antimicrobial use. Antimicrobial Stewardship Programs (ASPs) are recommended to optimize prescribing practices and mitigate resistance; however, data on their impact in private hospitals, particularly in middle-income countries, remain limited. The objective of this study is to describe the implementation of an Antimicrobial Stewardship Program and evaluate its clinical, microbiological, and economic impact in a private hospital. **Methods:** We conducted a retrospective observational before–after study in a private hospital, comparing a pre-intervention period (January–December 2022) with a post-intervention period (January 2023–December 2025). The ASP was implemented by a multidisciplinary team and included development of institutional antimicrobial treatment and surgical prophylaxis guidelines, prospective audit with feedback, restriction and pre-authorization of selected broad-spectrum antimicrobials, and integration among clinical pharmacy, infectious diseases, microbiology, and infection prevention services. Outcomes included antimicrobial prescribing conformity, antimicrobial consumption, incidence of multidrug-resistant organisms (MDROs), and direct antimicrobial acquisition costs. **Results:** Antimicrobial prescribing conformity increased from 86% in the pre-intervention period to consistently above 95% during the post-intervention years. Analysis of 720 clinical cultures identified 62 MDRO cases (8.7%) in the baseline period. Following ASP implementation, gram-positive multidrug-resistant organisms declined progressively, with no cases detected after 2024, while resistance among gram-negative organisms showed variable trends over time. An initial reduction in the use of broad-spectrum antimicrobials, particularly carbapenems, was observed after program implementation. Annual antimicrobial costs decreased from R$ 842,903.75 (≈ US$ 155,797) in 2022 to R$ 568,570.77 (≈ US$ 105,210) in 2023, followed by R$ 842,903.75 (≈ US$ 155,797) in 2022 to R$ 568,570.77 (≈ US$ 105,210) in 2023, followed by increases in 2024 – R$ 996,912.08 (≈ US$ 184,445) and 2025 – R$ 1,070,034.74 (≈ US$ 197,856), coinciding with a substantial increase in the number of patients receiving antimicrobials (from 9,704 in 2022 to 15,018 in 2025).increases in 2024 – R$ 996,912.08 (≈ US$ 184,445) and 2025 – R$ 1,070,034.74 (≈ US$ 197,856), coinciding with a substantial increase in the number of patients receiving antimicrobials (from 9,704 in 2022 to 15,018 in 2025). **Conclusions:** Implementation of a structured ASP in a private hospital was associated with improved prescribing quality, reduced initial use of broad-spectrum antimicrobials, favorable trends in gram-positive resistance, and mitigation of cost escalation despite increased patient volume. These findings highlight antimicrobial stewardship as a scalable and effective strategy to improve patient safety and contain antimicrobial resistance in private healthcare settings.

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Implementation of Antimicrobial Stewardship Interventions in Community Health Clinics‡

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Background: Current antimicrobial and epidemiology literature has shown that most antibiotics are prescribed in the outpatient setting. Therefore, antimicrobial stewardship programs play a significant role in the reduction of inappropriate antibiotic utilization. JPS Health Network antimicrobial stewardship team presented provider education to the network's community health clinics, aimed at reducing inappropriate antibiotic utilization in the outpatient setting. Providers receiving education in these community clinics included MD/DOs, medical residents, and advanced practice providers. Along with education, antibiotic prescribing scorecards were sent to individual clinic directors, allowing for direct comparison of individual clinics' antibiotic prescribing patterns for sinusitis. The present quality improvement initiative aims at assessing the impact of these interventions on antibiotic prescribing patterns for sinusitis at JPS Health Network. Primary objective: Determine the rate of patients who received antibiotics for sinusitis at JPS Health Network's community health clinics setting before and after provider education and implementation of sinusitis scorecards. **Methods:** Retrospective observational data was collected from the Electronic Health Record database (Epic) as part of the quality improvement initiative to assess antibiotics prescribing rate in patient diagnosed with sinusitis (ICD10-CM code included any variation of "J01" (acute sinusitis) or "J32" (chronic sinusitis) both before the interventions were implemented (September 1, 2024 through November 30, 2024) and after the interventions were implemented (January 1, 2025 through March 31, 2025). **Results:** A total of 1,807 patient encounters with sinusitis were recorded during the specified time frame. Of these, 151 patient encounters were excluded due to concurrent infections. A total of 603 antibiotics were prescribed in the preintervention group out of 788 patient encounters (77%) and 640 antibiotics were prescribed in the post-intervention group out of 868 patient encounters (74%) (p antibiotics prescribed for sinusitis. **Conclusions:** The antimicrobial stewardship interventions at the JPS Health Network's community health clinics did result in a decrease in the overall prescribing of antibiotics for sinusitis. This finding reveals the significant role that antimicrobial stewardship program can play in outpatient settings to reduce the antibiotic utilization. Further research into outpatient antimicrobial stewardship interventions is warranted.

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As it Should Be: A Tale of Antimicrobial Stewardship and Hospital Onset- C Difficile‡

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Clostridioides difficile (C. difficile) negatively impacts patient care and health care costs. Monitored as a safety metric, hospital onset- C. difficile infections (HO-CDI) occur after day 3 of admission. Standardized Antimicrobial Administration Ratio values for antibacterial agents posing highest risk for C. difficile infection (CDI SAAR) provides national benchmarking and assesses the impact of interventions aimed at improving prescribing practices to reduce C. difficile rates. We implemented several antimicrobial stewardship interventions to evaluate whether these reduced CDI SAAR values and C. difficile rates. Before 2023, C. difficile testing consisted of PCR alone after meeting certain criteria. This changed so that a positive PCR test reflexes to an EIA for toxin B; if negative, CDI is ruled out. Stewardship interventions in 06/2023 provided targeted education and feedback on CDI SAARs to ICU pharmacists to improve antimicrobial use. In 10/2023, a second intervention targeted high SAARs in the medical step-down unit (MSD) through daily patient review for antibiotic optimization. By early 2025, the antimicrobial stewardship pharmacist and physician initiated twice-weekly meetings to assess antimicrobial appropriateness. Patients were identified via chart review or pharmacist referral, and recommendations were communicated to the providers and documented in the chart. HO-CDI decreased both in the ICU and hospital wide after changing to two-step testing, decreasing from 0.55 to 0.25 infections/10,000 patient days (PD) hospital wide (Figure 1) and from 1 to 0.5/10,000PD in ICUs (Figure 3). In 2023, prospective audit and feedback by stewardship pharmacists in MSD patients resulted in a decrease in CDI SAAR from 1.26 to 1.12 (Figure 2). In October 2023, targeted education to ICU pharmacists coincided with reduction of ICU CDI SAAR from 1.57 to 1.43 (Figure 4). After biweekly stewardship rounds were implemented in 2025, HO-CDI decreased from 0.25 to 0.12/10,000PD hospital wide (Figure 1) and from 0.5 to 0.12/10,000PD in our ICUs (Figure 3). Special cause with 5 points at or below the line is noted in our hospital wide

‡The abstract titles in this supplement have been corrected since original publication. A notice detailing the changes has been published at https://doi.org/10.1017/ash.2026.10802.

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