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Using Standardized Scripting to Improve Antibiotic Stewardship in a National Pediatric Urgent Care Collaborative

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Background

- Urgent care with high rates of antibiotic use for upper respiratory illnesses
- Family expectations a driver for prescribing inappropriate antibiotics
- Standardized scripting reduces unnecessary antibiotics while increasing family satisfaction

Objective: To reduce inappropriate prescribing for upper respiratory infections (acute otitis media [AOM], otitis media with effusion [OME], and pharyngitis) in pediatric urgent care by 20% within 7 months

Methods

Data

- Free-standing pediatric urgent care centers
- Submitted via REDCap May-November 2020

Intervention

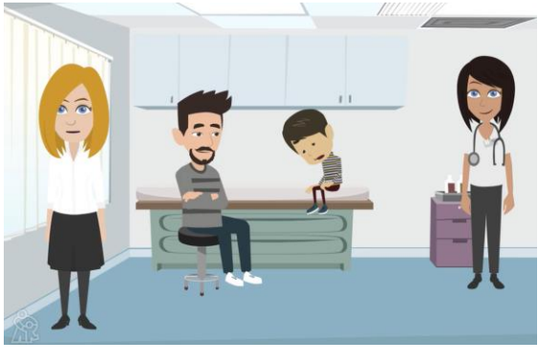
- Adapted previously published antibiotic stewardship scripting for viral upper respiratory infections for the 3 target diagnoses
- Parent advisors reviewed and revised standardized scripting
- Each diagnosis implemented standardized scripting via
  1) digital cartoon videos
  2) written framework
  3) templated discharge instructions

Analysis

- Appropriate antibiotic prescribing based on consensus guidelines
- reported back to participating sites via run charts during monthly webinars

Results

1,170 clinical encounters
104 participants
10 institutions



OME AOM Pharyngitis

- Overall inappropriate antibiotics decreased from 26.4% to 16.6% (Figure 1)
- Inappropriate antibiotic use decreased in
  - AOM (38.6% to 26.5%)
  - Pharyngitis (14.5% to 8.8%)
- OME increased from 30.8% to 46.7%. This was driven by an increase in the use of delayed prescribing; however, immediate antibiotic use decreased (Figure 2)

Figure 1: Rate of Inappropriate Antibiotic Prescriptions

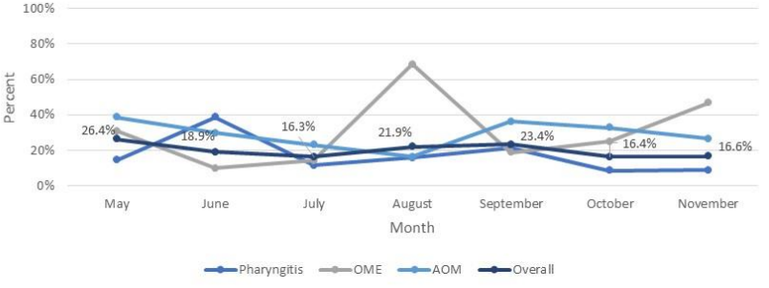
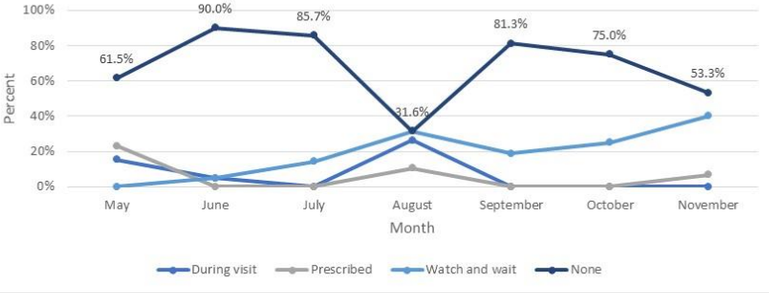


Figure 2: OME Cases Treated with Antibiotics



Conclusions

- Standardized scripting was a successful intervention to meet our goal of decreasing inappropriate antibiotic use by 20%
- The increase in inappropriate antibiotics for OME was driven by an increase in delayed antibiotic prescriptions
- The concurrent COVID-19 pandemic may have influenced participants use of this prescribing practice
- Future interventions will target the inappropriate use of delayed prescribing in OME

LOVE WILL.

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