

2018 Antibiotic Stewardship Practices in Minnesota Community Pharmacies Survey

SUMMARY REPORT

Methodology

During February–March 2018, the Minnesota Department of Health (MDH) distributed a survey through a secure online platform to assess knowledge, attitudes, and practices regarding antibiotic stewardship (AS) in Minnesota (MN) community pharmacies. The survey instrument was developed in partnership with the MN Board of Pharmacy (MBOP) and MN Pharmacists Association (MPhA). A list of community pharmacists and email addresses were obtained from MBOP. The initial survey email was sent to 2,558 pharmacists. Reminder emails were sent to non-responders two and four weeks later.

Results

- 177 pharmacists completed the survey (6.9% response rate). (Table 1)
- Most respondents agreed that community pharmacists are important in implementing AS (82%) and preventing antibiotic resistance (AR, 85%).
- 17 (9.6%) respondents reported having a written pharmacy AS policy. Of those, 13 (76%) pharmacies are associated with a hospital or clinic.
- 75 (42%) respondents reported that their respective pharmacy provides staff AS and/or AR education.

- 44 (25%) respondents reported that their respective pharmacy educates patients about AS and/or AR.
- The most commonly identified internal support need was access to pharmacist education, resources, and/or subject matter experts (71%).
- The most commonly reported AS practices were use of clinical guidelines when assessing antibiotic appropriateness (33%) and displaying information about appropriate disposal of medications (30%). (Figure 1)

Table 1: Respondent Demographics

Years in Practice	%	n
1–4 years	2.3	4
5–9 years	15	26
10–19 years	26	46
20–29 years	27	48
≥30 years	30	53
Type of Pharmacy		
Independent	55	98
Hospital/Clinic-Associated	28	49
Ambulatory	2.3	4
Other	15	26

Table 2: Pharmacist-Prescriber Interactions Regarding Suspected Antibiotic Appropriateness

Discuss, clarify, offer antibiotic alternative to prescriber	2.0 times/week
Discuss suspected unnecessary antibiotic during influenza season (Oct–March)	9.5 times/month
Discuss suspected unnecessary antibiotic outside influenza season	5.5 times/month

Figure 1: Current AS Actions Performed by Community Pharmacists

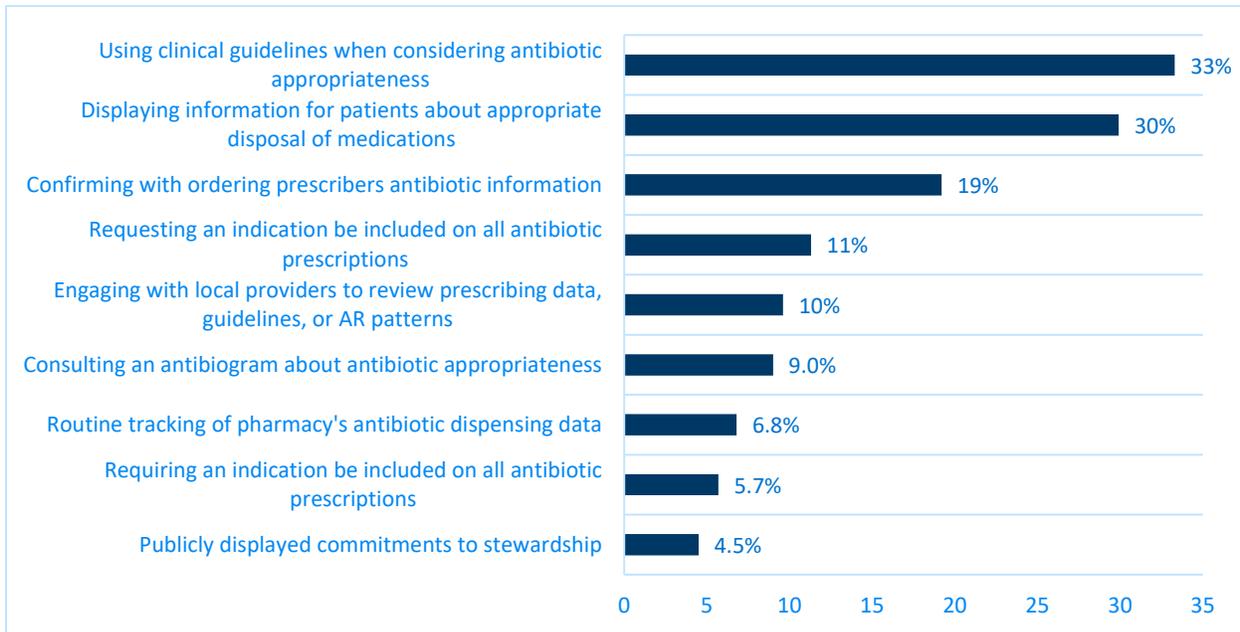


Table 3: Barriers to AS

Common Themes Identified in Pharmacist Surveys
Not enough time to review antibiotic prescriptions and educate patients.
Insufficient information (e.g., diagnosis) coming with prescriptions.
Education of prescriber is lacking.
Patients expect antibiotics and consider them a cure-all.
Prescribers can be resistant to the questioning of scripts by pharmacists, and there is a concern of weakened relationships.
Pharmacists are not compensated for time and expertise needed for AS actions.

Discussion & Next Steps

- MN community pharmacists recognize that they play a role in AS, but there is room to improve implementation of AS actions.
- Some MN community pharmacies have begun to take administrative, clinical, and educational action to improve antibiotic use, despite considerable resource and knowledge barriers.

- There is a particular need for AS policy development support in pharmacies not associated with a health system.
- Pharmacies can make AS progress by building relationships with local providers, becoming aware of AR trends, educating patients, engaging with pharmacy leadership, promoting vaccination, and considering implementation of point-of-care tests.
- This survey has made MDH, MBOP, and MPhA more aware of the AS knowledge, practices, and challenges of MN community pharmacists.
- Because of the low response rate, this survey might not be representative of all MN community pharmacists.
- MDH, MBOP, and MPhA will continue to work together on the development and promotion of AS resources and tools for community pharmacies.
- If you would like to work with us to improve AS, please email health.stewardship@state.mn.us.

4/2018

To obtain this information in a different format, call: 651-201-5414.