

A cross-sectional survey of antimicrobial stewardship strategies in UK hospitals

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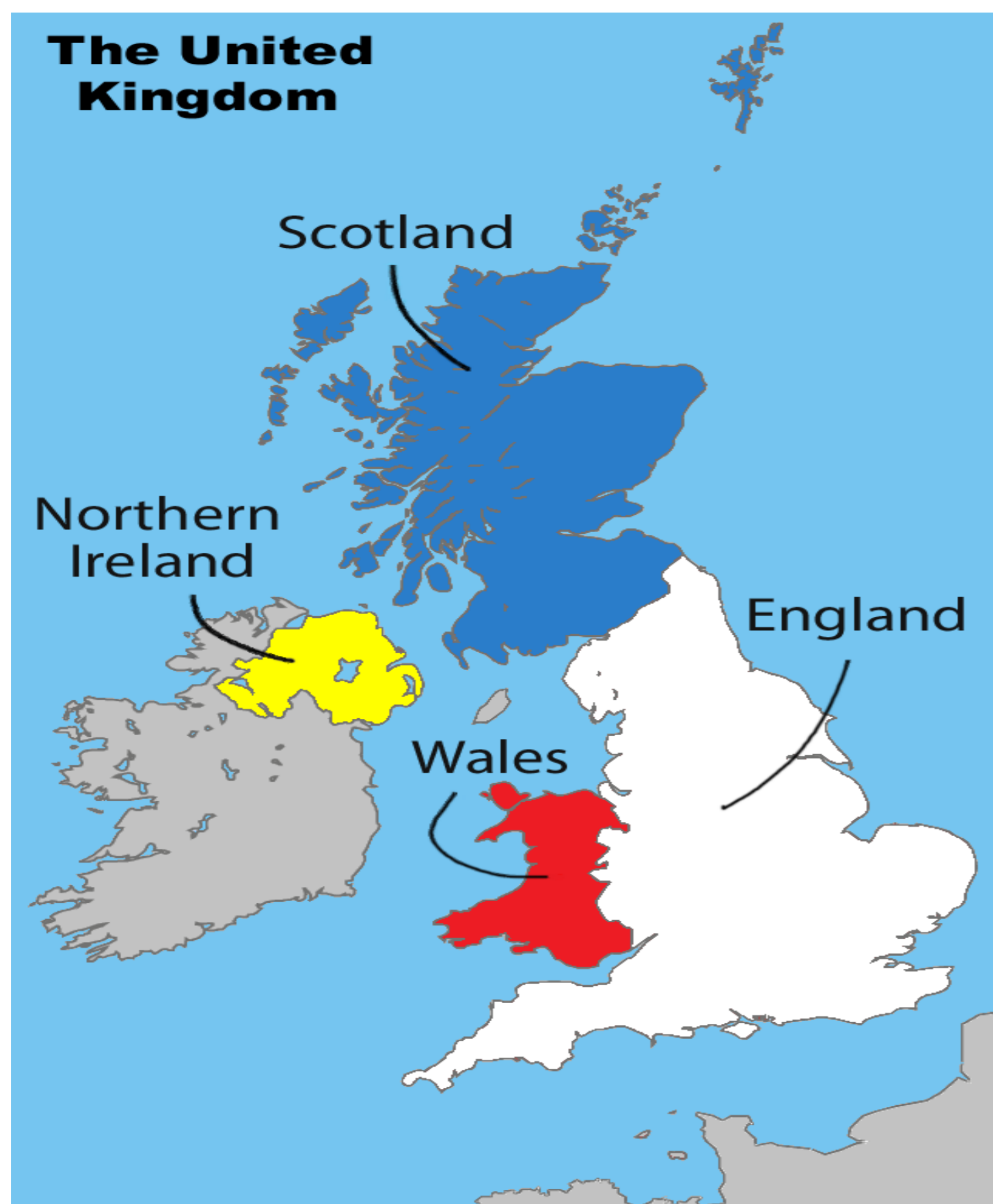
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Background

- Antimicrobial stewardship programmes describe strategies to optimise antimicrobial prescribing and utilisation, minimise resistance and improve patient outcomes.
- Programmes were established to combat increasing antimicrobial resistance and the need for a co-ordinated, strategic approach.
- Strategies in hospitals are usually implemented by multidisciplinary antimicrobial teams (AMTs).
- Study objectives were to describe the profile and activities of AMTs, their prescribing policies, and methods of monitoring and feedback to promote policy adherence.

Method

- Pre-piloted questionnaire mailed to the "Pharmacist in-charge" in all UK hospitals (n=836).
- Questionnaire comprised 5 sections on: the AMT, antimicrobial prescribing policies, measurement of policy adherence, non-medical prescribing of antimicrobials and hospital demographics.
- Non-respondents were mailed up to 2 reminders.
- Results analysed using SPSS and Minitab.



Profile of teams

- ❖ 82% (n=186) reported the presence of an AMT.

Most commonly reported members of AMT

Consultant medical microbiologists (97%)
Antimicrobial pharmacists (95%)
Infection control managers (60%)

Least commonly reported members of AMT

Specialist public health pharmacists (2.7%)
Patient representatives (5.9%)

Activities of teams

- ❖ All AMTs formulated an antimicrobial policy.
- ❖ Other activities were:

- ✓ Promoting adherence to the antimicrobial policy
- ✓ Reviewing and tailoring national policy for local use
- ✓ Reviewing new indications for antimicrobials available
- ✓ Restricting prescribing of specific antimicrobials
- ✓ Ensuring a strategy in place for education and training of healthcare professionals.

Hospital antimicrobial prescribing policy

- ❖ 98% reported an antimicrobial prescribing policy, with aims of:
 - ✓ Encouraging appropriate prescribing of indicated antimicrobials
 - ✓ Encouraging prescribing of antimicrobials at correct dose, frequency and duration
 - ✓ Reducing the incidence of *C difficile*.

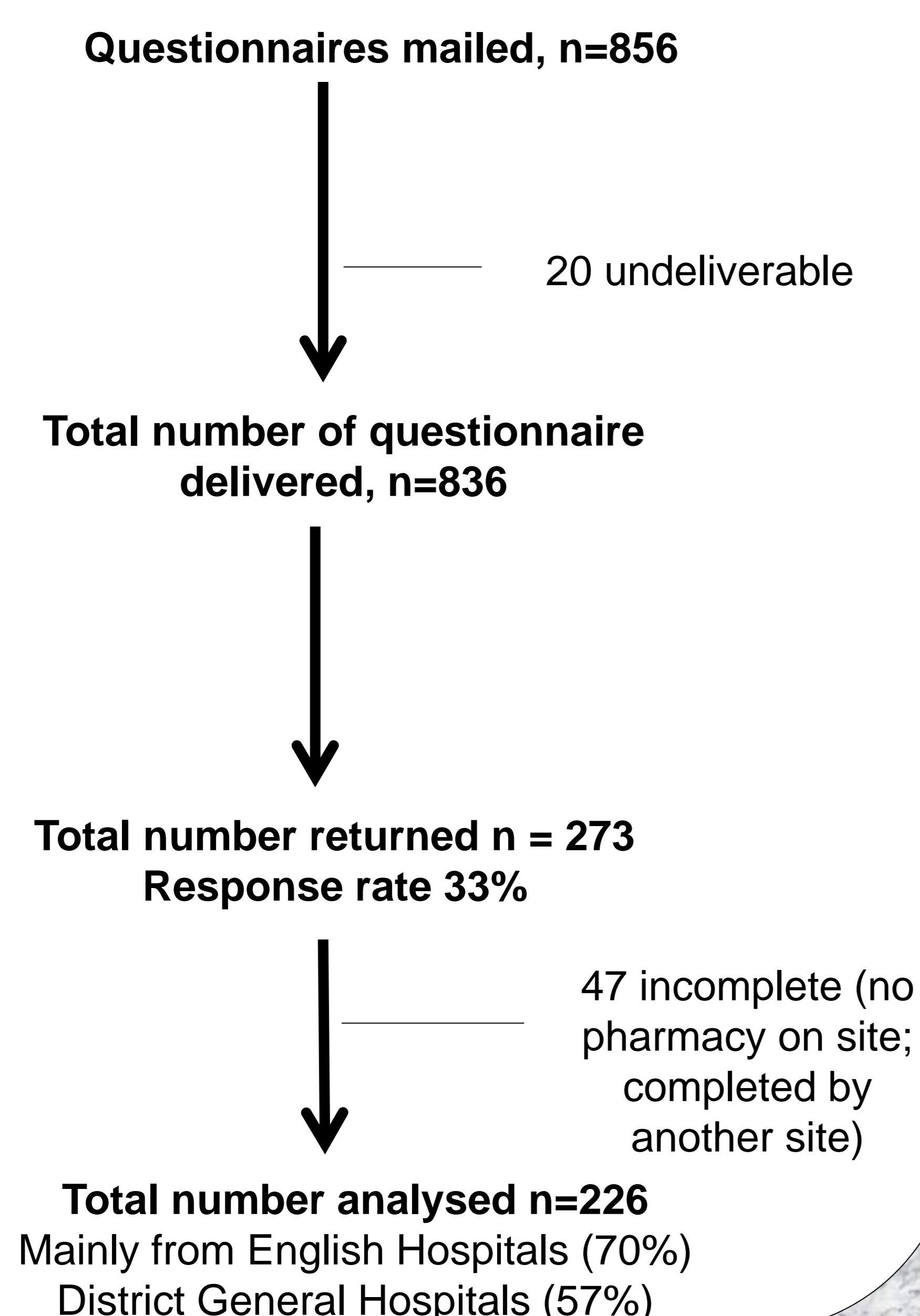
Policy dissemination

- ❖ Policy mainly disseminated (98%) and updated (92%) electronically.
- ❖ Only 7% disseminated via portable devices such as mobile phones.

Policy adherence

- ❖ Monitored mainly via audits of appropriateness of antimicrobial prescribing (76%).
- ❖ Feedback on adherence provided mainly at the level of ward team prescribing (62%) rather than individual prescribers (33%).
- ❖ Only 29% reported feedback of local resistance patterns to prescribers.
- ❖ There was a significant association between presence of an AMT and audits taking place (p<0.001).

Results



Conclusions

- Generalisability may be limited by low response rate and bias of self-reported data
- AMTs are likely to be providing the required expertise with prominent roles held by key stakeholders including microbiologists and antimicrobial pharmacists
- There may be a need to review composition of teams in the light of independent and supplementary prescribers by non-medical prescribers such as nurses, physiotherapists and pharmacists
- Almost all reported an antimicrobial policy but less reported an AMT. This indicates that further improvement in antimicrobial stewardship programmes are required, despite various government initiatives (1,2,3,4).

References

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