

Reporting Hospitals' Antibiotic Timing

■ eAppendix Table. Adjusted Diagnosis Rates, Antibiotic Administration, and Waiting Times to See a Physician, Stratified by 2005 Pneumonia Antibiotic Timing Score^a

	Antibiotic Timing Score Quintile (2005)					P Value for Trend ^b
	1	2	3	4	5	
Mean 2005 antibiotic timing score (range)^c	60 (25-68)	72 (69-76)	80 (77-82)	84 (83-86)	91 (87-100)	—
ED Visit Characteristics	Adjusted % of Visits (95% CI)					
ED diagnosis						
Pneumonia	11 (9, 13)	10 (8, 12)	9 (7, 12)	11 (9, 14)	13 (9, 18)	.76
Bronchitis	22 (18, 25)	27 (24, 30)	24 (19, 28)	26 (23, 29)	28 (24, 33)	.09
CHF	9 (7, 11)	8 (6, 10)	7 (5, 9)	8 (6, 11)	5 (3, 7)	.07
Antibiotic use						
With any ED diagnosis	34 (29, 38)	37 (33, 41)	34 (31, 38)	37 (33, 42)	42 (37, 46)	.17
With an ED diagnosis of pneumonia	74 (64, 85)	76 (66, 85)	86 (79, 93)	77 (68, 86)	85 (74, 97)	.23
With no ED diagnosis of pneumonia	26 (22, 30)	29 (26, 32)	26 (23, 30)	28 (24, 32)	30 (21, 40)	.39
With an "inappropriate" ED diagnosis ^d	26 (20, 32)	26 (18, 33)	21 (14, 27)	28 (21, 35)	31 (21, 40)	.68
Mean waiting times to see a physician (minutes)	Adjusted Mean (95% CI)					
Visits for respiratory symptoms	62 (55, 67)	51 (42, 55)	40 (33, 44)	39 (32, 46)	41 (32, 46)	<.001
Visits not for respiratory symptoms	64 (57, 67)	55 (48, 59)	45 (40, 47)	44 (38, 48)	43 (37, 47)	<.001
Difference, respiratory symptom vs no respiratory symptom	2 (-2, 8)	5 (1, 11)	5 (2, 10)	4 (-1, 12)	1 (-3, 6)	.35

ED indicates emergency department; CI, confidence interval; CHF, congestive heart failure.

^aAmong reporting period (2004-2005) ED visits for respiratory symptoms to hospitals with ≥ 25 pneumonia antibiotic timing observations in 2005. Significant results are boldfaced.

^bP values reflect statistical significance of regression coefficients for continuous 2005 antibiotic timing score in models adjusting for patient- and hospital-level characteristics.

^cScore range in the lowest quintile has been rounded to shield hospital identity.

^dInappropriate diagnoses were asthma, pulmonary edema, and CHF without concurrent diagnosis of pneumonia.

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^fInappropriate diagnoses were asthma, pulmonary edema, and CHF without concurrent diagnosis of pneumonia.