

## Antibiotic Stewardship in Ambulatory Care Settings

Antibiotics are a crucial and powerful treatment option in modern healthcare. These medications, when used appropriately, can effectively treat common illnesses and life-threatening conditions. However, antibiotics have side effects, and their misuse can lead to patient harm and contribute to antibiotic resistance, which the Centers for Disease Control and Prevention (CDC) has identified as an urgent threat to public health.<sup>1</sup>

Research suggests that about half of antibiotic prescriptions from outpatient settings might be inappropriate (i.e., overprescribed or misprescribed with the incorrect drug selection, dose, or duration).<sup>2</sup> Thus, the CDC has deemed inappropriate prescribing as the

most modifiable risk factor for antibiotic resistance and a key focus for antibiotic stewardship initiatives.<sup>3</sup>

Ambulatory care facilities of all sizes and types can benefit from implementing strategies that address the CDC's four core elements of outpatient antibiotic stewardship: (1) commitment, (2) action for policy and practice, (3) tracking and reporting, and (4) education and expertise. The following tips, adapted from CDC guidance,<sup>4</sup> offer ambulatory care leaders, providers, and staff members recommendations for improving antibiotic prescribing practices and related patient safety outcomes and reducing the spread of antibiotic resistance.

1

Seek leadership support for antibiotic stewardship efforts as part of your organization's overall commitment to patient safety. Work with leaders to make sure this commitment is reflected in organizational goals, resource allocation, and training.

2

Identify local, regional, and national organizations that your facility could potentially partner with to improve antibiotic stewardship efforts. Examples include local hospitals, nursing homes, and pharmacies; state and local health departments; health insurance companies; and professional associations.

3

Assess current practices within your organization to identify high-priority conditions and situations to target for improvement. The CDC notes that high-priority conditions are those for which providers commonly deviate from best practices. These situations result in overprescribing, underprescribing, or misprescribing antibiotics.

4

Work with providers in your organization to identify and address barriers that lead to deviations in best practices and organizational protocols for antibiotic prescribing. Examples of barriers might include time limitations, concerns about patient expectations/satisfaction, knowledge gaps, etc.

5

Consider delegating a leader for antibiotic stewardship activities who will work closely with the organization's staff and leaders to identify improvement opportunities and provide updates on key measures related to antibiotic prescribing.

6

Include responsibilities related to antibiotic stewardship in job descriptions or evaluation criteria, and clearly communicate to providers and staff members the organization's commitment to appropriate antibiotic prescribing.

7

Implement clinical practice guidelines to set standards and expectations for antibiotic prescribing. Consider adopting national guidelines and/or facility-specific guidelines.

8

Educate providers about best practices for delayed prescribing and watchful waiting protocols in accordance with clinical practice guidelines.

9

Consider updating your documentation policies to require written justification in health records for antibiotic prescribing that deviates from standards and best practices.

10

Determine whether tools and resources can be implemented to improve prescribing practices and/or reduce unnecessary patient visits. Examples include clinical decision support aids, nurse hotlines, and pharmacy consultations.

11

Offer education and training related to antibiotic stewardship, and encourage providers to participate in continuing medical education related to antibiotic prescribing and best practices for antibiotic stewardship.

12

Develop and implement a tracking and reporting system to monitor antibiotic prescribing practices. Data from the system can be used to inform quality improvement initiatives and align prescribing with clinical guideline recommendations.

13

Use data from the tracking and reporting system to provide individualized feedback to clinicians about antibiotic prescribing practices. Providing feedback also may help improve communication about antibiotic stewardship barriers and challenges.

14

Prominently display information about the appropriate uses for antibiotics and the organization's commitment to antibiotic stewardship in public areas and patient care areas.

15

Educate patients about the importance of antibiotic stewardship, when antibiotics are needed and when they are not, and the potential harms associated with antibiotics. Develop consistent messaging and communication strategies to improve patient understanding and manage expectations.

16

Offer patients written, plain-language education materials about antibiotics to reinforce verbal information and support comprehension. Consider other communication strategies to help patients clearly comprehend the information provided.

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## Endnotes

<sup>1</sup> Centers for Disease Control and Prevention. (2020, July 20). Antibiotic/antimicrobial resistance (AR/AMR). Retrieved from [www.cdc.gov/drugresistance/](http://www.cdc.gov/drugresistance/)

<sup>2</sup> Sanchez, G. V., Fleming-Dutra, K. E., Roberts, R. M., & Hicks, L. A. (2016). Core elements of outpatient antibiotic stewardship. *MMWR Recommendations and Reports*, 65(No. RR-6):1-12. doi: <http://dx.doi.org/10.15585/mmwr.rr6506a1>

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

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