CPC061: Global Antimicrobial Stewardship survey – interim analysis of UK results

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Background

Antimicrobial stewardship has never been surveyed globally.

Aim

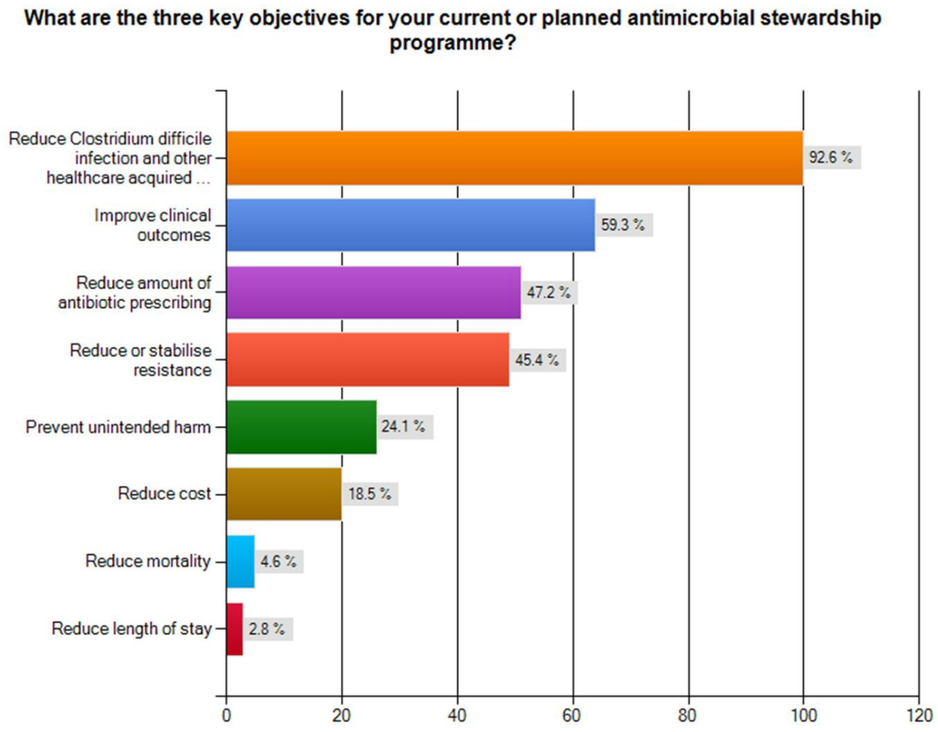
To measure the extent and components of global efforts in AMS.

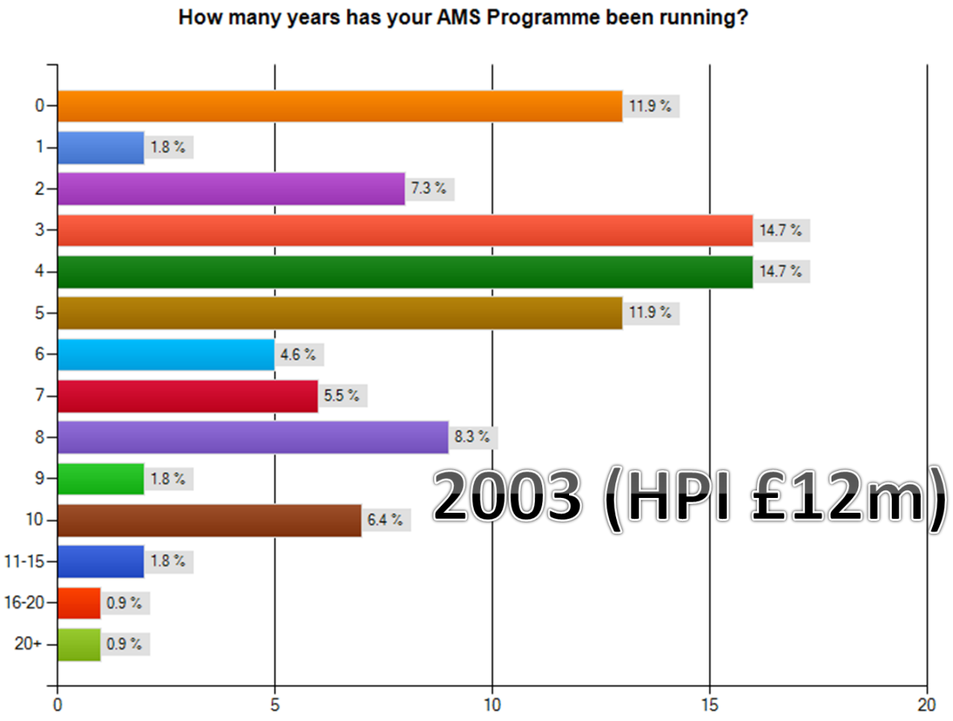
Methods

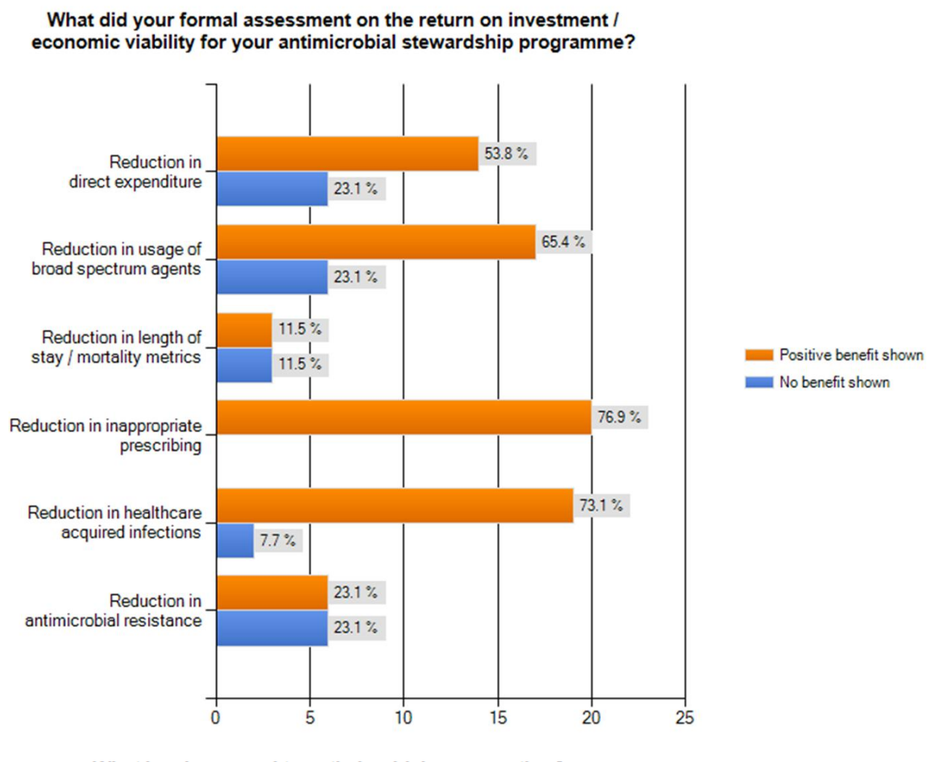
A 43 questions survey was developed and tested using robust survey methodology, then refined - piloting in 11 countries across 6 continents - and disseminated worldwide.

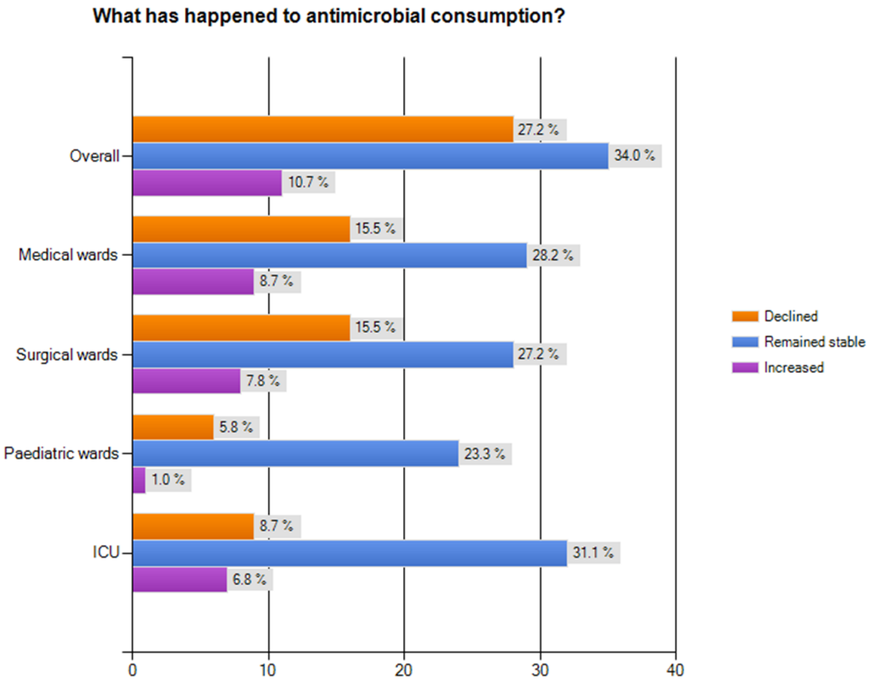
Results

There were from the UK: 109 England, 10 Scotland, 9 Wales & 3 Northern Ireland. Within the UK, 101 (79%) have an Antimicrobial Stewardship Programme (ASP). The main barriers were lack of information technology and lack of personnel. In the 22 (17%) that plan to develop an ASP the main barrier was lack of funding. Main ASP objectives were to reduce healthcare acquired infection (91%), improve outcomes (57%), resistance (47%) and reduce prescribing (46%). 70% have an AMS policy, 92% a formulary, 88% specific treatment and 83% prophylaxis guidance for all areas. AMS rounds exist in 86%, resulting in reductions of antimicrobial (ATM) use in 36%, increases in 14% and no changes in 50%.









Results cont.

Restriction of some antimicrobials occurs in 92% of hospitals: 84% restrict carbapenems, 88% quinolones, 91% cephalosporins. In 64% pharmacy follows up. 12% practice diversity of antimicrobials and 5% cycle antimicrobials. 92% of Antimicrobial Stewardships Programmes report antimicrobial usage; 31% link these data to resistance rates and 33% to infection rates. Only 6% have electronic prescribing for all patients.

The intranet is the most common communication method, followed by credit card, booklet, poster then smartphone app. All educate staff, mainly by with face to face induction followed by written information.

Of the 33% who have formally reviewed their antimicrobial stewardship programmes, 100% (15) showed reduction in inappropriate prescribing, 76% (19) in broad spectrum antibiotics use, 71% (15) in expenditure, 91% (21) in HCAI, 50% (3) in length of stay & 54% (7) in resistance.

Summary

Despite inherent limitations (e.g. response bias, unselected institutions, etc), this survey suggests antimicrobial stewardship can reduce antimicrobial resistance and expenditure.

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