INSPIRE Skin & Soft Tissue Infection Trial

<u>IN</u>telligent <u>S</u>tewardship <u>P</u>rompts to <u>I</u>mprove <u>R</u>eal-time <u>E</u>mpiric <u>A</u>ntibiotic <u>S</u>election for <u>P</u>atients

ID Week October 17, 2024



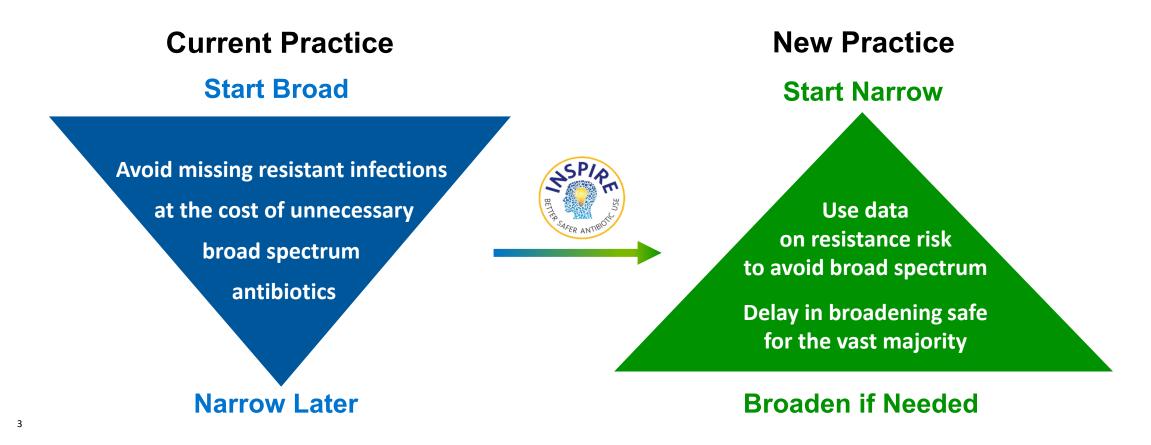
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Disclaimer: The findings, conclusions, and views expressed in this presentation are those of the investigator(s) and do not necessarily represent the official position of the NIAID, HCA Healthcare, and/or HCA Healthcare affiliated entities

Can We Change the Culture of Empiric Antibiotic Selection in Non-Critically Patients?

- More than 2.8 million antibiotic-resistant infections annually in US alone
- Overprescribing is a major contributor: 40% of inpatient antibiotics too broad



Infections & Bacteria That Account for Antibiotic Use

Most commonly treated infections in US hospitals

- Pneumonia¹
- Urinary tract infection (UTI)²
- Abdominal infections³
- Skin/soft tissue infections

Multidrug-resistant organisms physicians worry most about

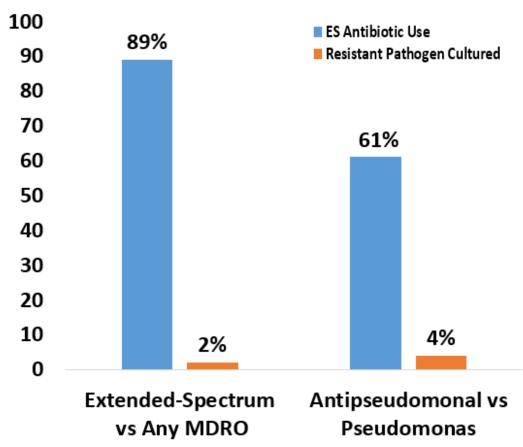
- Methicillin resistant Staphylococcus aureus (MRSA)
- Pseudomonas species
- Extended-Spectrum Beta-Lactamase producing Enterobacterales (ESBL)
- Vancomycin Resistant Enterococci (VRE)
- Carbapenem Resistant Enterobacterales (CRE)



Empiric Antibiotic Selection in Skin & Soft Tissue Infections?

Extended-spectrum use far exceeds resistance

Skin and Soft Tissue Infections <4% with Resistant Bacteria







INSPIRE Skin & Soft Tissue Infection Cluster Randomized Trial

INSPIRE Skin & Soft Tissue Infection Trial – Design

92-hospital, cluster-randomized trial

Arm 1: Routine Care – 46 Hospitals

Standard-of-care antibiotic stewardship

Arm 2: INSPIRE Computerized Physician Order Entry (CPOE) Bundle Intervention – 46 Hospitals

- Physician "CPOE smart prompts" for patient-specific resistant organism risk
- Recommends appropriate antibiotic choice
- Provider encouragement and feedback reports (by local study champions)

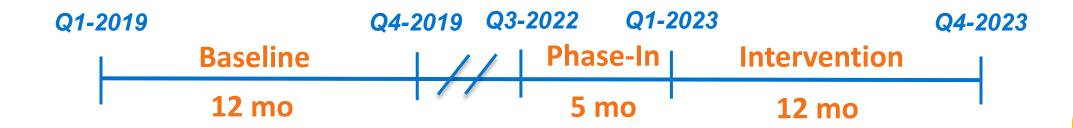


INSPIRE Study Population and Timeline

Setting

- HCA Healthcare (largest private hospital system in the nation) 200+
- Pragmatic community hospitals
- Adults admitted for Skin and Soft Tissue Infections
- Excludes patients admitted to ICUs
- Focuses on first 3 days of admission

Trial Timeline





CPOE Prompt Activated Via Indication Screens

- INSPIRE prompts activated when physicians select extended-spectrum antibiotics to treat skin/soft tissue infections
- Programmed to fire only in non-ICU locations
- Provides absolute risk of infection due to a multidrug-resistant organism:
 - ✓ Patient-specific
 - ✓ Infection syndrome-specific
 - ✓ Pathogen-specific
 - ✓ Hospital-specific

What Antibiotics Are Considered "Extended-Spectrum"?

Category	Extended–Spectrum Antibiotics Included in CPOE Alerts¹		
Anti-Vancomycin Resistant Enterococcus	Daptomycin, Linezolid ²		
Antipseudomonals	Aztreonam, Cefepime, Ceftazidime, Piperacillin/Tazobactam		
Anti-Extended Spectrum Beta Lactmase-	Ertapenem, Imipenem, Meropenem,		
producing Enterobacterales	Ceftolozane/Tazobactam		

¹Anti-MRSA drugs Vancomycin and Ceftaroline not included (national guidelines support empiric MRSA coverage for purulence and local MRSA prevalence in skin/soft tissue infection was high). Fluoroquinolones not included as extended-spectrum.



²Both oral and intravenous (IV) formulations

INSPIRE Prompt Approach

- Risk estimate and guidance tailored to drug and pathogen.
 - o If cefepime ordered → returns *Pseudomonas* risk
 - If meropenem ordered → returns ESBL or *Pseudomonas* risk
- Real-time, patient-specific.
 - MD orders cefepime for skin and soft tissue infection indication
 - Prompt pulls patient characteristics from EHR to generate risk estimate
 - Prompt recommends cefazolin if *Pseudomonas* skin and soft tissue infection risk is < 10%



INSPIRE Skin & Soft Tissue Infection Risk Models

- Based on >195,000 HCA patients with skin/soft tissue infection, 2017-2019
- Used recursive partitioning to identify algorithm for MDRO infection
- Evaluated >60 variables: demographics, comorbidities, prior antibiotics, nursing home, hospitalization, admission labs, prior MDRO

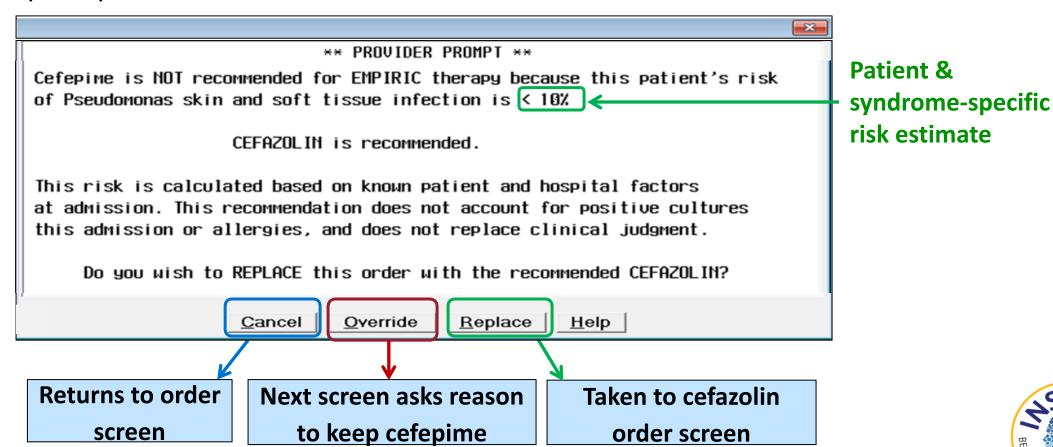
MDRO SST Infection Model	Elements Predictive of Absolute Risk ≥10%	
VRE	No risk factors predicted ≥10% risk	
Pseudomonas	History of <i>Pseudomonas</i>	
ESBL (no <i>Pseudomonas</i>)	History of ESBL, Facility %ESBL of all SST	
ESBL (with <i>Pseudomonas</i>)	History of ESBL/ <i>Pseudomonas</i> , Facility %ESBL of all SST	
CRE	No risk factors predicted >10% risk	

VRE – Vancomycin Resistant *Enterococci,* ESBL – Extended-Spectrum Beta Lactamase producing *Enterobacterales*; CRE – Carbapenem Resistant *Enterobacterales*.



INSPIRE Prompt Provides Patient-Specific Risk Estimates

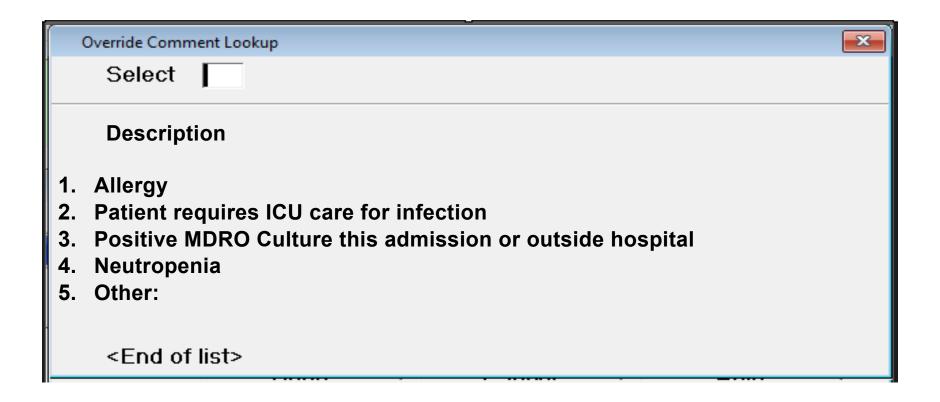
- Example: Physician orders cefepime for skin/soft tissue (SST) infection and risk of Pseudomonas SST infection calculated to be low (<10%)
- No prompt if risk ≥10%





Override Screen and Options

- Alert supports, but does not replace clinical judgment
- Clinicians choosing to override must give a reason:





INSPIRE Skin & Soft Tissue Infection Trial Outcomes

Primary Outcome

Extended-spectrum antibiotic days of therapy during first 3 days of admission

Secondary Outcomes

Antipseudomonal days of therapy during first 3 days of admission

Safety Outcomes

- Days to ICU transfer
- Length-of-stay



Statistical Analysis

- Main results are as-randomized, unadjusted, admission level
- Primary/secondary outcomes: generalized linear mixed effects model (GLIMMIX)
 - Multivariable regression model
 - Compares intervention to baseline rates between arms, accounting for clustering within hospital and period
- Safety Outcomes: Proportional hazards models with shared frailties to account for clustering within hospital and period (baseline vs intervention)
- Adjusted analyses





INSPIRE Skin & Soft Tissue Infection Trial

Results

INSPIRE Trial Participants

- 92 hospitals in 15 states
- Non-ICU intervention period patients admitted with Skin/Soft Tissue Infection: 60,725

Arm 1: Routine Care

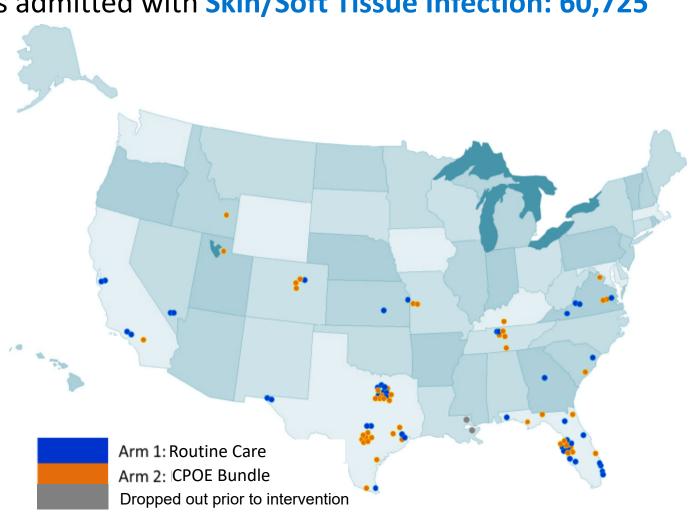
46 Hospitals

Skin & Soft Tissue Infection Trial: N = 31,337

Arm 2: CPOE Bundle

44 Hospitals

Skin & Soft Tissue Infection Trial: N = 29,388



Participant Characteristics (Intervention Period)

Ch a va at a viation	Skin & Soft Tissue Infection		
Characteristics	Routine	CPOE Bundle	
	(N=31,116)	(N=29,432)	
Mean Age	59	58	
Female	43%	42%	
Non-White	25%	29%	
Hispanic	20%	22%	
Medicaid Insured	30%	30%	
Hospitalization - Past Year	35%	37%	
Antibiotic use - Past Year	31%	32%	
Nursing Home Visit - Past Year	8%	9%	
Length of Stay (mean days)	7.5	7.3	
Comorbidity Score ¹	3	3	

INSPIRE Participants - MDRO History (Intervention Period)

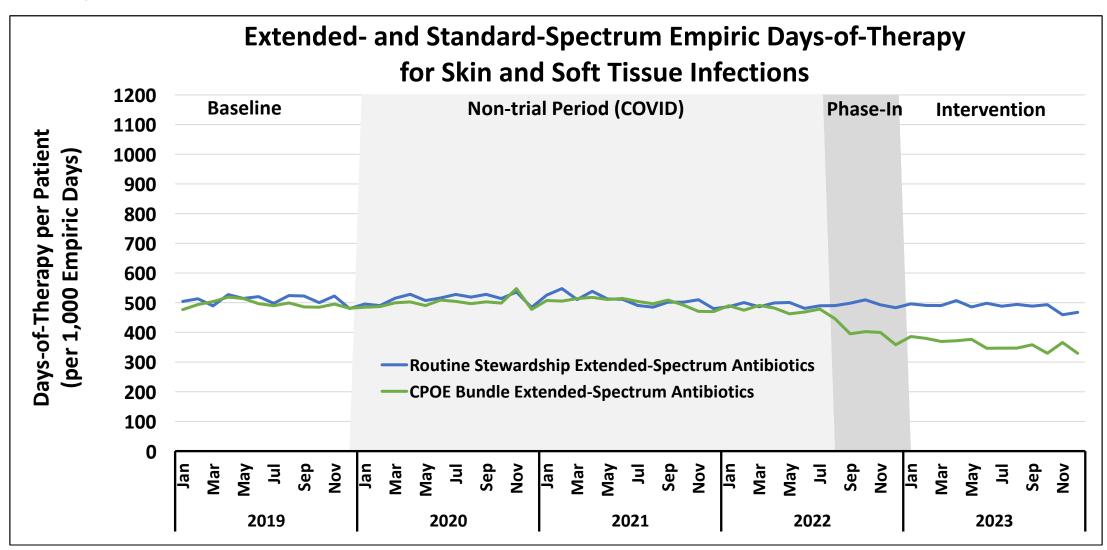
	Skin & Soft Tissue Infection		
Patient Characteristic	Routine	CPOE Bundle	
	(N=31,116)	(N=29,432)	
History of Any MDRO	18.5%	19.3%	
MRSA	14.0%	14.3%	
VRE	1.1%	1.1%	
Pseudomonas	5.0%	5.4%	
ESBL	3.8%	4.2%	
CRE	0.2%	0.3%	
MDR Gram Negative Rods*	0.9%	0.9%	

^{*}MDR Gram Negative Rods – includes MDR *Enterobactereciae*, MDR/carbapenem resistant *Pseudomonas, Acinetobacter*. Abbreviations: MDRO – multidrug resistant organism; MRSA - Methicillin Resistant *Staphylococcus aureus*; ESBL – Extended Spectrum Beta Lactamase producer; VRE – Vancomycin Resistant *Enterococci*; CRE – Carbapenem Resistant *Enterobacteriaceae*; MDR- Multi-Drug Resistant



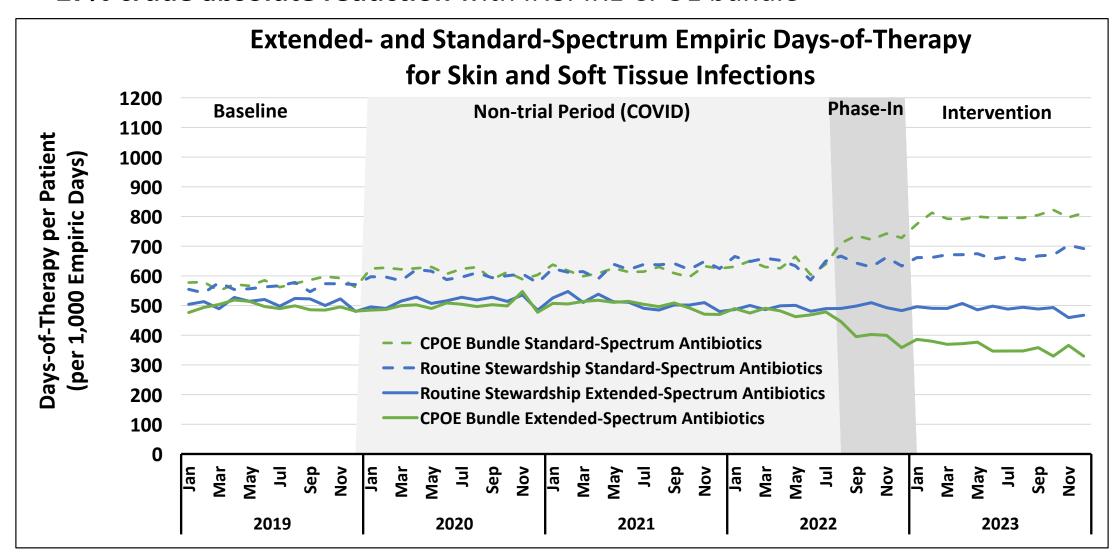
Empiric Extended-Spectrum Use Across Study Period – Skin & Soft Tissue Infection

27% crude absolute reduction with INSPIRE CPOE bundle

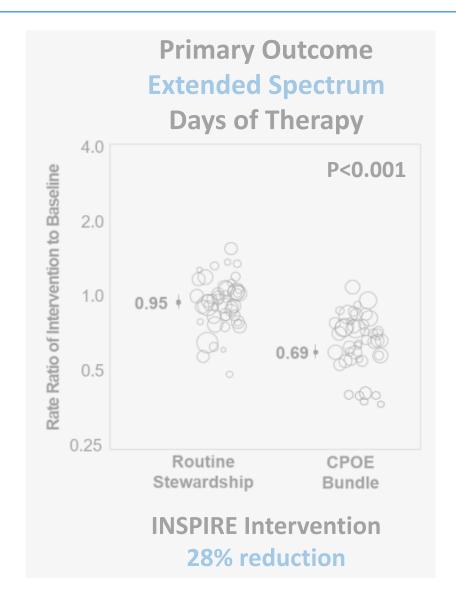


Empiric Extended-Spectrum Use Across Study Period – Skin & Soft Tissue Infection

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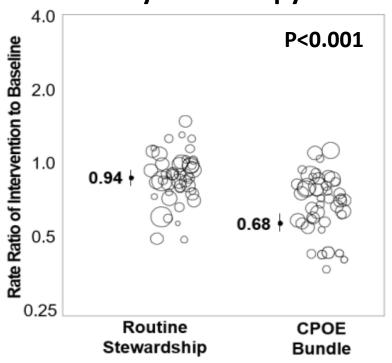
INSPIRE Skin & Soft Tissue Infection Trial Effectiveness Outcomes – As Randomized



Secondary Outcome

Antipseudomonal

Days of Therapy



INSPIRE Intervention

28% reduction



Safety Outcomes – Skin & Soft Tissue Infection Trial

- Days to ICU Transfer
 - No difference between groups
 - \circ HR (CI) = 1.14 (0.97-1.34), p = 0.11
- Length of Stay
 - No difference between groups
 - HR (CI) = 0.99 (0.94-1.04), p = 0.77



Limitations

- Effect of individual components of bundle unknown
 - → Need for education and feedback components by site-based pharmacist and physician champion is unknown
- Requires CPOE capability and live link to electronic health record
- Lower alert thresholds could have spared additional ES antibiotic use



Summary

- Real-time, personalized prompts can reduce empiric extended-spectrum use
- Benefits of automated approach:
 - Reduction despite disruptions in hospital operations (e.g., weather, COVID-19)
 - Active hospital-wide, nights/weekends
 - Risk documented in EHR may address clinician medical-legal concerns



INSPIRE Skin & Soft Tissue Infection Trial Hospital Participants

Arm 1 Facilities				
CJW Medical Center – Chippenham, Johnston Willis Campuses	HCA Florida Northwest Hospital	LewisGale Medical Center	Southern Hills Hospital & Medical Center	
Overland Park Regional Medical Center	HCA Florida Oak Hill Hospital	Good Samaritan Hospital	Regional Medical Center of San Jose	
Grand Strand Medical Center	HCA Florida Pasadena Hospital	Medical City Alliance	St. David's North Austin Medical Center	
HCA Florida Bayonet Point Hospital	HCA Florida Sarasota Doctors Hospital	Medical City Dallas	St. David's Round Rock Medical Center	
HCA Florida Blake Hospital	HCA Florida South Tampa Hospital	Medical City Denton	Sunrise Hospital & Medical Center	
HCA Florida Englewood Hospital	HCA Florida West Tampa Hospital	Medical City Frisco	The Medical Center of Aurora	
HCA Florida Fort Walton-Destin Hospital	HCA Florida Trinity Hospital	Medical City Las Colinas	TriStar Centennial Medical Center	
HCA Florida JFK North Hospital	HCA Houston Healthcare Kingwood	Medical City McKinney	TriStar Southern Hills Medical Center	
HCA Florida Kendall Hospital	HCA Houston Healthcare Southeast	Medical City Plano	Valley Regional Medical Center	
HCA Florida Lake City Hospital	Las Palmas Medical Center	Menorah Medical Center	Wesley Medical Center	
HCA Florida Mercy Hospital	Lee's Summit Medical Center	Orange Park Medical Center	Wesley Woodlawn Hospital & ER	
Los Robles Hospital & Medical Center	LewisGale Hospital Montgomery	Fairview Park Hospital	West Hills Hospital & Medical Center	
Del Sol Medical Center	LewisGale Hospital Pulaski	Oviedo Medical Center		

Arm 2 Facilities				
Corpus Christi Medical Center – Bay Area, Doctors, Heart Hospital	HCA Florida Brandon Hospital	Medical City North Hills	Eastern Idaho Regional Medical Center	
Henrico Doctors' Hospital – Forest, Parham, Retreat Campuses	HCA Florida Capital Hospital	Medical City Weatherford	St. David's Medical Center	
Rio Grande Regional Hospital Main Campus	HCA Florida Fawcett Hospital	Methodist Hospital Northeast	HCA Houston Healthcare Clear Lake	
HCA Florida Gulf Coast Hospital	HCA Houston Healthcare Conroe	Centerpoint Medical Center	Swedish Medical Center	
HCA Florida Largo Hospital	HCA Houston Healthcare Mainland	Methodist Hospital	Trident Medical Center	
HCA Florida Lawnwood Hospital	HCA Houston Healthcare Pearland	Methodist Hospital Texsan	TriStar Greenview Regional Hospital	
HCA Florida Memorial Hospital	HCA Houston Healthcare West	North Suburban Medical Center	TriStar Hendersonville Medical Center	
HCA Florida Northside Hospital	Methodist Hospital Metropolitan	Ogden Regional Medical Center	TriStar Horizon Medical Center	
HCA Florida South Shore Hospital	Medical City Arlington	Parkridge East Hospital	TriStar StoneCrest Medical Center	
HCA Florida St. Lucie Hospital	Medical City Fort Worth	Parkridge Medical Center	HCA Florida St. Petersburg Hospital	
Riverside Community Hospital	Medical City Lewisville	Research Medical Center	Tulane Medical Center	
Methodist Hospital Specialty and Transplant	Sky Ridge Medical Center	Reston Hospital Center	Lakeview Regional Medical Center	

INSPIRE Investigative Team



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