The logic model for improving excess antibiotic duration in adult patients with community-acquired pneumonia (CAP) is shown below. Existing resources and activities that occur through normal healthcare processes are without highlighting; additional resources and activities required for measure implementation and use are highlighted in yellow.

Structures

Professional/Clinical Practice

ATS/IDSA Guidelines

Human

- Patient
- Inpatient providers (ED, hospital)
- Data analyst
- Coding specialist

Tools & Technology

- EHR system
- Data warehouse
- Computational resources
- Data extraction tools

Processes Activities Outputs Clinical Practice Increase attention to duration of therapy per

Patient Care

Assess clinical severity

ATS/IDSA Guidelines

 Order/receive antimicrobials

System Quality

 Antibiotic stewardship teams working to improve antibiotic prescribing

Data processing

Extract and analyze EHR data

Data within hospital to inform policies and measure change

Data for external benchmarking

Outcomes

Professional

 Improved adherence to ATS/IDSA Guidelines

Patient

 Reduce inappropriate antibiotic exposure

System

- Improved patient care and safety
 - Reduce adverse events due to unnecessary antibiotics
 - Decreased risk of CDI
 - Reduce antibiotic resistance
- Improve data to inform stewardship activities

Abbreviations: ATS, American Thoracic Society; IDSA, Infectious Diseases Society of America; ED, emergency department; EHR, electronic health record; CDI, *Clostridioides Difficile* infection