

Developing an Evidence-based Practice Protocol for Antibiotic Stewardship Within Pediatric Telemedicine: a feasibility study

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INTRODUCTION

- Since the pandemic, pediatric primary care practices are increasingly integrating telehealth (TH) visits for upper respiratory infections (URI) into their schedules.^{1,2,3}
- Increased antibiotic prescribing occurs in patients presenting via TH.^{4,5}
- The CDC⁶ provides evidence-based guidelines for outpatient antibiotic stewardship (AS) that are thought to be applicable for TH use within this population.⁷

Core Elements of Outpatient Antibiotic Stewardship

- Commitment**
Develop a leadership and accountability for optimizing antibiotic prescribing and patient safety.
- Action for policy and practice**
Implement all best practices of patients to optimize antibiotic prescribing, assess whether it is working, and modify as needed.
- Tracking and reporting**
Monitor antibiotic prescribing practices and offer regular feedback to clinicians, while also assessing their own antibiotic prescribing practice formation.
- Education and expertise**
Provide education and resources to clinicians and patients on antibiotic prescribing, and ensure access to needed resources to optimize antibiotic prescribing.

METHODS

- Eleven providers in a private suburban pediatric office were recruited. Participants completed a questionnaire related to AS knowledge and prescribing practices within TH.
- A presentation including survey results, education regarding AS via TH, and proposal of an applicable AS protocol was given.
- A focus group was held following the presentation and a post-presentation questionnaire was completed.
- Descriptive statistics and thematic analyses were conducted.

JUSTIFICATION

Documenting justification for antibiotic prescribing is a feasible antibiotic stewardship protocol for telehealth visits in pediatric patients presenting with symptoms of URI.



THE FUTURE

IS HERE

Facilitators to providing justification:

- Template prompts
- Access to guidelines
- Provider commitment

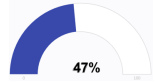
Barriers to providing justification:

- Time
- Lack of follow-up plans
- Uncertainty

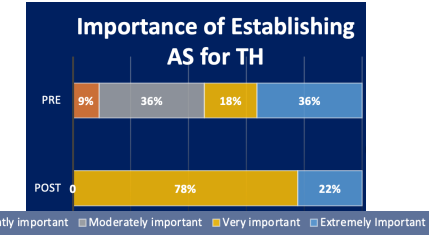


PRELIMINARY RESULTS

- Confidence prescribing antibiotics via TH was 47%.

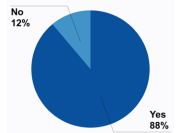


- Pre-presentation, 55% of providers stated an AS protocol for TH was very/extremely important.
- Post-presentation, 100% of providers stated an AS protocol for TH was very/extremely important.



- Pre-presentation data showed **justification** as the best way to implement AS within TH.
- Post-presentation, **justification** and a **wait and see approach** were indicated as best ways to implement AS within TH (33% each).

- 88% of participants agreed justification is feasible.



DISCUSSION

- Provider confidence with antibiotic prescribing via TH is low.
- The increased use of TH necessitates new approaches to optimize antibiotic prescribing for pediatric patients with symptoms of URI.
- High-quality TH requires appropriate antibiotic prescribing.
- Justification is feasible to integrate into an AS protocol for TH and reinforces evidence-based standards for pediatric virtual visits.