

Key Tools for Outpatient Stewardship:

Periodic feedback to prescribers:

Clinical education combined with audit and feedback of prescribing practices has been shown to be effective in improving adherence to guidelines for acute respiratory infections in the outpatient setting. Examples of audit and feedback might consist of determining a particular provider's antibiotic prescribing rates for specific clinical syndromes (e.g., sinusitis, pharyngitis, etc.), then comparing this data to other providers in the practice or network. The provider can then receive personalized, private performance reports, which may impact their prescribing practices.

Antibiotic agreements and nudges:

Small behavioral interventions (nudges) may have big payoffs. Physicians are often influenced by interpersonal factors such as a desire to uphold a public commitment. For example, when a clinic displayed poster sized letters signed by a provider and detailing their commitment to appropriate antibiotic prescribing, there were significant decreases in unnecessary antibiotic prescribing.

Education:

Education can involve patients as well as clinicians, though deficits in clinician education are rarely the sole driver of inappropriate antibiotic prescribing. Effective educational strategies often involve discussion of antibiotic guidelines for particular syndromes coupled with assessment of other factors that may influence prescribing practices (e.g. patient satisfaction). Explaining why antibiotics may not be needed, as well as potential harms of antibiotics may actually be associated with increased patient and provider satisfaction. An important component of this is coming up with contingency plans—what to do if a patient's condition worsens off of antibiotics.