

ORAL ABSTRACTS

1218. Sharing Antimicrobial Reports for Pediatric Stewardship (SHARPS): A Quality Improvement (QI) Collaborative

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Session: 149. Hospital-associated Infections in Pediatric Patients

Friday, October 10, 2014: 2:00 PM

Background. Antibiotics (ab) are commonly prescribed and overused drugs for hospitalized children. This contributes to ab resistance and unnecessary costs. The most efficient and effective methods for performing antimicrobial stewardship remain unknown. We established a QI collaborative among children's hospitals that share ab data for benchmark purposes as a method to guide stewardship interventions.

Methods. Seven hospitals that provide data to the Pediatric Health Information Systems (PHIS) database formed the collaborative. A survey was given to each hospital to assess resources, antimicrobial stewardship program (ASP) activities, and local barriers. Initial benchmarking reports were provided to the hospitals on overall ab use, use of ampicillin for pneumonia, and anti-pseudomonal ab for appendicitis. These reports compared each hospital to peer hospitals utilizing PHIS. Hospitals requested additional detailed reports in areas of ab use problems. Hospitals developed key driver diagrams to describe the stewardship interventions to improve use. Reports from collaborating institutions were shared monthly via webinar.

Results. Three hospitals had ASPs in existence for > 3 years, 2 < 1 year, and 2 were developing their ASP. All programs except one had at least 1 FTE (range 0-2) dedicated to their ASP. 46 benchmark reports have been developed. The reports have led to the following stewardship interventions: ampicillin use for community-acquired pneumonia, intravenous to oral switch program, rapid diagnostics to identify methicillin susceptible *S. aureus* to decrease clindamycin use, limiting testing for *C. difficile* and development of antibiotic use guidelines for pneumonia, osteomyelitis, cystic fibrosis, septic shock, appendicitis and neutropenic fever.

Conclusion. A QI collaborative using benchmark data can help stewardship programs identify targets for interventions and share best practices. Future work will evaluate the impact of these interventions on prescribing quality, clinical outcomes and costs.

Disclosures. J. G. Newland, Pfizer: Grant Investigator, Grant recipient G. Meredith, Pfizer: Grant Investigator, Grant recipient S. Patel, Pfizer: Grant Investigator, Grant recipient R. Patel, Pfizer: Grant Investigator, Grant recipient M. Varman, Pfizer: Grant Investigator, Grant recipient