

Conference abstract

Improving Patient Care and Hospital Compliance With Guideline-Recommended Antibiotic Duration for Uncomplicated Community-Acquired Pneumonia

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INTRODUCTION

Uncomplicated community-acquired pneumonia (CAP) is a common inpatient diagnosis. Evidence-based guidelines recommend short-course antibiotic therapy for clinically stable patients; however, prolonged antibiotic duration remains frequent in hospital practice, increasing the risk of antimicrobial resistance and adverse drug events.

METHODS

Baseline data from the HMS Antibiotic Stewardship registry demonstrated suboptimal compliance with recommended short-course antibiotic therapy for uncomplicated CAP at McLaren Oakland Hospital. A quality improvement initiative was implemented with the goal of increasing compliance with 5-6 days of total antibiotic therapy to 75%. Interventions included provider education on guideline-based CAP management, increased visibility of standardized CAP criteria, and audit-and-feedback using HMS performance reports. PDSA cycles focused on identifying discharge pre-

scribing gaps and reinforcing appropriate antibiotic duration during transitions of care.

RESULTS

During Q4 2025 (Cycles 2232,2233), compliance with recommended short-course antibiotic therapy for uncomplicated CAP was 65%, below the target goal of 75%. Case-level review revealed that most fallouts were due to extended outpatient antibiotic prescriptions at discharge despite clinical stability.

CONCLUSIONS

This quality improvement initiative identified persistent gaps in adherence to recommended antibiotic duration for uncomplicated CAP. Targeted education and standardized discharge practices represent key opportunities to improve compliance. Ongoing monitoring and iterative PDSA cycles are expected to enhance guideline-concordant care and support antimicrobial stewardship efforts.



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