Increased Efficiency and Impact of Implementing ILÚM Insight In an Antimicrobial Stewardship Program (ASP) at an Academic Medical Center

Background

- Antimicrobial stewardship programs (ASP) are mandatory for all hospitals
- AS Programs require extensive resources with multidisciplinary collaboration
- The study examined the potential efficiency and effectiveness of ASP improvements during the implementation of real-time clinical decision support software (CDSS) at UPMC Presbyterian Hospital, in Pittsburgh, PA
- Prior to this implementation, the facility relied on both prior authorizations (since 2002) and focused audits with feedback (since 2015) as ASP mechanisms
- The new CDSS selected was ILÚM Insight® because the platform provided real-time notifications, organized communications, and patient- and provider-level data tracking
- The study evaluated the hypothesis that ILÚM Insight would increase efficiency of ASP workflows and decrease antimicrobial utilization

Methods

- The hypothesis was tested by analyzing data from a comparable 6-month time frame: 8/2020 1/2021 vs. 8/2021 1/2022 during which time no significant staffing changes occurred
- During implementation, notifications within ILÚM Insight were tailored to local practices, incorporating alerts targeting intervention directives for positive blood cultures, antibiotic de-escalation and bug-drug mismatches
- During CDSS implementation new notifications were added for restricted antimicrobials, antibiotic timeouts, and MRSA screenings
- ASP pharmacists received CDSS training in July
- ASP physicians received CDSS training in November



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Conclusions

- ILÚM Insight improves the efficiency of daily ASP workflow
- · Implementation of the software significantly decreased antimicrobial utilization without increasing the number of ASP team members

Results

- More than 5,500 notifications across nine different ASP intervention types were recorded once Insight was implemented (Figure 1)
- The number of interventions made by the ASP increased while missed opportunities decreased (Figure 2)
- ASP communications rose from 205 to 1,200 per month (Figure 2)
- Antimicrobial days of therapy (DOT) per 1,000 patient days (PD) decreased by 14.5% from a median of 969 to 846 per month (Fig 3; P=0.002)

Figure 1. Categories of ILÚM Insight notifications for ASP task-specific interventions

Total Number of Notifications by Type (n=5,729)

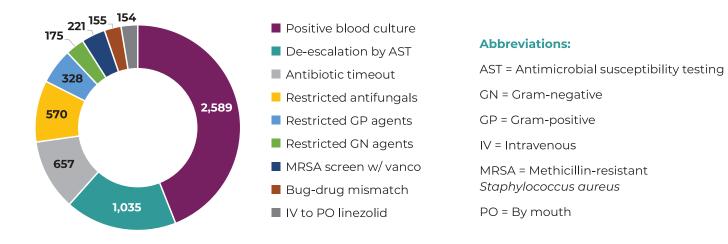
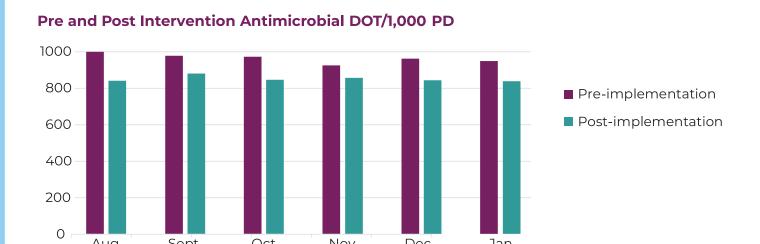


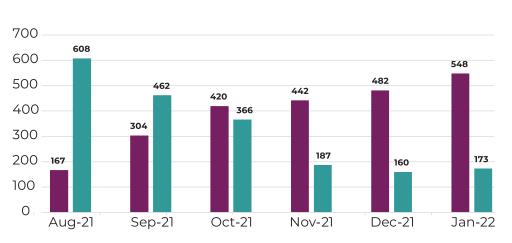
Figure 3. Total antimicrobial consumption pre- and post-implementation of ILÚM Insight



- Antimicrobial expenditures decreased by a median 21% per month during the post-intervention period compared to baseline
- 30-day re-admissions decreased from 330 to 262 incidents among patients prescribed antimicrobials during an indexed admission (Figure 4)
- Re-admissions associated with re-ordering of antimicrobials decreased from 235 to 182 encounters among patients prescribed antimicrobials during an indexed admission (Figure 4)

Figure 2. Documentation of successful interventions and potentially missed opportunities identified by ILÚM Insight over time.

ILÚM Insight Stewardship Interventions

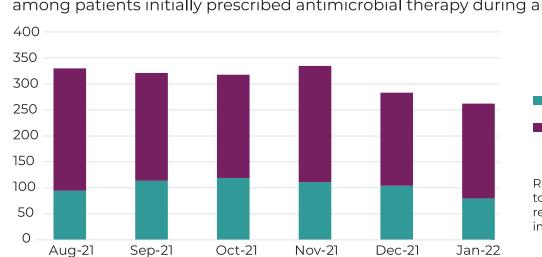


Successful interventions were defined as ASP reviews resulting in a change or confirmation of appropriate antimicrobial therapy according to local guidelines. Missed opportunities were defined as a new notification not reviewed by the ASP team prior to the patient's discharge.

■ Successful Interventions

Missed Opportunities

Figure 4. Total number of 30-day readmissions with or without antimicrobial orders among patients initially prescribed antimicrobial therapy during an indexed admission



- Readmission w/o antimicobial
- Readmission w/ antimicrobial

Readmissions included admission to any UPMC facility for any reason during the postimplementation time period.