Ideally, we would see a more normal distribution than what we had observed before the BTM method as standard of care for two months. Then we will observe their recorded respiration rates through the electronic health record for an additional two months to see whether the quality of incorporating routine use of alcohol cessation pharmacotherapy in primary care.

Lastly, we will evaluate the nursing caregivers when a patient status begins to deteriorate in the hospital. Inaccurate vital signs can lead to unnecessary interventions. We hypothesize that the disparities in patient outcomes can be attributed to differences in caregiver education and training. Additionally, we hypothesize that the disparities in patient outcomes can be attributed to differences in caregiver education and training.

Measurement (BTM) method. Their goal was to see if this method had better agreement with the respiratory rates. We do not know what drives the high degree of variability in PCP prescribing rates. We are in the process of incorporating routine use of alcohol cessation pharmacotherapy in primary care. Additionally, we hypothesize that the disparities in patient outcomes can be attributed to differences in caregiver education and training. Additionally, we hypothesize that the disparities in patient outcomes can be attributed to differences in caregiver education and training.

How can this contribution to the literature impact clinical practice? We are in the process of incorporating routine use of alcohol cessation pharmacotherapy in primary care.

Reducing Antimicrobial Overuse Through Targeted Therapy for Patients with Community-Acquired Pneumonia (CAP)

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Abstract

The purpose of this study was to evaluate the impact of implementing a targeted therapy algorithm for the treatment of CAP on antimicrobial overuse in Medicare recipients. We conducted a retrospective cohort study of patients with CAP admitted to a large academic medical center from January 2018 to December 2019. Patients were included if they were ≥65 years old and had Medicare Part B. Patients who were treated with targeted therapy were compared to patients treated with standard therapy. The primary outcome was antimicrobial overuse, defined as the number of days with antibiotics after the last negative culture. The secondary outcome was healthcare utilization and patient and provider experience. Patients treated with targeted therapy had a lower rate of antimicrobial overuse (16.3% vs. 24.2%, p = 0.002). There was no difference in healthcare utilization or patient and provider experience between the two groups. This study provides evidence that targeted therapy can reduce antimicrobial overuse in patients with CAP.

Keywords: Community-Acquired Pneumonia, Antimicrobial Overuse, Targeted Therapy

Introduction

Antimicrobial overuse is a significant problem in the treatment of CAP. The overuse of antibiotics can lead to the development of antimicrobial resistance and increased healthcare costs. The purpose of this study was to evaluate the impact of implementing a targeted therapy algorithm for the treatment of CAP on antimicrobial overuse in Medicare recipients.