part of the patient's medical record. Physicians were not required to follow these recommendations. Data regarding acquisition cost savings for any accepted interventions and prevention of adverse events was collected and analyzed at the end of this pilot study. One month after program

initiation, a satisfaction survey was distributed to physicians and the preliminary data was reviewed before resuming data collection for the next time period. The results will be discussed.