

Who receives a peer comparison?

Any clinician that prescribed 10 or more antibiotics for UTI within the targeted 6 month period. Clinicians without at least 10 qualifying visits will not receive a peer comparison, but performance can be requested by emailing Mackenzie.keintz@unmc.edu.

What visits are included?

Visits are identified using ICD-10 codes for acute uncomplicated cystitis (N30.00, N30.01, N30.80, N30.81, N30.90, N30.91, N34.1, N34.2, N34.3, N39.0, N39.9), complicated UTI (N10), and asymptomatic UTI (R82.71).

What visits are not included?

We excluded patients with ICD-10 codes for renal transplant, neutropenia, nephrolithiasis, immunosuppression, urinary catheter use, or any additional code requiring antibiotics at time of visit. For a full list see below. Additionally, we excluded antibiotic prescriptions for >28 days duration (to avoid prophylactic antibiotic use) and patients with an exclusionary urologic procedure.

Exclusion ICD-10 codes	
Pregnancy	Z34.90, Z3A.01, Z3A.08-Z3A.42, Z3A.49, O48.1, O98.911-O98.919, Z33.1, Z32.01, O23.40, B95.5, O23.41, O99.891
Renal Transplant	T86.10, Z94.0
Neutropenia	D70.9, D70.1-D70.4, Z91.89
Nephrolithiasis	N20.0
Immunosuppression	D84.9, D84.821
Urinary Catheter Use	T83.9XXA, Z96.00000, T83.518A,S, D, Z46.6, T83.511A,S,D, T83.098A,S,D, Z91.89
Additional code requiring antibiotics	H05.01*, H60.0*, H60.1*, H60.2*, H60.3*, H60.6*, H60.8*, H60.9*, H62.4*, H66.00*, H66.01*, H66.9*, H67.*, H70.00*, H70.01*, H70.09*, H70.9*, H79.89*, J01.*, J02.*, J03.*, J04.3*, J05.*, J15.*, J18.* except J18.2, K57.0*, K57.2*, K57.4*, K57.8*, K61.*, K65.* except K65.3 & K65.4, L01.* except L01.02 & L01.03, L02.*, L03.01*, L03.03*, L03.11*, L03.31*, L03.81*

What antibiotics were evaluated?

Antibiotics associated with the included visit with UTI code (per inclusion/exclusion above) were evaluated.

What is considered an appropriate prescription?

To be considered an appropriate prescription the agent prescribed must be for either a first- or second-line UTI agent as well as have an appropriate daily dose (calculated from dose and frequency) and duration as defined below. Further information on antibiotic choice, duration, and dose can be found in our ambulatory UTI guidelines and the table below.

https://www.unmc.edu/intmed/_documents/id/asp/ambulatory_uti.pdf

Where can I review the cases that were included?

You can request the list of included cases by emailing Dr. Mackenzie Keintz, ambulatory stewardship lead at Mackenzie.keintz@unmc.edu.

Who has access to my performance data?

The ambulatory antibiotic stewardship team and your clinic medical director have access to your data. All provider performance data including those with <10 UTI prescriptions is provided to clinical medical directors.

Why is this data being provided to me and what should I do with it?

This data is being provided as part of an ambulatory antibiotic stewardship initiative to improve patient outcomes and antibiotic use within Nebraska Medicine's primary and immediate care clinics. We hope this helps clinicians identify opportunities for improvement in UTI antibiotic prescribing. Some clinicians will be invited to meet with antimicrobial stewardship experts for an in-deption review their personal data for. If you would like to meet for one of these sessions, please email Mackenzie.keintz@unmc.edu.

Should I try to get to 100% compliant?

The goal for appropriate prescribing is 90% to allow for some patients requiring an antibiotic that differs from general guidance (i.e. previous resistance patterns, antibiotic allergies, renal function abnormalities).

Antimicrobial	Dose ^a	Frequency ^a	Duration
Cystitis			
First-line antibiotics			
Nitrofurantoin	100mg	2 times daily	5 days
Trimethoprim-sulfamethoxazole	160/800mg	2 times daily	3 days
Fosfomycin	3g	Once	-
Second-line antibiotics			
Cephalexin	500-1000mg	2-3 times daily	5-7 days
Amoxicillin	500-1000mg	2-3 times daily	5-7 days
Amoxicillin/clavulanate	875/125mg	2 times daily	5-7 days
Cefadroxil	500-1000mg	2 times daily	5-7 days
Cefuroxime	250mg	2 times daily	5-7 days
Cefdinir	300mg	2 times daily	5-7 days
Cefpodoxime	100mg	2 times daily	5-7 days
Not routinely recommended			
Fluoroquinolone (levo-, moxi-, or ciprofloxacin)	-	-	-
Doxycycline	-	-	-
Minocycline	-	-	-
Omacycline	-	-	-
Azithromycin	-	-	-
Clindamycin	-	-	-
Metronidazole	-	-	-
Complicated UTI			
Firstline antibiotic			
Levofloxacin	750mg	daily	5-7 days
Ciprofloxacin	500mg	2 times daily	5-7 days
Trimethoprim/sulfamethoxazole	160/800mg	2 times daily	10-14 days
Second line antibiotics			
Amoxicillin-clavulanate	875/125mg	2 times daily	7-10 days
Cephalexin	500-1000mg	2-3 times daily	7-10 days
Cefuroxime	500-1000mg	2-3 times daily	7-10 days
Cefdinir	300mg	2 times daily	7-10 days
Cefpodoxime-proxetil	100mg	2 times daily	7-10 days
Amoxicillin	500-1000mg	2-3 times daily	7-10 days
Not routinely recommended			
Moxifloxacin	-	-	-
Doxycycline	-	-	-
Minocycline	-	-	-
Omacycline	-	-	-
Azithromycin	-	-	-
Clindamycin	-	-	-
Metronidazole	-	-	-