Antibiotic stewardship holds a high place in the pantheon of “quality emergency care.” Right up there with CLABSI prevention, sepsis bundles, and the all-important transient hiding of coffee cups when the Joint Commission comes around. By way of review, remember that administrators, who apparently never took a class in mathematics, believe the following is actually a mathematical formula: Value=Quality/Cost. They show this “equation” in Powerpoint presentations to physicians constantly. So, this means Quality = Cost*Value, right? More cost means more quality. Got it. No, no wait. That’s not what I meant.

Sarcasm about administrative jargon overdose aside, common sense would suggest that value of health care goes up when emergency physicians reduce cost and side effects, while maintaining the same outcomes and patient satisfaction. That was the goal of the work by Yadav et al (A Multifaceted Intervention Improves Prescribing for Acute Respiratory Infection for Adults and Children in Emergency Department and Urgent Care Settings). And that is what this multicenter interventional study delivered. Table 1 shows the components of the intervention, which included in-ED advertisement for patients, physician champions, and importantly, comparative feedback to physicians. Two elements seem to consistently help quality initiatives to be effective: 1. Monetary reward or penalty, which was not part of this study; and 2. Leveraging the natural tendency of physicians to revert to gunner medical student mode and wanting the good grade, which in this study translated to monthly peer ranking of their rate of bogus antibiotic prescribing. The intervention appeared effective, reducing antibiotic prescribing for non-bacterial symptom complexes by about two-thirds. This effect is graphically illustrated in Figure 2 (bogus antibiotic prescribing on Y axis, and time on X axis for two sites). This impressive improvement sets the motivation and provides a methodological foundation for others to follow. Whether the improvements will stick probably depends upon the assiduousness of the continued peer review.

Best wishes,
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