

Antibiotic Stewardship in ARPAC European Hospitals



I.M. Gould

F.M. MacKenzie, J. Bruce

ARPAC Steering Group

ESGAP

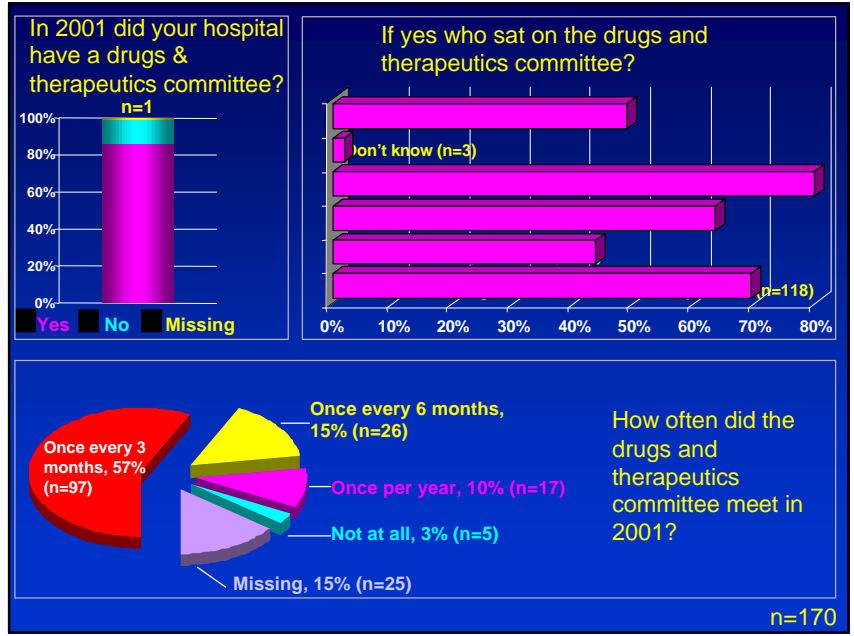


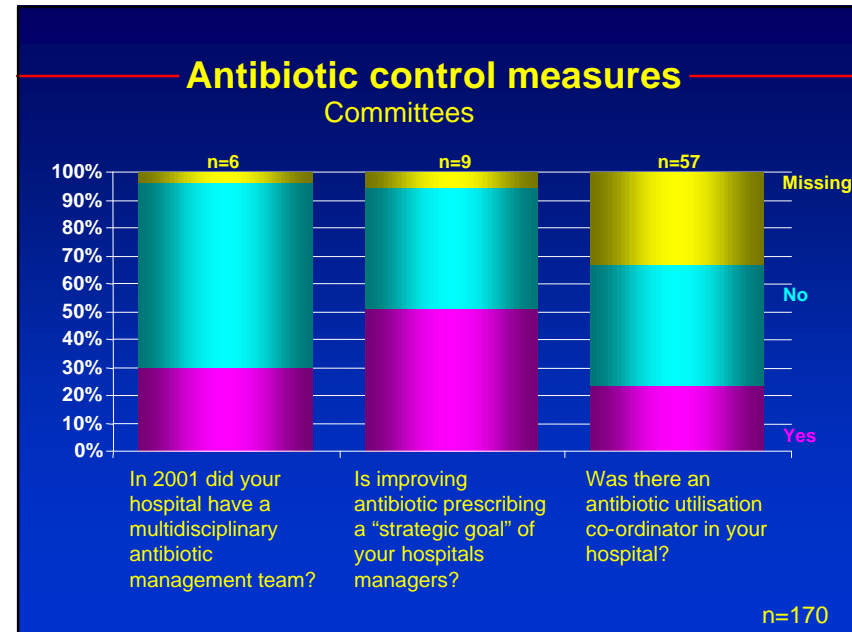
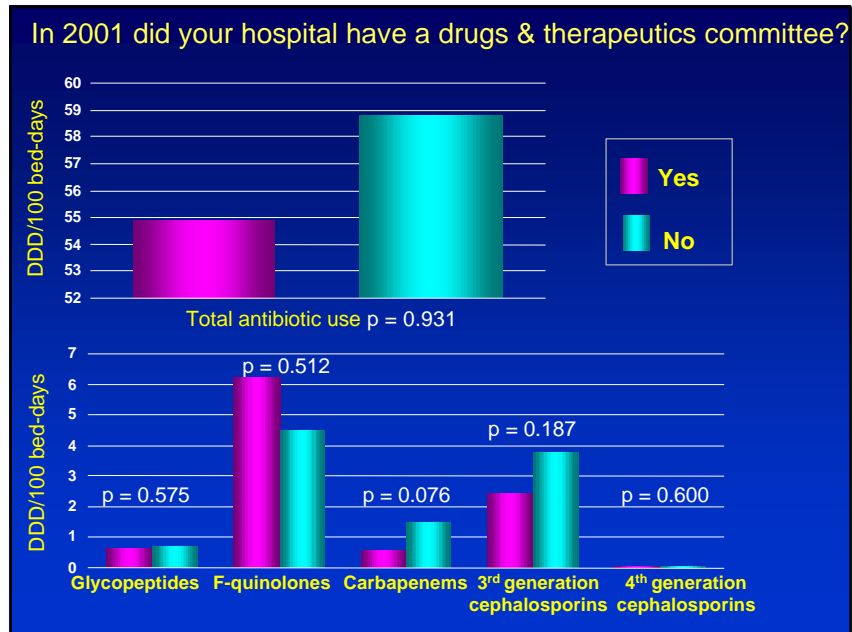
I.M. Gould

J. van der Meer, D. Monnet, B. Cookson,
V. Krcmery, F.M. MacKenzie



Committees



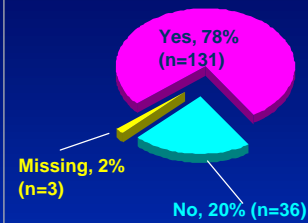


Formularies

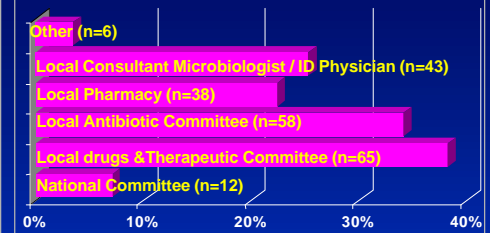
The juicy bits are on page 14.



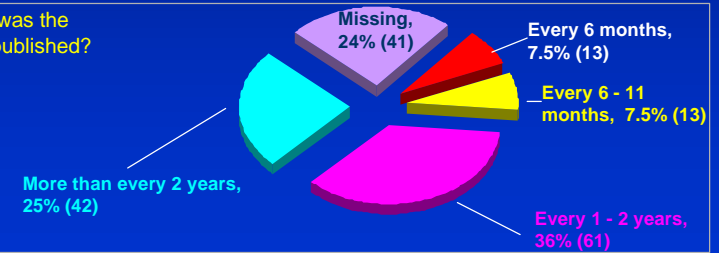
Did your hospital have a written antibiotic formulary in 2001?



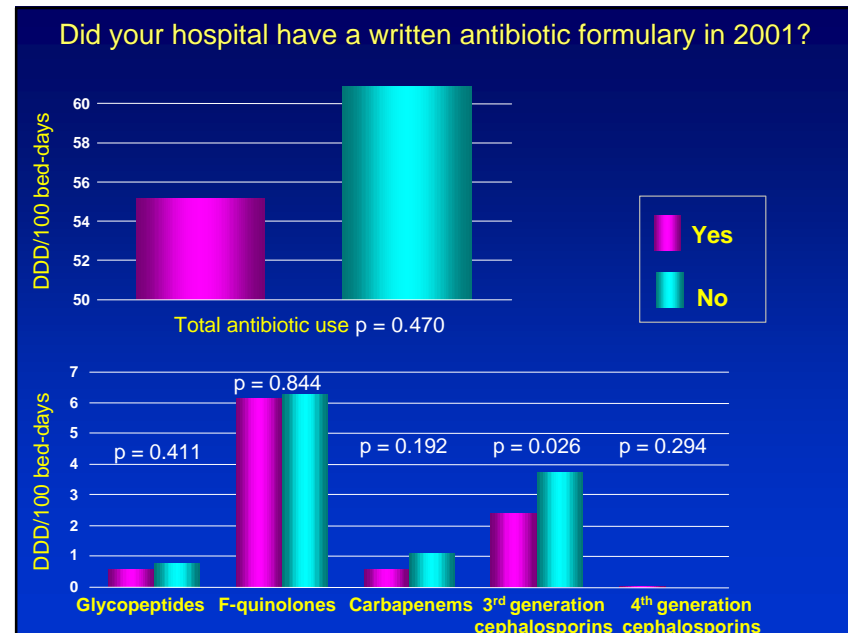
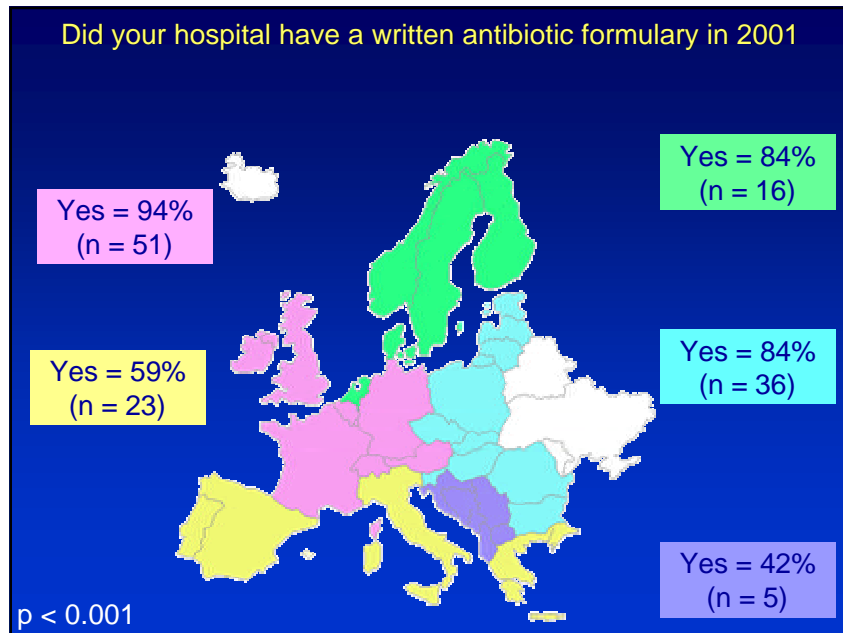
Who drew up and reviewed your antibiotic formulary?



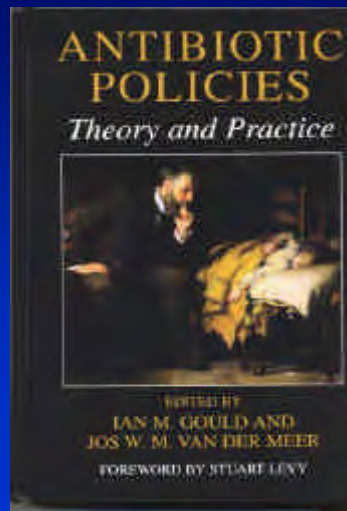
How often was the formulary published?



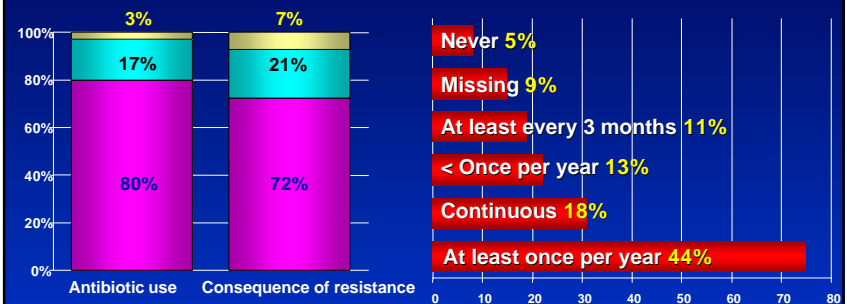
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Education

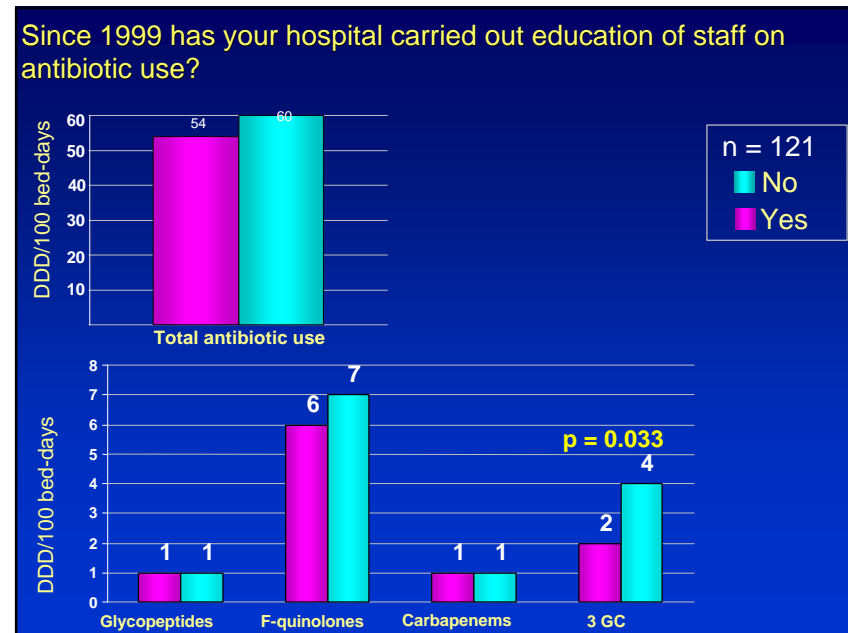
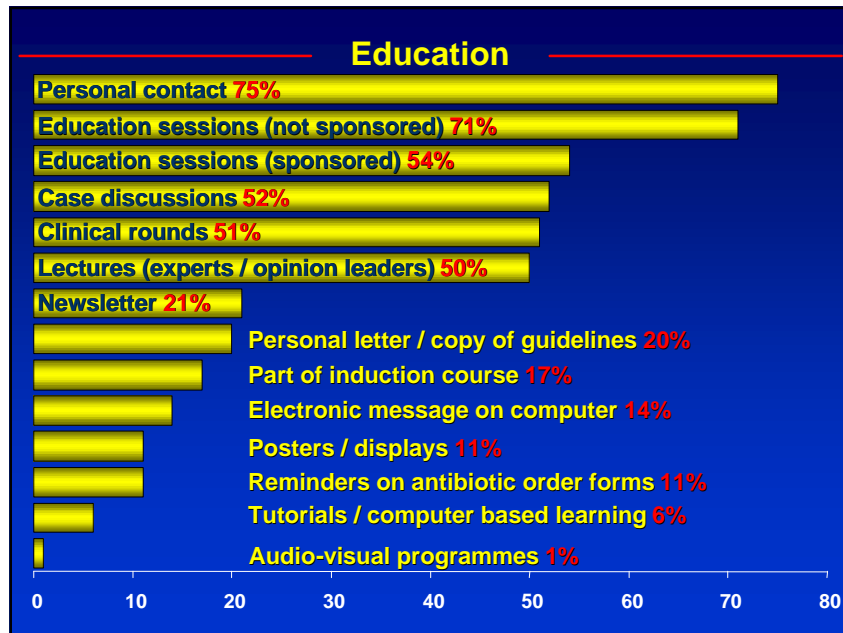


Education



- Implemented by microbiologists / ID / IC personnel in 86% of hospitals
- Initiated by pharmacists in 20% of hospitals

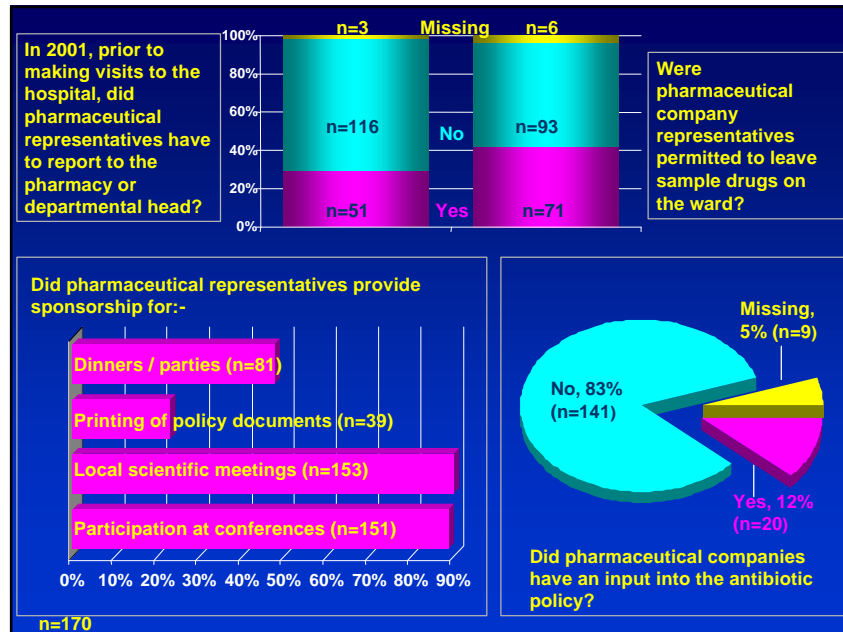
Since 1999 many education campaigns have been carried out?



Antibiotic control measures

Antibiotic availability

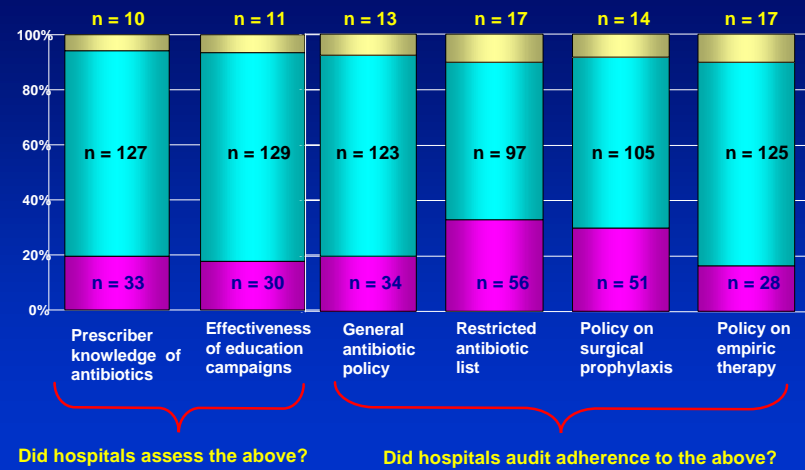
Antibiotic policies and pharmaceutical companies

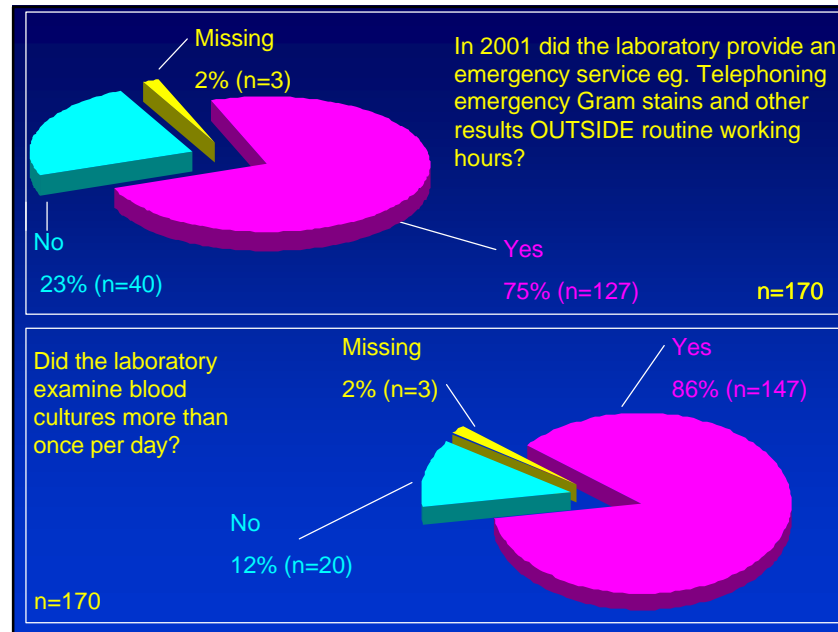
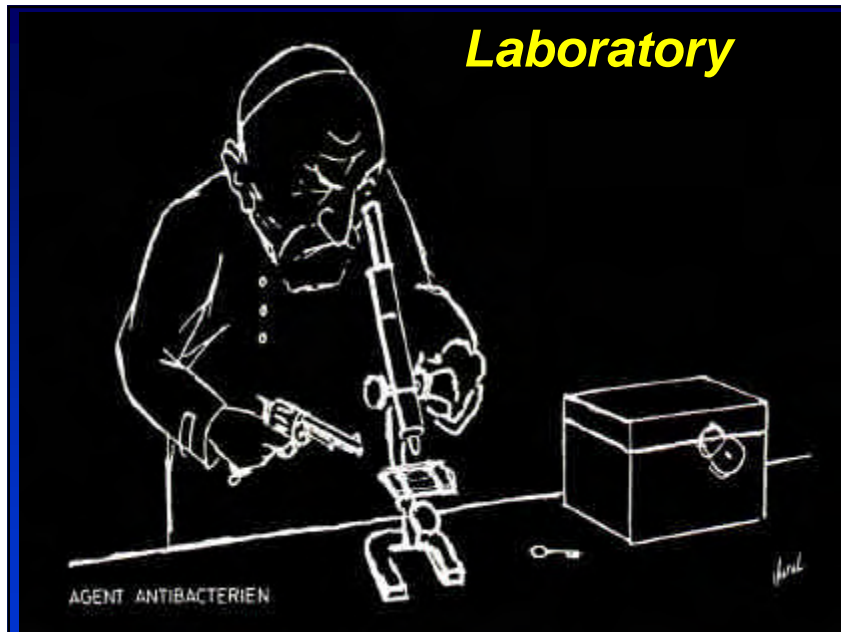


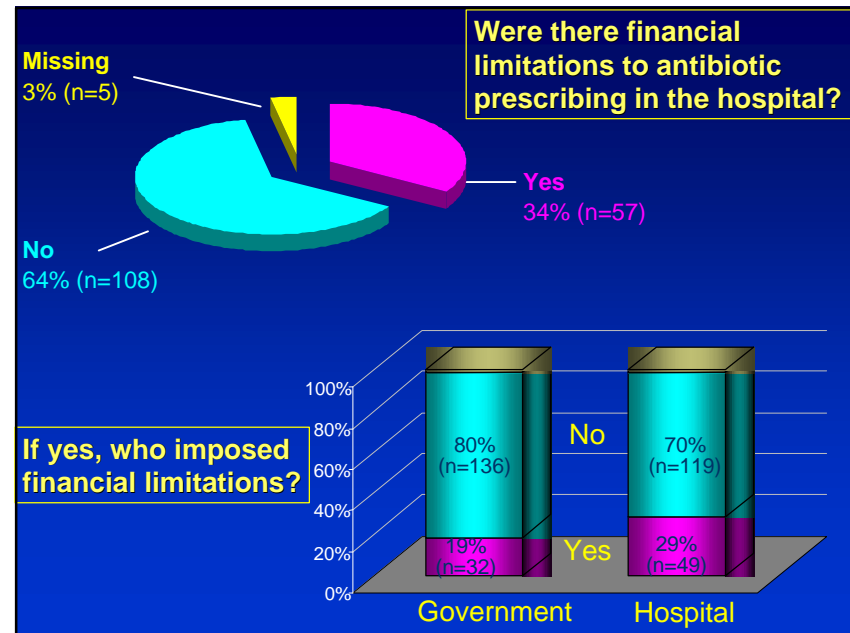
Audit

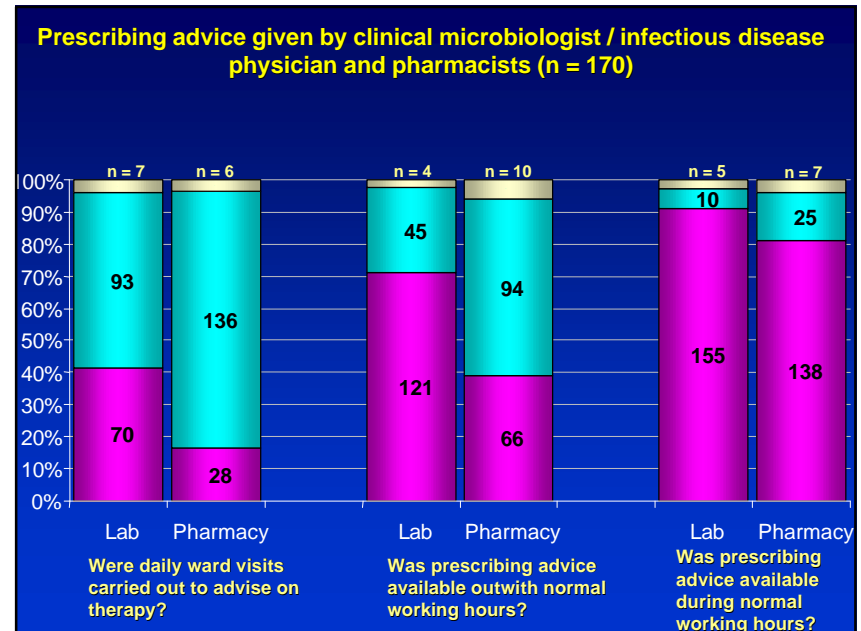
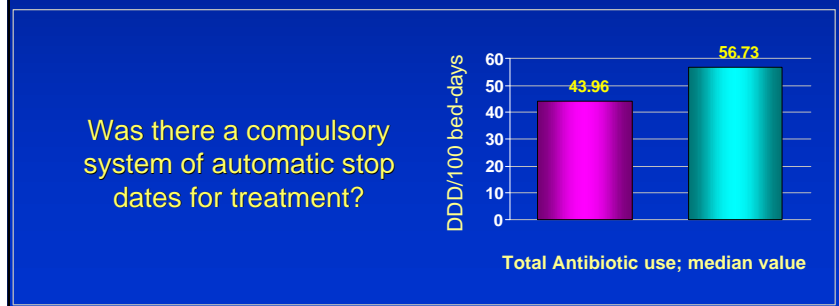
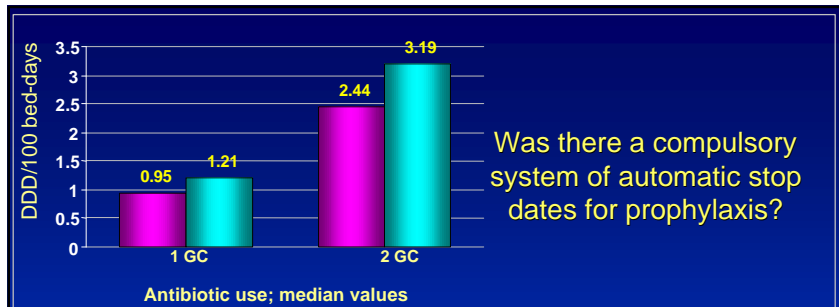


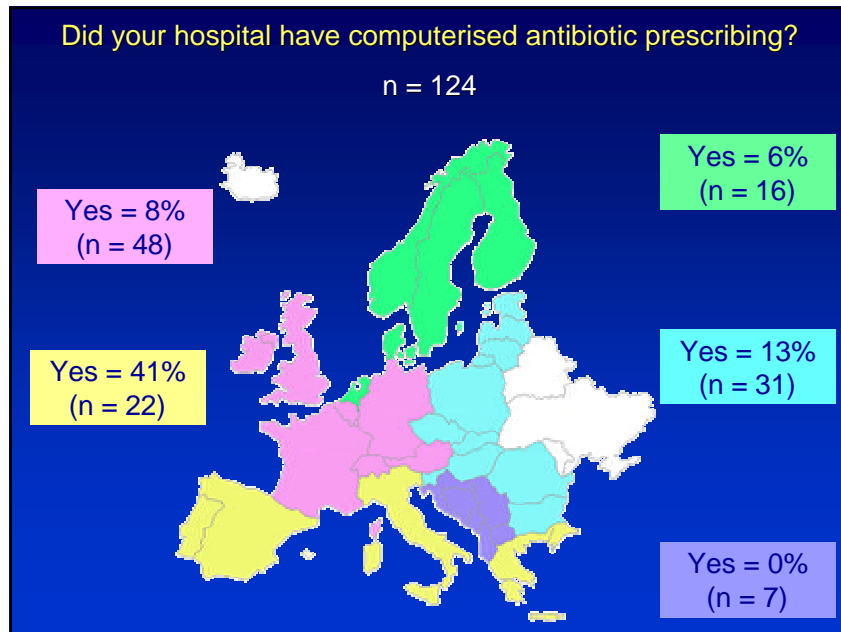
Audit











Antibiotic Control Conclusions

- There are few significant geographic variations in the practice of restrictive antibiotic control measures in ARPAC hospitals.
- There are weak but consistent associations between lower hospital antibiotic consumption and the presence of written formularies and drugs and therapeutics committees.
- There is significant scope for the expansion of restrictive control measures.

Education Conclusions

- Education activities were traditional; lectures, case discussions, commonly carried out showing a weak association with lower antibiotic use.
- Only a minority of hospitals carry out audit and no evidence is available from ARPAC that it influences antibiotic use.

Role of the Laboratory Conclusions

- Antibiotic stewardship is a priority of laboratories in ARPAC hospitals.
- There is significant geographic differences in the provision of Emergency Services and Clinical liaison.
- There is no evidence that these activities reduce antibiotic consumption.

Role of the Pharmacy Conclusions

- There is no evidence that a clinical pharmacy service lowers antibiotic use.
- There seems to be great potential for expansion of all services offered by pharmacy especially in improving the quality of prescribing.

Acknowledgements



ARPAC participating hospitals

ARPAC Steering Group

www.abdn.ac.uk/arpac