






Sur le chemin des infirmiers de pratique avancée en infectiologie

Ollivier Yann – IDE Référent infectieux – CH Libourne

Déclaration de liens d'intérêt avec les industries de santé en rapport avec le thème de la présentation (loi du 04/03/2002) :

Intervenant : OLLIVIER/Yann

Titre : Sur le chemin des infirmiers de pratique avancée en infectiologie

- | | | | | |
|--|-------------------------------------|-----|-------------------------------------|-----|
|  Consultant ou membre d'un conseil scientifique | <input type="checkbox"/> | OUI | <input checked="" type="checkbox"/> | NON |
|  Conférencier ou auteur/rédacteur rémunéré d'articles ou documents | <input type="checkbox"/> | OUI | <input checked="" type="checkbox"/> | NON |
|  Prise en charge de frais de voyage, d'hébergement ou d'inscription à des congrès ou autres manifestations | <input type="checkbox"/> | OUI | <input checked="" type="checkbox"/> | NON |
|  Investigateur principal d'une recherche ou d'une étude clinique | <input type="checkbox"/> | OUI | <input checked="" type="checkbox"/> | NON |
|  Etudiant au D.U. infirmier en thérapeutique anti-infectieuse – promotion 2021-2022 | <input checked="" type="checkbox"/> | OUI | <input type="checkbox"/> | NON |

Bon Usage des Antibiotiques

Antibio'Malin

Les antibiotiques : soyons malins, utilisons-les mieux !

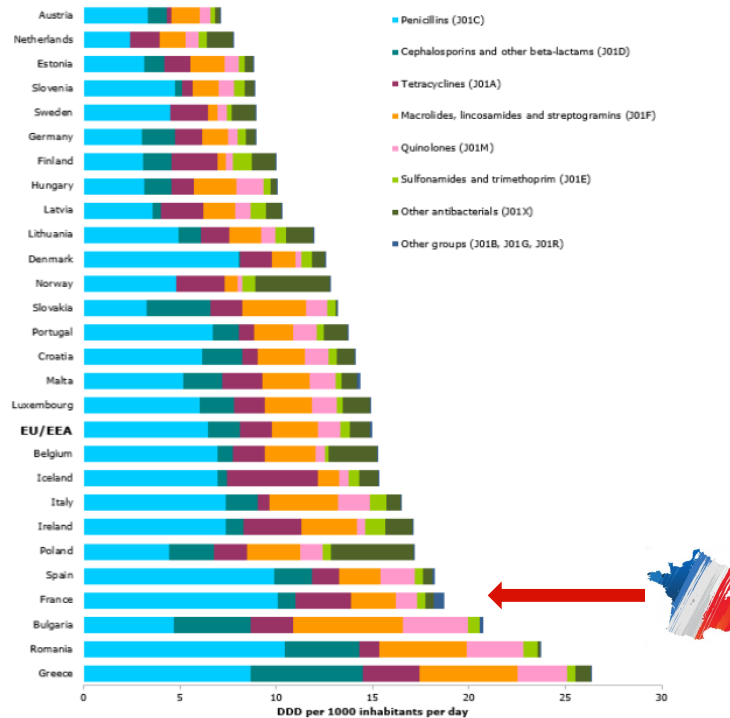


LES ANTIBIOTIQUES
PRENEZ-LES COMME IL FAUT
ET UNIQUEMENT QUAND IL LE FAUT !

les
ANTIBIOS
juste
ce qu'il faut



Figure 2. Community consumption of antibacterials for systemic use (ATC group J01) at ATC group level 3, by country, EU/EEA, 2020 (expressed as DDD per 1 000 inhabitants per day)



EU/EEA refers to the corresponding population-weighted mean consumption based on the reported community data for 2020 (27 countries).

Ex d'antibiogramme – Bactériémie à *E. cloacae*

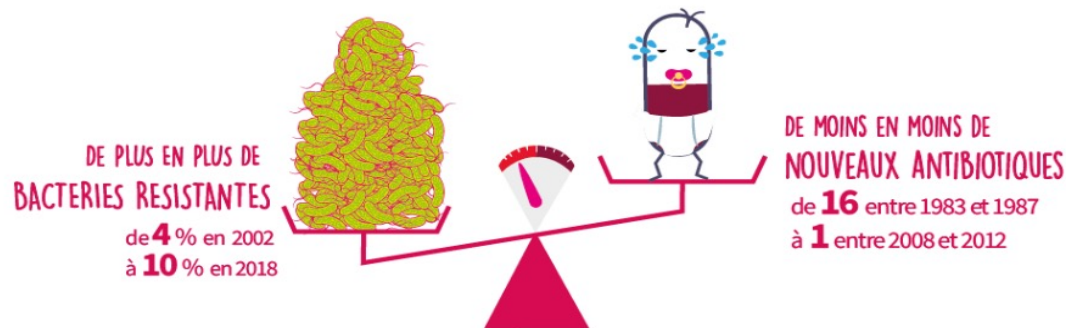
Germe étudié : *Enterobacter cloacae*

ANTIBIOTIQUES	SPECIALITES	RESULTATS	CMI
Bétalactamines			
Amoxicilline	AMOXICILLINE (Ora, Inj)	Résistant	
Amoxicilline/ac. clavulanique	AMOX+CLAV (O/Inj)	Résistant	
Pipéracilline	PIPERACILLINE(Inj)	Résistant	
Pip/Tazo	TAZOCILLINE (Inj)	Résistant	
Céfotaxime	CLAFORAN (Inj)	Résistant	
Céftriaxone	ROCEPHINE (Inj)	Résistant	
Céfépime	AXEPIM (Inj)	Résistant	
Aztréonam	AZACTAM (Inj)	Résistant	
Méropénème		Sensible	0.19
Aminosides			
Gentamicine	GENTALLINE (Inj)	Sensible	
Amikacine	AMIKLIN (Inj)	Sensible	
Quinolones/Fluoroquinolones			
Acide nalidixique	Quinolones urinaires	Résistant	
Lévofloxacine		Résistant	
Autres			
Cotrimoxazole	BACTRIM (oral-inj)	Résistant	
Antibiotiques de deuxième intention			
Colistine	COLIMYCINE (INJ)	Sensible	0.25

Prévention de l'antibiorésistance

Priorité nationale

- Deux stratégies de lutte contre l'antibiorésistance :
 - Prévenir les infections et limiter la transmission des bactéries
 - Utiliser les antibiotiques à bon escient.



Pourquoi parle-t-on de bon usage ATB ?

- Qu'est-ce que le bon usage des ATB?
 - Utilisation responsable et appropriée des ATB
 - La bonne indication, la bonne molécule, à la bonne dose, selon une administration optimisée et la bonne durée de ttt
- **Objectif du bon usage ATB =**
 - Meilleure issue de traitement possible
 - Minimiser les conséquences des ATB – toxicité directe, sélection de résistance
 - Être coût-efficace

Rôle de 'infirmier·e dans le bon usage d'antibiotiques

SPECIAL FEATURE

Good Nursing Is Good Antibiotic Stewardship

Successful stewardship depends on nurses' ongoing vigilance.

WHITE PAPER



Redefining the Antibiotic Stewardship Team: Recommendations from the American Nurses Association/Centers for Disease Control and Prevention Workgroup on the Role of Registered Nurses in Hospital Antibiotic Stewardship Practices

Effective Date: 2017

Executive Summary

The purpose of this American Nurses Association/Centers for Disease Control and Prevention (ANA/CDC) White Paper is to inform registered nurses in the United States about the potential of antibiotic stewardship and facilitate their embracing an expanded and clearly recognized role in hospital antibiotic stewardship programs (ASPs) and activities. The White Paper is the result of a series of online meetings, culminating in a one-day live conference with a selection of nurses identified by ANA and CDC as having expertise and/or interest in antibiotic stewardship. The purpose of the workgroup is to explore how nurses can become more engaged and take a leadership role to enhance our nation's antibiotic stewardship efforts. The first part of the White Paper reviews ASPs and the current state of antibiotic resistance. The second section is a summary of the workgroup's discussions on current barriers to full nurse participation in ASPs; gaps in nurses' knowledge and education about antibiotic stewardship; and the use of antibiotics in the 21st century. The third part explores opportunities for nurses to add their expertise to our nation's ongoing stewardship efforts and offers recommendations for future nursing education.

While often used interchangeably, the terms "antibiotic" and "antimicrobials" are not the same. Microbes include bacteria, viruses, fungi, and parasites. Antimicrobials are agents against any of these. Antibiotics are agents that specifically target bacteria.

United States, with serious associated costs to this national crisis is a new antibiotics, both for the benefit of our approach, called antimicrobial stewardship. Numerous antibiotic-related programs. In this article, we use to flow: nurses are essential to the

infectious disease, nursing stewardship

It has referred to antibiotic resistance in public health.

WITHOUT RESISTANCE CRISIS working today can attest to it. Ailing, resistant organisms are a part of our daily lives. Bacterial resistance to antibiotics is a new phenomenon. St. Alexander's hospital and researcher in penicillin, famously warned in his speech for the Nobel Prize in Medicine. He was partly responsible for the death of his daughter. He was partly responsible for the death of his daughter. He was partly responsible for the death of his daughter.

ASPs, gaps in nurses' knowledge and education about antibiotic stewardship; and the use of antibiotics in the 21st century. The third part explores opportunities for nurses to add their expertise to our nation's ongoing stewardship efforts and offers recommendations for future nursing education.

Clinical Infectious Diseases

INVITED EDITOR

CLINICAL PRACTICE: Ellie J. C. Goldstein, Section Editor

The Critical Role of the Staff Nurse in Antimicrobial Stewardship—Unrecognized, but Already There

Richard N. Olson,¹ Rita D. Olson,² and Alfred Delia^{3,4}

¹Harvard Medical School, Massachusetts General Hospital, Boston, MA; ²Harvard Medical School, Boston, MA; ³Harvard Medical School, Boston, MA; ⁴Harvard Medical School, Boston, MA

An essential participant in antimicrobial stewardship has been unrecognized and underutilized in the "staff nurse" role of staff nurses has not formally been recognized in guidelines for implementing and operating antimicrobial stewardship programs (ASPs) or defined in the medical literature; they have always performed numerous functions that are integral to successful

Available online at www.sciencedirect.com



Journal of Hospital Infection

Journal homepage: www.elsevier.com/locate/jhin



Empowerment of nurses in antibiotic stewardship: a social, ecological qualitative analysis

L.H. Wong^{a,b}, M.A. Bin Ibrahim^{a,b}, H. Gusu^{a,b}, A.L.H. Kwa^{c,d}, L.H.W. Lum^{e,f}, T.M. Ng^g, J.S. Chung^{h,i}, J. Soman^j, D.C.B. Lye^{k,l,m}, A. Chow^{n,o}

^aDepartment of Clinical Epidemiology, Office of Clinical Epidemiology, Analytics, and Knowledge, Tan Tock Seng Hospital, Singapore; ^bInfectious Disease Research and Training Office, National Centre for Infectious Disease, Singapore; ^cDepartment of Pharmacy, Singapore General Hospital, Singapore; ^dProgramme in Emerging Infectious Diseases, Duke-NUS Medical School, Singapore; ^eDivision of Infectious Diseases, National University Hospital, Singapore; ^fYong Loo Lin School of Medicine, National University of Singapore, Singapore; ^gDepartment of Pharmacy, Tan Tock Seng Hospital, Singapore; ^hDepartment of Infectious Diseases, Singapore General Hospital, Singapore; ⁱDepartment of Infectious Diseases, Tan Tock Seng Hospital, Singapore; ^jLee Kong Chian School of Medicine, Nanyang Technological University, Singapore; ^kDepartment of Psychology, School of Social and Health Sciences, James Cook University, Singapore Campus, Singapore

ARTICLE INFO

Article history

Received 30 June 2020
Accepted 1 September 2020
Available online 4 September 2020

Keywords

antibiotic stewardship
antimicrobial resistance
hospitals
empowerment

SUMMARY

Background: Appropriately antibiotics use and antimicrobial resistance (AMR) are increasingly becoming global health issues of great concern. Despite the established antibiotic stewardship programmes (ASPs) in many countries, limited efforts have been made to engage nurses and clearly define their roles in ASPs. Aim: An exploratory qualitative study was conducted to understand the facilitators and barriers that impact nurses' involvement and empowerment in antibiotic stewardship. Methods: Focus group discussions (FGDs) were conducted with purposively sampled nurses from three major public hospitals in Singapore. FGDs were audio-recorded and transcribed verbatim. Data were analysed using Applied Thematic Analysis and interpreted using the Social Ecological Model. Findings: At the interpersonal level, nurses felt empowered in carrying out their role in antibiotic administration. They saw themselves as gatekeepers to ensure that the prescribed antibiotics were administered appropriately. However, nurses felt they lacked the knowledge and expertise in antibiotic use and AMR prevention. At the interpersonal level, this deficit in knowledge and expertise in antibiotic use impacted how they were perceived by patients and caregivers as well as their interactions with the primary care team when voicing outpatient safety concerns and antibiotic administration suggestions. At the organizational level, nurses relied on drug administration guidelines to ensure appropriate antibiotic administration and as a safety net when physicians questioned their clinical



Received 20 June 2021 | Revised 12 November 2021 | Accepted 8 December 2021
DOI: 10.1016/j.jhin.2021.12.004

REVIEW

Nurses' perceptions of their role in antimicrobial stewardship within the hospital environment. An integrative literature review

Kirsty Davey BA, BSc, Staff Nurse | Helen Aveyard PhD, PDCe, MA, BSc, RGN, Principal Lecturer

Integrating bedside nurses into antibiotic stewardship (AS) programmes has been recognized as an essential component of these work and have reported a general interest in enhancing an antibiotic stewardship role.

Review

Integrating bedside nurses into antibiotic stewardship: A practical approach

Elizabeth A. Monson PhD, MBA, RN, CIC^a, Pranita D. Tamra MD, MHSP^a, Sara E. Cosgrove MD, MS^a, Melissa A. Miller BSN, MD, MS^a and Valeria Fabre MD^b

^aAntibiotic Stewardship, Children's Mercy Hospital, Kansas City, Missouri; ^bDepartment of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Maryland; ^cDepartment of Medicine, Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, Maryland and ^dCenter for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, Rockville, Maryland

Received 6 December 2018; accepted 15 December 2018

Background: The reach of antibiotic stewardship (AS) activities to include nurses has recently been recognized as important for the success of antibiotic stewardship programs (ASPs) by the American Nurses Association (ANA) and the Centers for Disease Control and Prevention (CDC).^{1,2} Consequently, accrediting and federal agencies have issued calls for interdisciplinary AS perspectives, making the need for nursing participation.^{3,4} The growing number of position statements and endorsements for nurses as AS partners in co-managing for practical guidance of how to best integrate nurses into AS is lacking. Here, we present specific examples of the potential role of bedside nurses in AS activities and we provide a framework for integrating bedside nurses into AS activities.

Existing AS work by nurses

Work in long-term care settings focusing on the integration of nurses into ASPs to improve antibiotic use has proven successful across such examples can be found in the literature. A behavioral intervention targeting frontline nurses and providers, consisting of education about appropriate indications for urine culture and algorithms for clinical decision support, resulted in sustained reductions in

Author for correspondence: Elizabeth A. Monson, Email: emonson@cmh.edu; Valeria Fabre, Email: valeria.fabre@jhmi.edu.
© The authors 2021. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0/>).

© 2021 The Society for Healthcare Epidemiology of America. All rights reserved. This work is licensed under a Creative Commons Attribution 4.0 International License. For full terms of use, please go to the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>).



Journal of Clinical Nursing WILEY

AS) has traditionally been the domain of physicians and pharmacists. Recognition that successful stewardship that includes nursing staff. This stands as a clear role in antimicrobial stewardship. Five academic databases were searched. Whitmore and Kraft's method for ENTREQ guidelines have been adhered to. Working in partnership with other professionals is the role of the nurse within the patient safety issues and the need for a clear role to play in antimicrobial stewardship issues involved. Further clarity on how stewardship environments is required. It is also able to speak up in order to make policy and promote the overall effectiveness of management practices.

in nurse, nurse education, nurse role.

but, it is widely recognized that the overall stewardship has advanced this process (Monson et al., 2016). It is estimated that 200–50% of global (monson@cmh.edu, 2012) and 50 people die globally from infections caused by antibiotic resistance that have developed resistance

which permits use, distribution and reproduction

© 2021 The Society for Healthcare Epidemiology of America

Levenging nurses' experience into AS strategies
As part of their daily work, nurses perform a number of activities that influence antibiotic prescribing decisions. A comprehensive

This work © 2021 is owned by the U.S. Department of Health and Human Services (HHS) and is used with permission. Use of the logo is not an endorsement by HHS or CDC of any particular product, service, or enterprise.

812 Georgia Avenue, Suite 400
Silver Spring, MD 20910
www.nursingworld.org

* Corresponding author. Address: Department of Clinical Epidemiology, Office of Clinical Epidemiology, Analytics, and Knowledge, Tan Tock Seng Hospital, 11 Jalan Tan Tock Seng, 30843, Singapore. Tel: +65 6377 7077; fax: +65 6377 3957. E-mail: olr@tcsh.com.sg (A. Chow).

<https://doi.org/10.1016/j.jhin.2020.09.002>

0950-4288/20 © 2020 The Healthcare Infection Society. Published by Elsevier Ltd. All rights reserved.



The Critical Role of the Staff Nurse in Antimicrobial Stewardship—Unrecognized, but Already There

Richard N. Olans, Rita D. Olans, and Alfred DeMaria, Jr*

*Boston Health System, Inc., Massachusetts Hospital, Tufts Institute of Health Professions, School of Nursing, Boston, and *Boston University, Massachusetts Department of Health, Boston, Massachusetts, United States; Boston, Massachusetts

An essential participant in antimicrobial stewardship who has been unrecognized and underutilized is the “staff nurse.” Although the role of staff nurses has not formally been recognized in guidelines for implementing and operating antimicrobial stewardship programs (ASPs) or defined in the medical literature, they have always performed numerous functions that are integral to successful antimicrobial stewardship. Nurses are antibiotic first responders, central communicators, coordinators of care, as well as 24-hour monitors of patient status, safety, and response to antibiotic therapy. An operational analysis of inpatient admissions evaluates these nursing stewardship activities and analyzes the potential benefits of nurses’ formal education about, and inclusion into, ASPs.

Keywords: antimicrobial stewardship; antimicrobial stewardship program; antibiotic resistance; nursing; turnaround time.

The emergence and worldwide spread of antimicrobial resistance presents a global health crisis that both the US Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) have labeled a grave threat to human health [1]. The “perfect storm” of widespread antibiotic use, pharmaceutical industry retreat from new antibiotic development [2], and spread of antibiotic resistant organisms [3], combined with rapid, accessible international travel [4] has captured the attention of healthcare professionals, national governments, the media, and the public at large. The most immediately available strategy to address this problem is the utilization of currently available antibiotics and resources in the most judicious manner to achieve the best clinical results, while limiting the development and propagation of multi-drug resistant microorganisms.

Antimicrobial stewardship is such a programmatic approach to the thoughtful use of antibiotics [1] it is hoped that education of all healthcare providers, as well as the general public, about the rationale for antimicrobial stewardship will lead to a re-examination in the use of antibiotics that was felt to be unnecessary in an earlier time when antibiotics were regarded as abundant and effective “miracle drugs.” Although conceptual guidelines for the ideal use of antibiotics were published in 1946 [5], and warnings regarding resistance to antibiotics were promulgated as far back as 1939 and 1945 [7] formal antimicrobial stewardship programs (ASPs) have developed only in the last 15 years [6]. The major currently recognized stakeholders in ASPs include

pharmacy, infectious diseases, infection prevention, and microbiology professionals, with administrative (including financial and regulatory) support [9]. The sector currently absent from the formal organizational chart is nursing.

Repeatedly, in guidelines for the development of ASPs, broad-based, multi-disciplinary involvement is highlighted as an essential feature to achieve the goals of antimicrobial stewardship [10–12]. Brief mention of including staff nurses is made in these recommendations, but is limited to at most 3 or 4 sentences, in 2 articles from the United Kingdom and from Australia [13, 14] and in the Institute for Health Improvement/Centers for Disease Control and Prevention (IHACDC) Antibiotic Stewardship Driver Diagram and Change Package [15]. Comments to make about nursing functions. However, in the latter, the limited secondary drivers are not explicitly assigned or attributed to nurses, and in the 2 infection control journal articles, the interventions are described as “should be implemented” [14] or “could impact” [13] antimicrobial stewardship efforts. We assert that staff nurses are already participating in these activities, albeit not in an acknowledged or integrated fashion. Because of this exclusion, they cannot contribute most effectively to the diverse goals of ASPs. The unintentional mischaracterization of the participation of nurses in ASPs as only potential rather than actual has the additional unintended consequence of diverting nursing from those very activities the nurses need to understand as critical attributes of antimicrobial stewardship.

The dichotomy between the omission of nurses from formal ASP guidelines and the reality of daily nursing practice becomes obvious if one examines a negative progression through a typical inpatient hospital admission. Table 1 lists the antimicrobial stewardship activities involved in the care of patients, with the traditional stewardship stakeholders who are assigned responsibility or credit for their operational completion. On

Received 1 May 2015; accepted 4 August 2015; published online 17 August 2015.
Correspondence: R. N. Olans, Director of Infection Diseases, Boston Health System, Inc., Boston, Massachusetts (e-mail: r.olans@bhs.com; r.olans@tufts.edu).
Clinical Infectious Diseases • 2015;62(1):84–9

© The Author 2015. Published by Oxford University Press for the Infectious Diseases Society of America. All rights reserved. For permissions, e-mail: journals.permissions@oup.com. DOI: 10.1093/cid/civ267

84 • CID 2016;62 (3 January) • CLINICAL PRACTICE

Les IDE sont présents à toutes les étapes du parcours du patient

Table 1. Overlap of Nursing Activities With Function Attribution in Current Antimicrobial Stewardship Models

	Nursing	Microbiology	Case Management	Pharmacy	Infectious Diseases	Infection Control	Inpatient Physician	Administration
Patient admission								
Triage and appropriate isolation	•					•		
Accurate allergy history				•	•		•	
Early and appropriate cultures					•		•	
Timely antibiotic initiation								•
Medication reconciliation				•				
Daily(24 h) clinical progress monitoring								
Progress monitor and report			•		•		•	
Preliminary micro results and antibiotic adjustment		•		•				
Antibiotic dosing and de-escalation	•			•				
Patient safety & quality monitoring								
Adverse events	•			•	•			•
Change in patient condition					•			
Final culture report and antibiotic adjustment	•	•		•		•		
Antibiotic resistance identification	•	•						
Clinical progress/patient education/discharge								
IV to PO antibiotic, outpatient antibiotic therapy	•		•		•		•	
Patient education	•				•	•	•	
Length of stay	•		•		•		•	•
Outpatient management, long-term care, readmission	•		•		•	•		•

Abbreviations: IV, intravenous; PO, per os [oral].

Richard N. Olans Rita D. Olans Alfred DeMaria, Jr - The Critical Role of the Staff Nurse in Antimicrobial Stewardship — Unrecognized, but Already There - Clinical Infectious Diseases, Volume 62, Issue 1, 1 January 2016, Pages 84–89

Review

Integrating bedside nurses into antibiotic stewardship: A practical approach

Elizabeth A. Monsees PhD, MBA, RN, CIC[®], Pranita D. Tamma MD, MHS[†], Sara E. Cosgrove MD, MS[‡],
Melissa A. Miller BSN, MD, MS[†] and Valeria Fabre MD[§]

[†] Patient Care Services Research, Children's Mercy Hospital, Kansas City, Missouri; [‡] Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Maryland; [§] Department of Medicine, Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, Maryland and [¶] Center for Quality Improvement and Patient Safety, Agency for Healthcare Research and Quality, Rockville, Maryland

Elizabeth Monsees, Lori Popejoy, Mary Anne Jackson Brian Lee, Jennifer Goldman-
Integrating staff nurses in antibiotic stewardship: Opportunities and barriers. -
American Journal of Infection Control Volume 46, Issue 7, July 2018, Pages 737-742

WHITE PAPER



Redefining the Antibiotic Stewardship Team: Recommendations from the American Nurses Association/Centers for Disease Control and Prevention Workgroup on the Role of Registered Nurses in Hospital Antibiotic Stewardship Practices

Effective Date: 2017

Executive Summary

The purpose of this American Nurses Association/Centers for Disease Control and Prevention (ANA/CDC) White Paper is to inform registered nurses in the United States about the problem of antibiotic resistance and facilitate their embracing an expanded and clearly recognized role in hospital antibiotic stewardship programs (ASPs) and activities. The White Paper is the result of a series of online meetings, culminating in a one-day live conference with a selection of nurses identified by ANA and CDC as having expertise and/or interest in antibiotic stewardship. The purpose of the workgroup is to explore how nurses can become more engaged and take a leadership role to enhance our nation's antibiotic stewardship efforts. The first part of the white paper reviews ASPs and the current state of antibiotic resistance. The second section is a summary of the workgroup's discussions on current barriers to full nurse participation in ASPs, gaps in nurses' knowledge and education about antibiotic stewardship, and the use of antibiotics in the U.S. context. The third part explores opportunities for nurses to add their expertise to our nation's ongoing stewardship efforts and offers recommendations for future nursing education.

This white paper is provided by the US Department of Health and Human Services (HHS) and is not intended to constitute an endorsement by HHS or CDC of any particular product, service, or organization.

©2017 ANA/CDC. All rights reserved. For more information, visit www.ana.org or www.cdc.gov.

Pratiques prioritaires dans lesquelles les IDE pourraient jouer un rôle clé dans l'amélioration de la prescription d'antibiotiques :

- S'assurer des indications appropriées avant de faire un ECBU
- Pertinence des dépistages de *Clostridium difficile*
- Assurer une administration optimale des antibiotiques
- ...

Rôle IDE dans l'équipe mobile d'antibiothérapie :

- Pertinence des prélèvements microbiologiques (réalisation)
- Interprétation des résultats : colonisation/infection
- Aide à la désescalade et promouvoir le relai PO
- Investiguer les allergies
- Formation des IDE au BUA

American Nurses Association - White paper : Redefining the Antibiotic Stewardship Team:
Recommendations from the American Nurses Association/Centers for Disease Control and Prevention
Workgroup on the Role of Registered Nurses in Hospital Antibiotic Stewardship Practices (2017)

23^{es} JNI, Bordeaux du 15 au 17/06/2022

IDE référent infectieux

- **Fiche de poste créée par la PH infectiologue et la direction des soins**
- **IDE temps plein intégré à l'équipe d'infectiologie depuis février 2019**
 - Améliorer la politique du bon usage des anti-infectieux et apporter une réponse professionnelle adaptée auprès des équipes de soins
 - Actions tant au niveau des patients que du personnel soignant

Missions de l'IDE référent en infectiologie

Actions auprès des Patients hospitalisés et ambulatoires

- Education thérapeutique sur la prise des antiviraux et antibiotiques
- Suivi téléphonique des patients ambulatoires : observance et tolérance des traitements anti-infectieux
- Exploration des patients étiquetés « Allergique aux antibiotiques »
- Pose de Cathéters Midline si antibiothérapie intraveineuse > 7 jours
- Mise en place du Carnet de Vaccination Electronique pour les patients suivis à l'hôpital

Activité mobile d'infectiologie AMI

- Revue quotidienne des hémocultures positives et des antibiotiques de réserve
- Proposer des modalités d'administration des antibiotiques dans les différents services

Formations

- Dans les unités de soins
- A l'IFSI
- En EHPAD
- Création d'un DPC infectieux pour les IDE libéraux et d'EHPAD

Activités institutionnelles

- Campagnes de vaccination : grippe, semaine européenne de la vaccination, COVID
- Aide à la rédaction des protocoles anti-infectieux et aux audits
- Participation au staff infectieux hebdomadaire et aux réunions de la COMAI
- Recherche clinique

Centres Régionaux en Antibiothérapie – Equipe Multidisciplinaire en Antibiothérapie



Ministère des solidarités et de la santé

INSTRUCTION N° DGS/Mission antibioterapie/DGOS/PP2/DGCS/SPA/2020/79 du 15 mai 2020 relative à la mise en œuvre de la prévention de l'antibiorésistance sous la responsabilité des agences régionales de santé

Date d'application : immédiate

NOR : SSAP2012932J

Classement thématique : Santé publique

Validée par le CNP, 15 mai 2020 - Visa CNP 2020-38

Bon usage des antibiotiques : cahier des charges des Centres Régionaux en Antibiothérapie (CRA) et Equipes Multidisciplinaires en Antibiothérapie (EMA).

Rapport coordonné par P Pavese¹

Avec S Alifandari², H Aumaitre³, B Castan⁴, P Fascia⁵, E Forestier⁶, J Leroy⁷, V Mondain⁸, J Rambaud⁹, JP Stahl¹⁰

Mots-clés : bon usage des antibiotiques ; centre régional en antibiothérapie (CRA) ; équipe multidisciplinaire en antibiothérapie (EMA) ; ville/EM/ES ; CPas ; médecins généralistes (MG)

Rôles :

- Effecteurs de la politique de bon usage au niveau local (avis, formations...)
- Relations étroites avec antibioréférents (petits ES), les généralistes, les EMS
- Collaboration avec les EOH

Composition :

- **≥1 EMA par GHT** (selon taille des GHT)
- Rattachée à une équipe d'infectiologues de l'ES support
- **Trio : infectiologue – pharmacien – microbiologiste**
- **+ IDE formé(e) en infectiologie**
- **Moyens humains estimés :**
 - 1,5 ETP suppl/EMA (100 EMA existantes) pour les missions extra-hospitalières (+ 0,5 ETP/500 000 habitants)
 - 0,5 ETP microbiologiste
 - 0,5 ETP pharmacie
 - 1 ETP IDE formé(e) en antibiothérapie
 - 0,5 ETP secrétariat ou data-management

Financement pérenne souhaitable : ARS, conventions avec autres ES publics et privés



OBJECTIF 2 : Renforcer la formation des professionnels/administratifs de santé et du médico-social à la prévention des infections et de l'antibiorésistance

ACTION 13 : Renforcer la formation spécifique des professionnels des structures locales en charge des actions de prévention des infections et de l'antibiorésistance.

Pilotes : MSS/MMPIA et MSS/DGOS/RH1-RH2

Calendrier : à démarrer en 2022-2023

Enjeux : le dispositif actuel des équipes en charge de la prévention/contrôle de l'infection et du bon usage des antibiotiques s'appuie à la fois sur des professionnels formés (pour la PCI, en accord avec le référentiel métier publié en 2018 par la SF2H) via des formations complémentaires dans le cadre de la formation continue et sur des professionnels formés via la formation initiale (e.g. FST Hygiène - Prévention de l'infection, Résistance [HPIR] et DES Maladies Infectieuses et Tropicales).

13.3 Valoriser et encourager la formation des infirmiers ayant acquis une compétence particulière en prévention des infections et de l'antibiorésistance (par exemple : création d'un statut expert, spécialisé, infirmier en pratique avancée...) et rendre attractif leur positionnement dans ce champ de compétences.

● **Description** : concertation avec les représentants professionnels infirmiers et les employeurs pour explorer les leviers qui permettraient d'inciter à créer des postes dédiés au sein des structures de soins, ainsi qu'une nouvelle bonification indiciaire spécifique pour les IDE recrutés sur ces postes (dans la fonction publique hospitalière) (MSS/DGOS/RH2 en lien avec MSS/MMPIA).

● **Indicateur de suivi** : suivi annuel des effectifs d'IDE formés et des postes créés (MSS/DGOS/RH2).

STRATÉGIE NATIONALE 2022-2025 DE PRÉVENTION DES INFECTIONS ET DE L'ANTIBIORÉSISTANCE



AXE 2.

DU CITOYEN USAGER DU SYSTÈME DE SANTÉ
AU PROFESSIONNEL DU SECTEUR DE LA SANTÉ :
UNE CONTINUITÉ NÉCESSAIRE À LA PRÉVENTION
DES INFECTIONS ET DE L'ANTIBIORÉSISTANCE

Infirmier en Pratique Avancée – De quoi parle t'on ?

- IDE qui a secondairement acquis un **savoir spécialisé** au cours d'études supérieures de **niveau master**
- À la fois rôle d'**expert consultant**, de **leadership clinique** et d'**enseignant** auprès des soignants, des personnes soignées et de leurs proches.
 - Le leadership est utilisé ici dans le sens : « acteur de changement dans la complexité des situations rencontrées dans son domaine de compétence ». *
- Sont capables de prendre des décisions face à des **situations complexes**
- Disposent de compétences en pratique clinique pour une pratique des soins élargie.

* Ordre National Infirmier

IPA en France - Décret n° 2018-629 du 18 juillet 2018

- La pratique avancée recouvre des actes :
 - de dépistage, de prévention, de prescription d'examens complémentaires
 - de renouvellement et/ou adaptation de traitements médicamenteux
- **Formation universitaire – grade Master**
 - 1re année : tronc commun bases de l'exercice IPA
 - 2^e année : enseignements en lien avec la mention choisie
 - Possibilité d'entrée directement en 2^e année (20% en 2018)
- **Pour être IPA** : minimum 3 ans d'exercice d'IDE et exercer au sein d'une équipe de soins coordonnée par **un médecin**
 - 1^{ers} IPA diplômés en 2019 - Environ 1 000 IPA en 2022
 - Objectif : 5 000 en 2023

Domaines d'intervention des IPA en 2022

- 5 domaines d'intervention :
 - les pathologies chroniques stabilisées et les polyopathologies courantes en soins primaires
 - l'oncologie et l'hémo-oncologie
 - la maladie rénale chronique, la dialyse, la transplantation rénale
 - la psychiatrie et la santé mentale
 - les urgences
- Domaines d'intervention en cours de réflexion
 - Gériatologie
 - Médecine du travail
 - Hygiène / Prévention du risque infectieux
 - ...



Exemple de contributions et spécificités de l'IPA en prévention de l'infection et antibiorésistance



- **Contribuer à la revue de pertinence de l'antibiothérapie** sous supervision médicale notamment en EMS et dans la communauté
- Alerter les prescripteurs sur la **réévaluation de l'antibiothérapie** à 48h – 72 h et lors de la détection de BMR et BHRé
- **Consultation de suivi des patients** pris en charge pour une infection ostéo-articulaire ou une endocardite :
 - Suivi des dosages des antibiotiques et adaptation des posologies
 - Analyse des bilans de suivi
- **Consultation d'évaluation** du risque de transmission du BK lors d'un contage après découverte d'un cas fortuit d'une tuberculose dans un lieu de soin :
 - Etablir le listing de contage
 - Prescrire le prélèvement si nécessaire
- **Suivi et Prévention** du risque de surinfection des plaies cutanées chez les populations précaires.
- **Eduquer le patient** à l'observance thérapeutique

Protocole de coopération Médecins - Paramédicaux

- Permet la mise en place d'**actes dérogatoires** au regard des décrets de compétences de chacun.
- Elaborés par la HAS au **niveau national**.
- **Protocoles validés en infectiologie :**
 - Consultation Infirmier en médecine du voyage pour le conseil, la vaccination...
 - Consultation de santé sexuelle par l'infirmier en centre gratuit d'information, de dépistage et de diagnostic (CeGIDD)...
- Protocole régional : « **Consultation de suivi infirmier et accompagnement de la prise en charge des patients recevant un traitement anti-infectieux parentéral à forte dose à l'échelle du GHT - CHU RENNES** »

Conclusion - Sur le chemin des IPA en infectiologie

- **IDE expert en infectiologie : un réel besoin pour le BUA**
- **Des formations existent**
- **Aujourd'hui : Protocole de coopération**
- **Demain : IPA ?**





Promotion 2021-2022
D.U. infirmier en thérapeutique anti-infectieuse



✉ yann.ollivier@ch-libourne.fr