

# Antibiotic therapy reassessment and its documentation : can virtual tools improve practices ?

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## Background

The **documentation of 48-72 hours antibiotic therapy reassessment** is one of the evaluation criteria of antibiotics good use of health facilities.



This item is only found in **30 to 50 %** of the patient's medical records, in the literature.

## Objectives

To assess **the documentation at 48-72-hours** of the antibiotic therapy reassessment in the medical records



To assess **the impact of antibiotic (ATB) awareness with virtual tools.**

## Material and methods

### 1 State of affairs

**AUDIT 48-72h antibiotic therapy reassessment's documentation in patient's records**

- Observational, retrospective, and monocentric
- Inclusion criteria : Adult, > 48h curative ATB treatment
- Audit grid by French Infectious Pathology Society

- 10 various units - 20 patient's records /unit



N = 200

### 2 Corrective actions

#### Prescription software

- Informative pop-up
- Reminding 48-72h reassessment in the medical record



#### Feedback

- Results presented to units
- Exchange with prescribers



#### Formation : E-learning

- Validated by hospital ATB commission
- 3 clinical cases
- Emphasizing on reassessment and its documentation



### 3 Evaluation and impact

Second audit to **assess the effects of actions.**

- Same methodology
- Prospective study

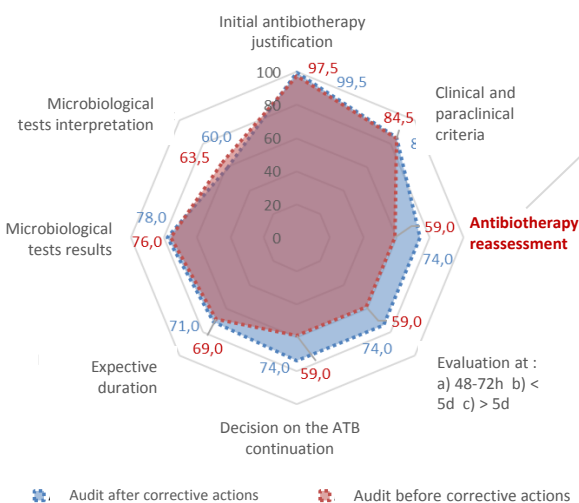


N = 200



## Results

### Compliance rate of the 8 audit grid items, before and after corrective actions (n = 2x200)



### Antibiotherapy reassessment's documentation in patient's records



Most prescribed ATB and reassessment rate (RR) per DCI (n = 233)

Top 3 prescribed ATB	RR before (%)	RR after (%)
Amoxicillin/clav	31,3 %	62,9 %
Levofloxacin	53,3 %	76,1 %
Amoxicillin	58,8 %	77,8 %

#### Feedback

8/10 units get a feedback of their results

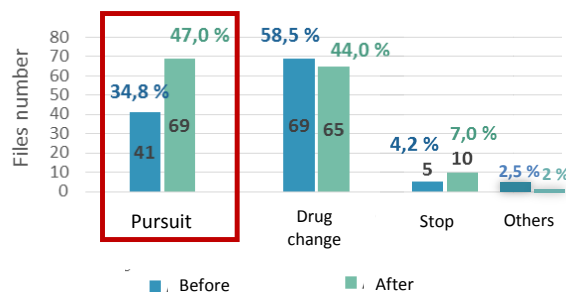
#### Formation : E-learning

137 physicians did the e-learning

Global satisfaction : 8/10

88 % appreciated the online format and would like to receive **other similar formation.**

### Reassessment consequence after corrective actions (n = 118-148)



## Conclusion

E-learning broadcasting and physician's awareness allowed a significant increase documentation of antibiotics reassessment between the two reporting periods. However, improvement of practice must be coupled with a long-term awareness to get a sustained impact of actions

