PHV28

VARIABILITY IN THE CRITERIA FOR EARLY SWITCH AND EARLY DISCHARGE IN COMMUNITY-ACQUIRED PNEUMONIA: A SYSTEMATIC REVIEW OF THE LITERATURE
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Strategies to achieve early switch from intravenous to oral antibiotics and early discharge (ESΔ) for patients with community-acquired pneumonia (CAP) are implemented in an attempt to improve quality and efficiency of care. A systematic review of ESΔ criteria has not been previously performed. OBJECTIVES: To assess differential features of ESΔ criteria in the published literature. METHODS: We searched MEDLINE, HEALTHSTAR, EMBASE, COCHRANE COLLABORATION, and BEST EVIDENCE databases from 1980–1999 for CAP studies that included specific switch criteria or recommendations to switch on a particular day. Explicit inclusion and exclusion criteria were applied to titles, abstracts, and articles. Physician reviews were done in duplicate, with disagreement resolved by consensus. RESULTS: From 3666 titles identified, 305 abstracts were reviewed. Of 85 articles selected, 62 (73%) were retrieved and reviewed. We identified 12 prospective interventional CAP-specific studies. Switch criteria included: resolution of fever (67%), improving respiratory signs and/or symptoms (50%), ability to take oral medications (50%), normalization of white blood cell count (33%), “clinical stability” (NOS) (33%), minimal IV treatment (25%), hemodynamic stability (25%), no other sites of infection (25%), unaltered mental status (17%), and stable or improving radiographic findings (8%) (reviewer kappa, 1.0). Nine different criteria combinations were applied in the 12 studies. Four studies applied separate criteria for early discharge: care for comorbid conditions (75%), need for diagnostic work-up (25%), social needs (25%), and clinical stability during observation (25%) (kappa = 1.0). Three different discharge criteria combinations were applied in 4 studies. A specific post-switch antibiotic was recommended in 8 (67%) studies, specific day for switch (median, day 3) in 7 (58%) studies, and specific day for discharge (median, day 4) in 4 (33%) studies. CONCLUSION: Systematic review reveals that there is considerable variability in ESΔ criteria, which may promote uncertainty regarding the interpretation of results from ESΔ studies.

PHV30

COSTS AND OUTCOMES OF A RESPIRATORY SYNCYTIAL VIRUS PROPHYLAXIS PROGRAM IN A MEDICAID MANAGED CARE ORGANIZATION
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Respiratory Syncytial Virus (RSV) is a known cause of morbidity in premature infants, as well as those with bronchopulmonary dysplasia. OBJECTIVE: To measure the impact of a RSV prophylaxis program on pulmonary-related hospitalizations (PRH), average length-of-stay (ALOS), and cost/immunized member to a Medicaid managed care plan. METHODS: Through administrative claims we identified members at risk for RSV infection based on American Academy of Pediatrics (AAP) guidelines for RSV prophylaxis. Baselines were determined for PRH rate and ALOS for two seasons prior to intervention (N = 452). We identified 205 high-risk infants eligible for prophylaxis. Physicians were mailed a list of their eligible