

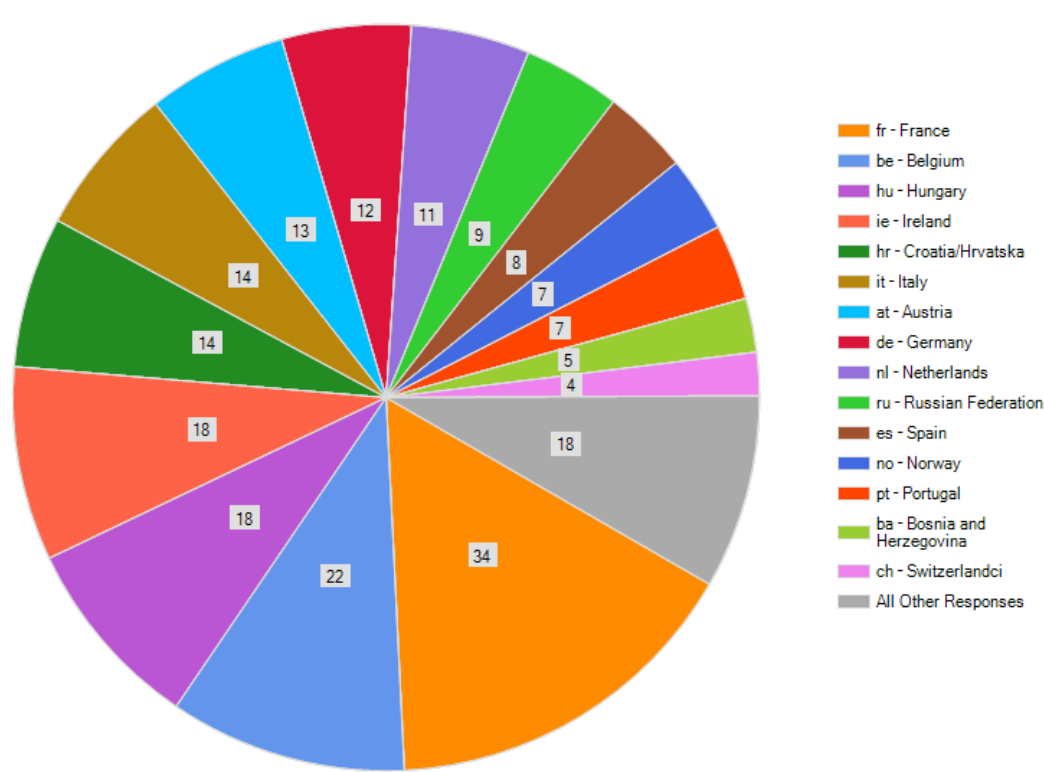
# CPC-059 First Global Antimicrobial Stewardship Survey – interim analysis of non-UK European data

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## Objectives

Antimicrobial stewardship (AMS) has been surveyed at national and continental level, but never at a global level. The 2011 ECCMID Guidelines & Policies Working Group (ESGAP) supported a worldwide survey of AMS

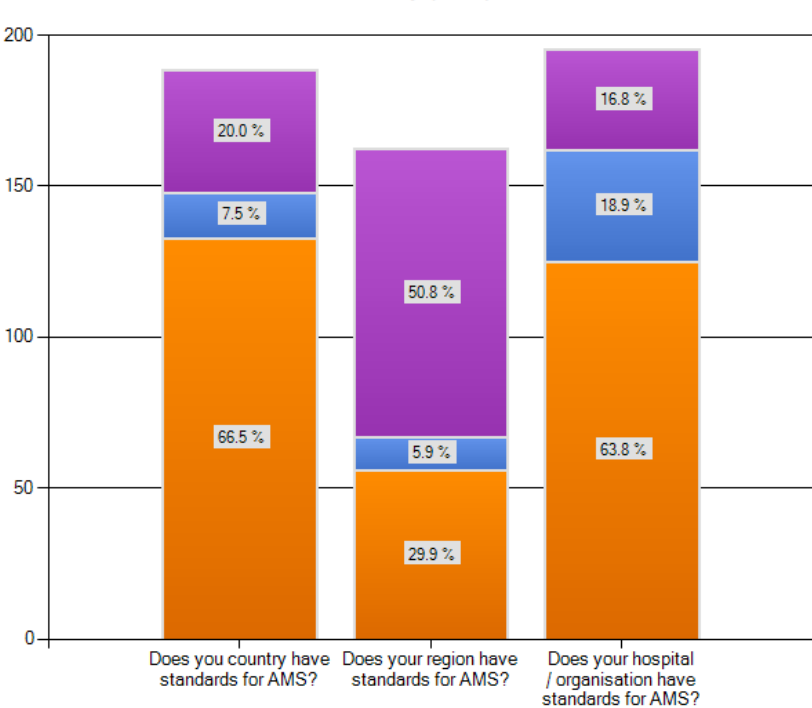
What country are you from?



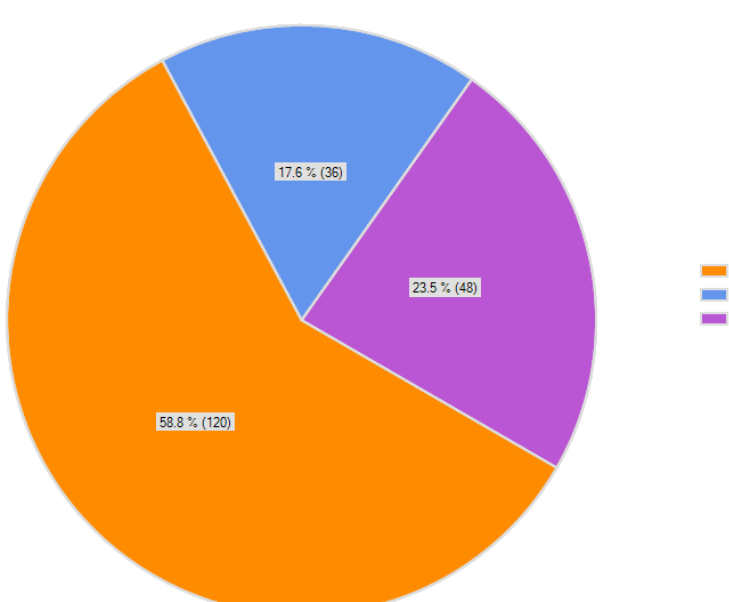
## Methods

A literature search was undertaken to identify published surveys and standards for antimicrobial stewardship. A draft survey was developed from these results using the good practice methodology[1] [2] [3]. The pilot survey was tested in 11 countries in 6 continents using SurveyMonkey© software. An initial collecting period of 5 weeks was selected. The survey was disseminated through microbiology, infectious diseases and pharmacy networks & websites.

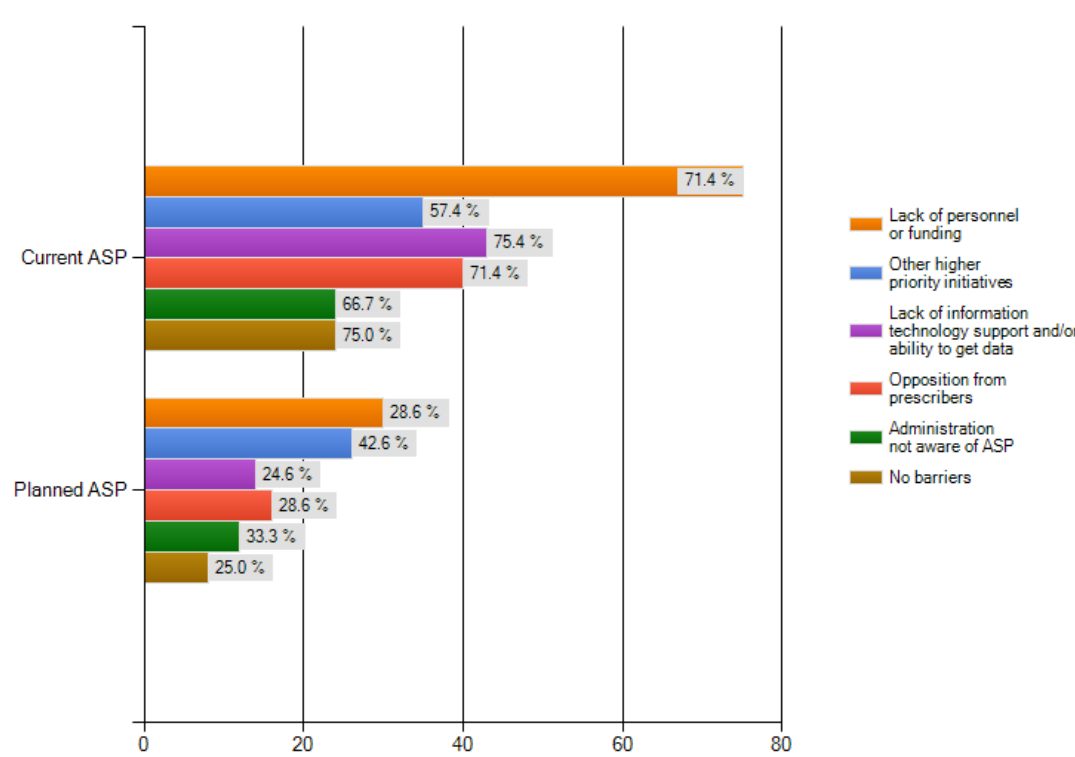
Do you have national, regional or local standards for antimicrobial stewardship (AMS)?



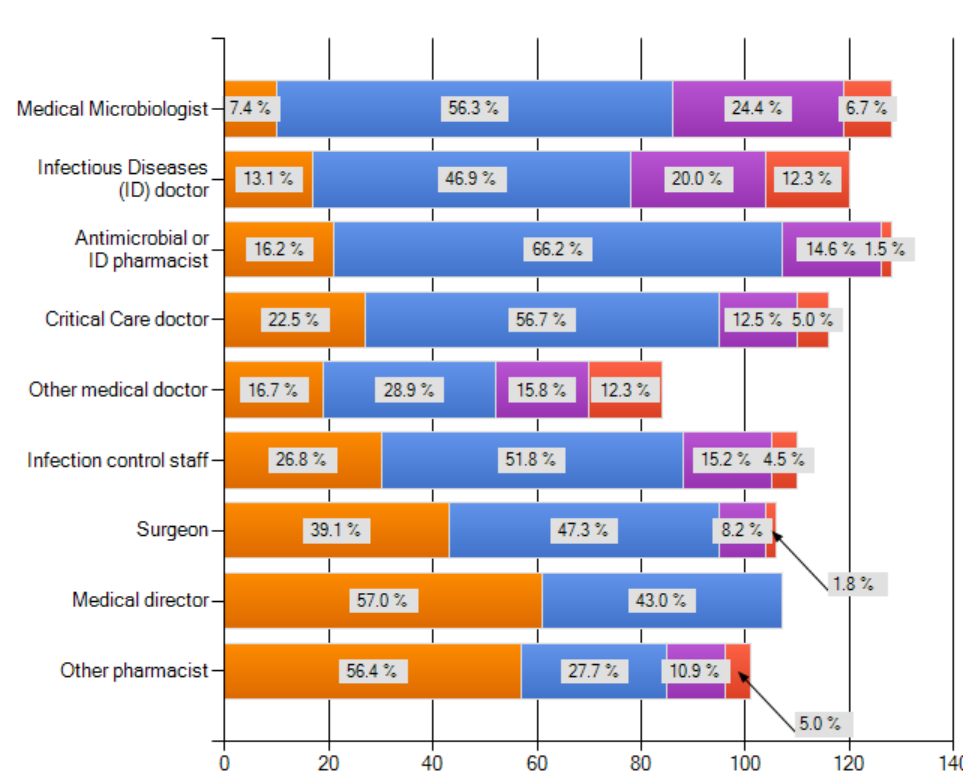
Do you have an Antimicrobial Stewardship Programme?



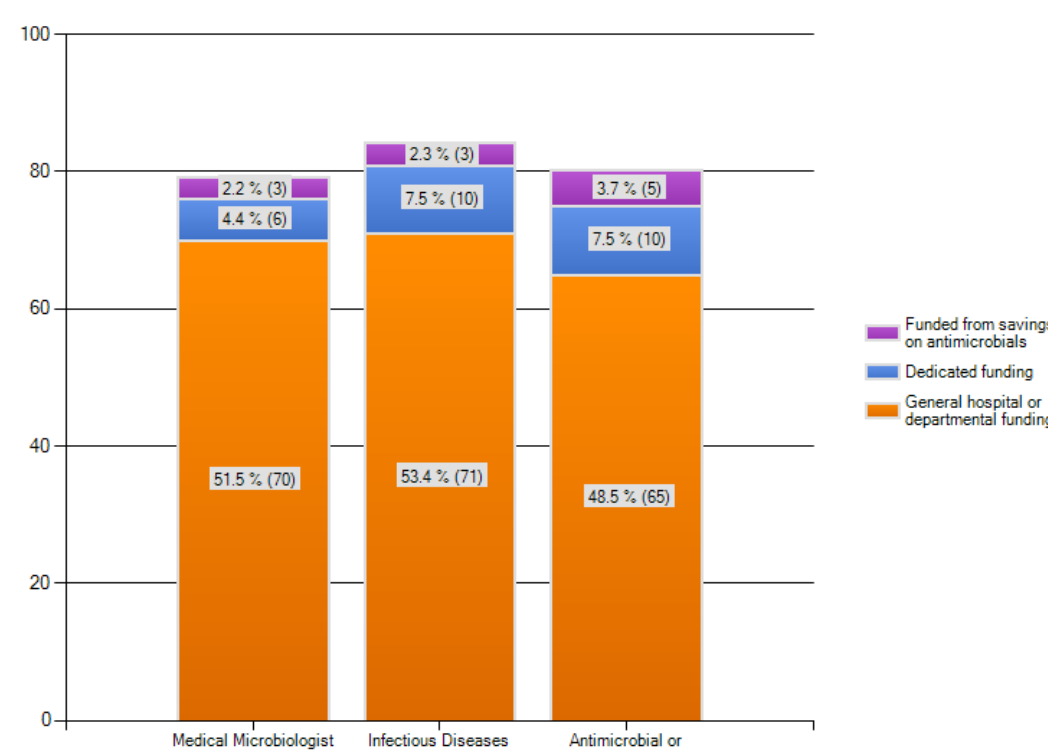
What are the barriers to you providing a functional and effective antimicrobial stewardship program (ASP)?



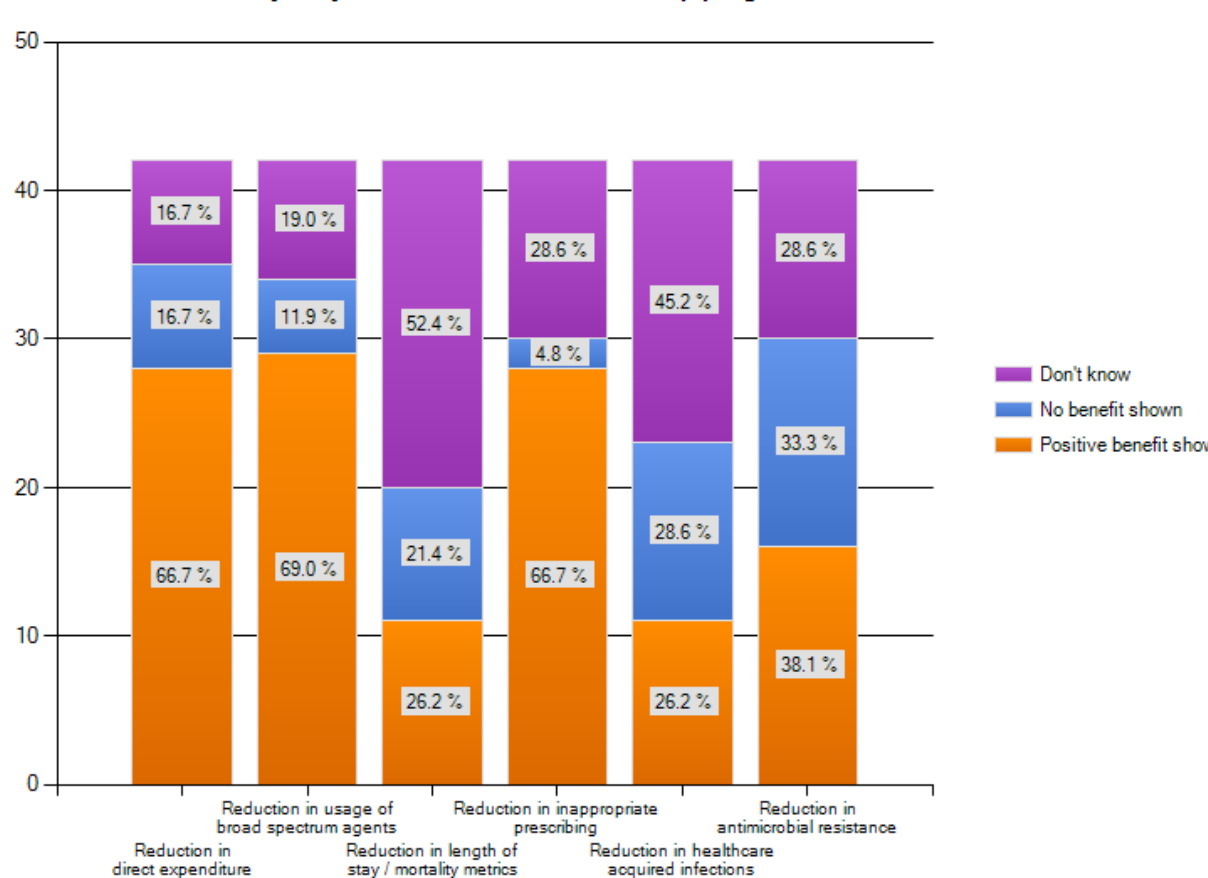
What is the (planned or actual) membership of your Antimicrobial Stewardship Committee? Please select a number.



How is (or will) your Antimicrobial Stewardship team funded?



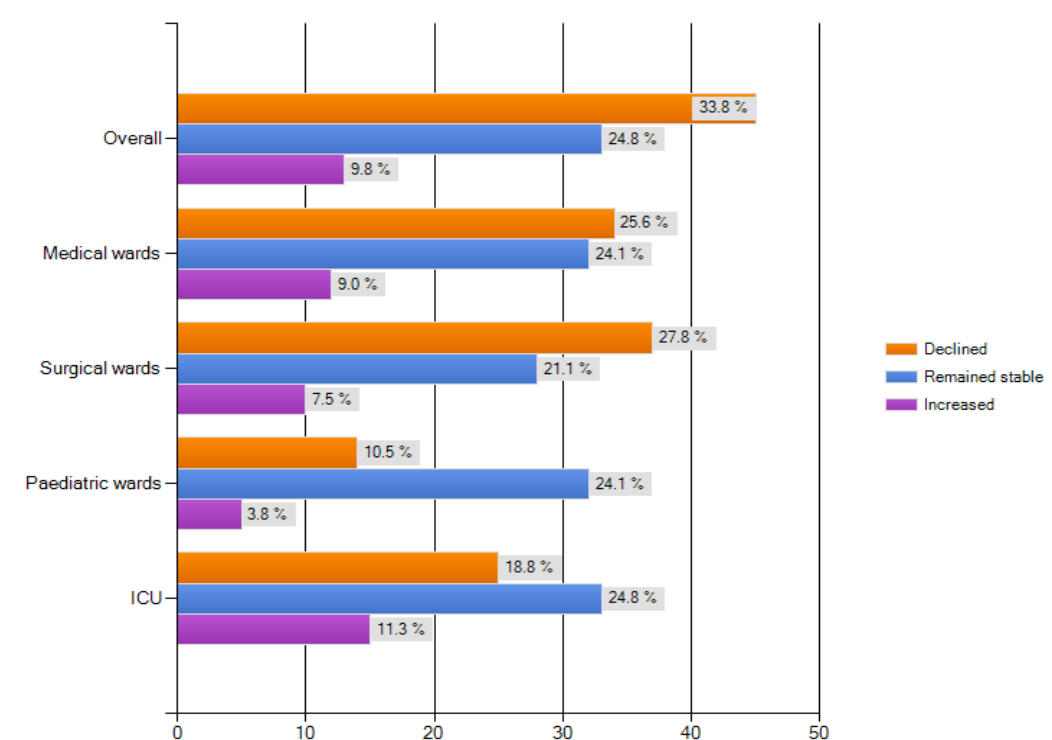
What did your formal assessment on the return on investment / economic viability for your antimicrobial stewardship programme?



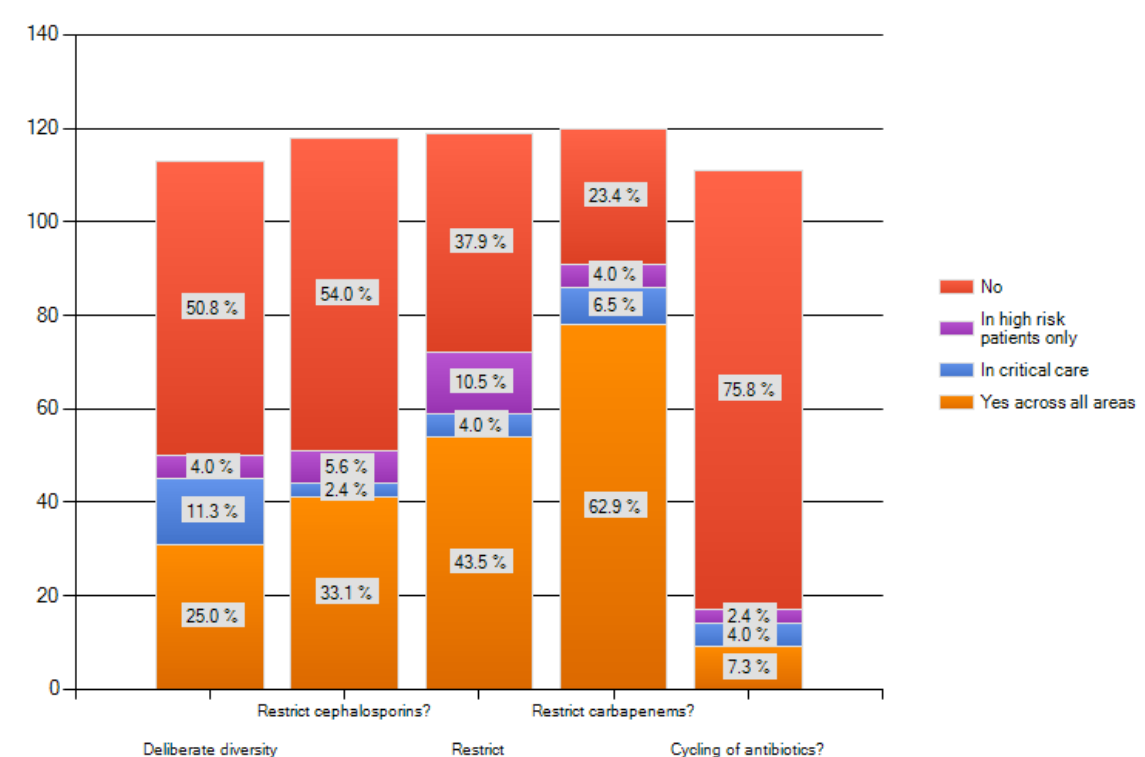
## Results

By the initial deadline, 513 hospitals worldwide had entered data, with 298 from Europe. 27 countries entered data from Europe, with the most from the United Kingdom (UK) (range: 1 to 122; average 11; mean 4). Of the non-UK European responses: 41% were completed by pharmacists, 51% were tertiary teaching hospitals & 22% district hospitals. 65% of hospitals had AMS standards & 19% were planning them. 74% had an AMS Committee, 58% had an AMS Programme in place & 25% had one planned. Lack of Information technology was the main barrier. Antimicrobial or infectious diseases pharmacists were present in 86% of AMS committees. On average, there was 8 hours per week of pharmacist time for AMS in the 75 responses. 80% have a antimicrobial formulary, 69% guidelines, 58% restriction, 40% day 3 review, 50% IV to oral switch guidance & 57% have dose optimisation on request. 61% have AMS ward rounds mainly on intensive care & medicine. 34 centres have formally assessed their AMS programmes and have shown reductions in expenditure, broad spectrum & inappropriate prescribing

What impact did your AMS ward rounds show?



Do you practice antibiotic diversity (using a broad range of antibiotic classes to minimise resistance) or antimicrobial cycling (changing empirical treatment on a regular basis)?



## References

- Kelley, K., et al., Good practice in the conduct and reporting of survey research. Int J Qual Health Care, 2003. 15(3): p. 261-6.
- Burns, K.E., et al., A guide for the design and conduct of self-administered surveys of clinicians. CMAJ, 2008. 179(3):245-52.
- Eysenbach, G., Improving the quality of Web surveys: the Checklist for Reporting Results of Internet E-Surveys (CHERRIES). J Med Internet Res, 2004. 6(3): p. e34.

## Summary

AMS appears to be well developed in many parts of Europe, and involves pharmacists