

## POSTER ABSTRACTS

**209. Results of an Antimicrobial Stewardship Intervention Involving Surgical Subspecialty Patients**

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**Background.** Antimicrobial stewardship can improve antimicrobial use and clinical outcomes in hospitalized patients. A core antimicrobial stewardship strategy is prospective case review with real-time recommendations to prescribers; however, the impact of this intervention has not been described for surgical

patients. With multi-disciplinary involvement, the antimicrobial stewardship team developed a prospective review and feedback intervention for surgical subspecialty patients.

**Methods.** Beginning in November 2013, an Infectious Diseases Clinical Pharmacist performed three-times-weekly prospective case review for all inpatients receiving antibiotics, other than peri-operative prophylaxis, on the following surgical services: Neurosurgery, Maxillofacial Surgery, Plastic Surgery, Otolaryngology, and Urology. When appropriate, recommendations regarding antibiotic utilization were communicated to the surgical teams. A summary of the interventions and acceptance rate over the initial 5-month period is summarized.

**Results.** A total of 65 patients were reviewed during the study period on the surgical services: Neurosurgery (n = 29, 45%), Maxillofacial Surgery (n = 10, 15%), Plastic Surgery (n = 8, 12%), Otolaryngology (n = 1, 1.5%), and Urology (n = 17, 26%). A total of 29 prescribing recommendations were made in those 65 patients (44% of cases reviewed). Recommendations made per surgical service include Neurosurgery (n = 15, 52%), Maxillofacial Surgery (n = 1, 3%), Plastic Surgery (n = 4, 14%), Otolaryngology (n = 1, 3%), and Urology (n = 8, 28%). The most common recommendations made were de-escalation of therapy (n = 10, 15%), antibiotic discontinuation (n = 6, 9%), and duration of therapy (n = 4, 6%). Of the recommendations made, 23 were accepted by the surgical services (79% acceptance rate).

**Conclusion.** A multi-disciplinary antimicrobial stewardship collaboration performing prospective case review in a surgical subspecialty population led to opportunities to improve antibiotic use in nearly half of cases with high rates of recommendation acceptance. Further evaluations should incorporate evaluating the impact of overall antimicrobial use and clinical outcomes.

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