

UCSF Gram-negative Location-Specific Weighted-incidence Combination Antibigram, Jan – Dec 2022

Parnassus, Adults, Inpatient Locations, All Culture Sites\*, Repeat Isolates Excluded

Ordering Location	CTRX	-PsA	ERTA	-PsA	PIP/TAZ	% susceptible		CFP	AP_CARB*	% susceptible			
						+CIP +TOB	90-100%			80-89%	70-79%	60-69%	50-59%
Emergency Department N~1000	76%	83%	87%	95%	91%	95%	97%	88%	90%	95%	97%	99%	100%
Floor Patients N~550	60% ↓	71%	75%	89%	84%	91%	96%	84%	86%	93%	94%	96%	98%
ICUs (Combined) N~250	55%	70%	69%	88%	78%	90%	94%	83%	87%	93%	94%	95%	98%
9 ICU N ~60	43%	64%	58%	85% ↑	78%	84%	93%	79%	81%	88%	90%	88%	96%
10 ICU N~ 45	55% ↑	67% ↑	64%	78%	70%	93%	97%	84%	91%	95%	98%	98%	100%
8 + 11 ICU N~ 100	64% ↓	80%	75%	94%	85%	91%	97%	89%	91%	97%	94%	95%	98%
13 ICU N~ 35	44% ↓	55% ↓	70%	87%	68% ↓	84%	86%	71% ↓	84%	83%	97%	100%	100%
Pip/tazo-NS organisms (floor patients N=411)	Of pip/tazo-NS isolates (N=411) most common were <i>E. coli</i> (29%), <i>Klebsiella pneumoniae</i> (26%), <i>Pseudomonas aeruginosa</i> (17%), <i>Enterobacter cloacae</i> (13%), <i>Citrobacter freundii</i> (6%), <i>Klebsiella oxytoca</i> (4%)												
Antipseudomonal-NS organisms (combined ICUs N=72)	Of antipseudomonal carbapenem-NS isolates (N=82) most common were <i>Pseudomonas aeruginosa</i> (72%), <i>Achromobacter xylosoxidans</i> (10%), <i>Klebsiella pneumoniae</i> (3%), and nonspecified non-fermenting Gram-negative rods (3%)												

\*=all culture sites except for CTZ/AVI (mostly nonurine isolates) & AP\_CARB for *Proteus* & *Morganella* (mostly urine isolates) & cystic fibrosis cultures; ↓ = statistically significant or >=10% nominal lower susceptibility 2022 vs 2021; ↑ = statistically significant or >=10% nominal higher susceptibility 2022 vs 2021; ( - ) = 95% CI on proportion; CTRX=ceftriaxone; ERTA=ertapenem; PIP/TAZ=piperacillin/tazobactam; CFP=cefepime; AP\_CARB=imipenem (except for *Proteus* where meropenem used); CTZ/AVI=ceftazidime/avibactam (mostly non-urinary isolates); -PsA=excluding *Pseudomonas aeruginosa* isolates; +CIP=aggregate coverage when combined with beta-lactam; +TOB=aggregate coverage when combined with tobramycin; \*antipseudomonal carbapenem = imipenem susceptibilities from all sites except for *Proteus* & *Morganella* where result is meropenem susceptibility (from mostly non-urine)