



Feedback Report for TEST Prepared on 10/23/2017

The charts below display the % of encounters with **OFF-GUIDELINE** antibiotic prescribing, over time. (Lower is better)

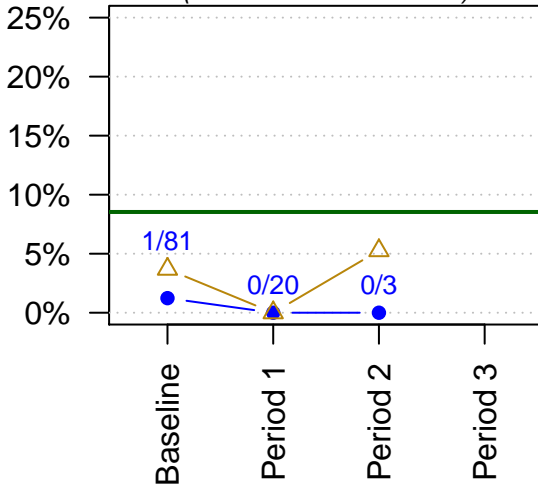
- YOU
- ▲ Your practice
- Goal prescribing rate

Antibiotic tip of the month

S. pneumoniae is MORE LIKELY to be resistant to azithromycin or cefdinir (Omnicef) than amoxicillin. Amox remains the best choice for AOM!

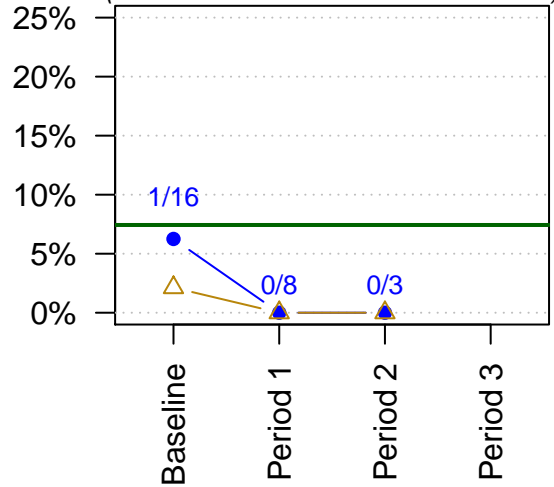
Acute Otitis Media

Goal: Amoxicillin
(% NON-Amoxicillin Rx)



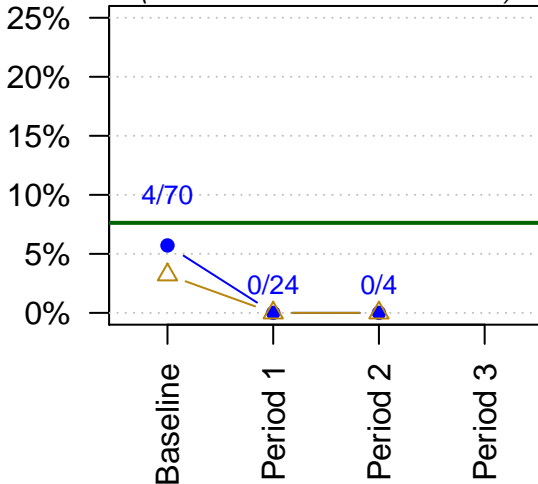
Sinusitis

Goal: Amoxicillin or Amox/Clav
(% NON-Amoxicillin or Amox/Clav Rx)



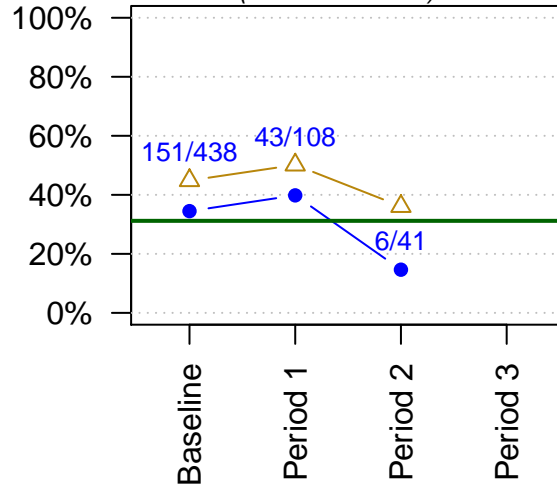
Streptococcal Pharyngitis

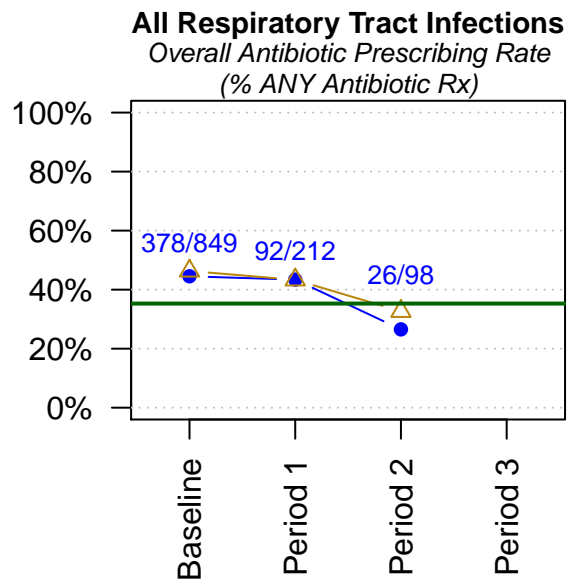
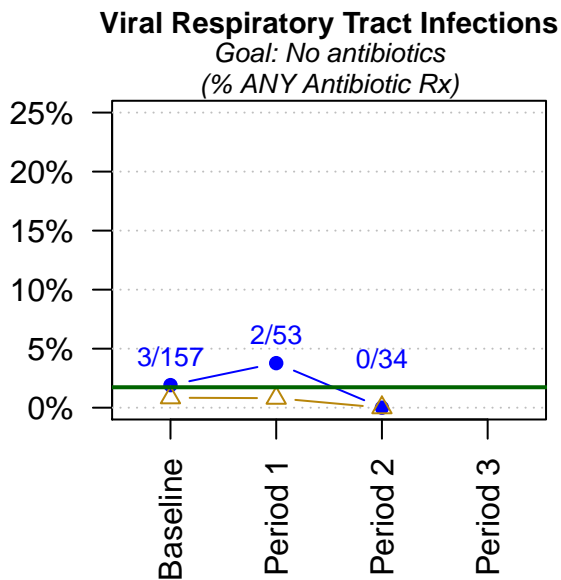
Goal: Penicillin or Amox
(% NON-Penicillin or Amox Rx)



Pharyngitis or Tonsillitis

Antibiotic prescribing rate for ALL (viral + bacterial) cases





Baseline comparison period 11/1/15-10/31/16. Goal prescribing rate based on top 20% performing practices. Comments or concerns? Email dartstudy@seattlechildrens.org

DART Metric Definitions

The DART study's metrics are constructed using the following types of data:

- Encounter diagnoses from office visits at study sites
- Strep test results for specimens collected at study sites
- Antibiotic prescriptions written at any location or type of visit
- Allergies to antibiotic medications

Metric #1: Acute otitis media (goal: amoxicillin)

The acute otitis media metric reports the proportion of visits where an off-label (broad-spectrum) antibiotic was prescribed for otitis media.

Inclusion criteria: office visits with an otitis media diagnosis and an antibiotic prescription on the same date.

Exclusions: diagnosis of sinusitis, pneumonia or a bacterial infection unrelated to the respiratory tract on the same day, antibiotics in the preceding 90 days, or allergy to a beta-lactam antibiotic.

First line prescribing: penicillin or amoxicillin. If conjunctivitis was diagnosed on the same day then amoxicillin/clavulanate is also considered first line.

Metric #2: Sinusitis (goal: amoxicillin or amoxicillin/clavulanate)

The sinusitis metric reports the proportion of visits where an off-label (broad-spectrum) antibiotic was prescribed for sinusitis.

Inclusion criteria: office visits with an acute sinusitis diagnosis and an antibiotic prescription on the same date.

Exclusions: diagnosis of pneumonia or a bacterial infection unrelated to the respiratory tract on the same day, antibiotics in the preceding 90 days, or allergy to a beta-lactam antibiotic.

First line prescribing: amoxicillin, or amoxicillin/clavulanate.

Metric #3: Streptococcal pharyngitis (goal: penicillin or amoxicillin)

The streptococcal pharyngitis metric reports the proportion of visits where an off-label (broad-spectrum) antibiotic was prescribed for streptococcal pharyngitis.

Inclusion criteria: office visits with a pharyngitis or tonsillitis diagnosis and an antibiotic prescription on the same date.

Exclusions: diagnosis of otitis media, sinusitis, pneumonia or a bacterial infection unrelated to the respiratory tract on the same day, antibiotics in the preceding 90 days, or allergy to a beta-lactam antibiotic.

First line prescribing: penicillin or amoxicillin.

Metric #4: Rate of antibiotic prescribing for pharyngitis

This metric reports the proportion of visits for pharyngitis where any antibiotic was prescribed. In a typical pediatric practice, approximately 20-25% of children with a sore throat will require antibiotic treatment for streptococcal pharyngitis.

Inclusion criteria: office visits with a pharyngitis or tonsillitis diagnosis.

Exclusions: diagnosis of otitis media, sinusitis, pneumonia or a bacterial infection unrelated to the respiratory tract on the same day.

Outcome: any antibiotic prescription on the same day.

Metric #5: Rate of antibiotic prescribing for viral respiratory tract infection This metric reports the proportion of visits with a viral respiratory tract diagnosis where any antibiotic was prescribed. Visits for viral pharyngitis are excluded from this metric (see metric #4).

Inclusion criteria: office visits with a viral respiratory tract diagnosis (e.g. acute upper respiratory infection).

Exclusions: diagnosis of pharyngitis, otitis media, sinusitis, pneumonia or a bacterial infection unrelated to the respiratory tract on the same day.

Outcome: any antibiotic prescription on the same day.

Metric #6: Rate of antibiotic prescribing for any acute respiratory tract infection

This metric reports the proportion of visits with any acute respiratory tract infection (viral or bacterial) where any antibiotic was prescribed. In a typical pediatric practice, approximately 25-30% of children who present with symptoms of a respiratory tract infection will require antibiotic treatment for either streptococcal pharyngitis, sinusitis or otitis media.

Inclusion criteria: office visits with a respiratory tract diagnosis (either viral or bacterial).

Exclusions: diagnosis of pneumonia or a bacterial infection unrelated to the respiratory tract on the same day.

Outcome: any antibiotic prescription on the same day.