# **C-Suite Buy-In: Cost Reduction Examples**

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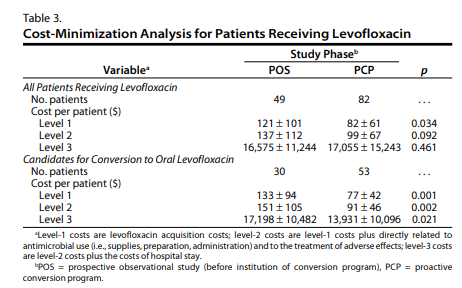
*Antimicrobial Stewardship Pharmacist*

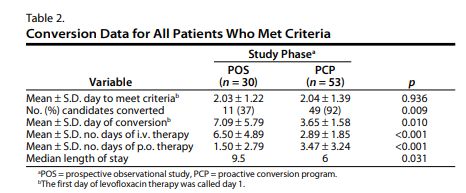
*Washington State Department of Health*

1. A stewardship program implemented at the University of Maryland Medical Center lowered its antibiotic costs from **$44,181 per 1000 patient-days to $23,933 per 1000 patient-days over 7 years1**

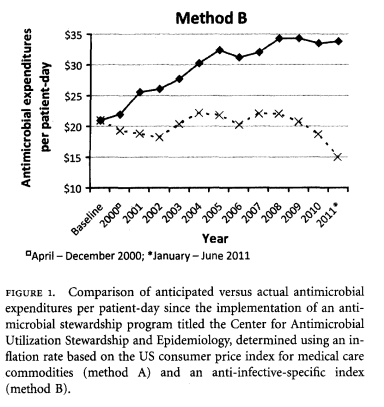
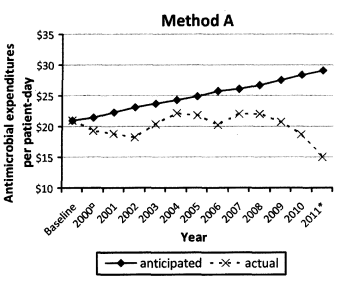
Chart, bar chart, histogram showing quarterly antimicrobial costs. Program started in fiscal year 1998 and continued through the end of fiscal year 2010. 



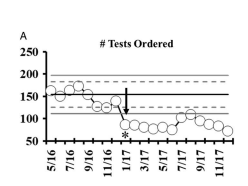
1. A stewardship program implemented at Montreal General Hospital **lowered yearly antibiotic costs by 46%**2
2. An IV-to-PO levofloxacin conversion protocol performed over the course of 2 months at Hartford Hospital showed a **Level 3 cost savings of close to $3,300 per patient. Median length of stay was also lower** in the intervention (PCP) group3



1. A penicillin-allergy skin testing protocol completed in 146 patients resulted in **a yearly savings of $82,000** at a university teaching hospital
2. A program created at Wake Forest Baptist Medical Center showed an **average cost savings of $920,070 to $2,064,441 per year**. These data are based on total costs spent on antibiotics and do not include the labor costs from the antimicrobial stewardship physician and pharmacist FTEs5



1. A diagnostic stewardship intervention focused on *C. difficile* led to **a** **lab cost savings of $2,017.80 per month**. **This is based on a cost per test of $34.20**. This involved education and the creation of lab criteria for stool sample rejection. With an average of 5 patients/month avoiding oral vancomycin, it was estimated that there was a **further average savings of nearly $5,000/month**6



Changes in Clostridium difficile nucleic acid amplification test (NAAT) results over time. (A) = Number of

NAATs ordered per month from May 2016 to December 2017. Intervention was performed beginning Jan 2017

## **Sources:**

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