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ePoster Viewing

Epidemiology of nosocomial infections

Implementation and outcome of an antimicrobial stewardship programme at a community hospital in Greece

P. Kanellopoulos¹, A. Dravalia¹, V. Pitiriga², C. Karamanou¹, E. Campos¹, G. Panagiotakopoulos¹, G. Saroglou¹, A. Tsakris²

¹Metropolitan Hospital- Pireaus, Attiki, Greece

²Department of Clinical Microbiology- Medical School of Athens, Attiki, Greece

Aim: Antimicrobial stewardship programs (ASPs) have been introduced in several institutions in an effort to use antimicrobials more efficiently. They have shown to reduce antimicrobial resistance, mortality, hospital length of stay and healthcare cost. In Greece antimicrobial resistance remains an urgent public health concern. We describe the implementation of an ASP at a community hospital in Greece, based on the use of an obligatory prescription form and the educational feedback of the prescribers.

Methods: The program was initiated on February 2014 for a 9-month study period. A new prescription form was introduced for one or more of the following antibiotics: colistin, daptomycin, doripenem, linezolid and tigecycline. The form included information about the hospital department, the prescribed antimicrobial, the duration of administration, the site of infection and the obtained cultures with the respective isolated microorganisms. The administration of these antimicrobials was approved by the pharmacy department only upon the deposit of the respective prescription forms. The antibiotic surveillance committee reviewed the antimicrobial prescribing and proceeded to specific remarks with feedback to prescribers.

Results: The Table presents data for the 9-month period of the program implementation (Feb-Oct 2014). During the first 3 months of the study, a gradual compliance was observed by the medical doctors, by means of complete filling of the forms, were appropriate. Consequently, during the remaining 6 months of the ASP a more optimized use of the specific antimicrobial was accomplished, by means of reduction of antimicrobial expenditures.

<u>MONTHS</u>	<u>No OF PRESCRIPTIONS</u>	<u>No OF PATIENTS</u>	<u>PRESCRIPTIONS/PATIENTS</u>	<u>DURATION OF THERAPY IN DAYS</u>
FEBRUARY	121	31	3.9	11.7
MARCH	150	32	4.69	14.1
APRIL	166	35	4.74	14.2
MAY	107	28	3.82	11.5
JUNE	123	29	4.24	12.7
JULY	68	15	4.53	13.6
AUGUST	36	9	4	12
SEPTEMBER	47	13	3.62	10.8
OCTOBER	58	18	3.22	9.7

Conclusions: Upon the implementation of the surveillance and intervention program, a gradual compliance by the physicians and the pharmacy department was achieved. The implementation of the ASP along with the training of the clinicians was able to customize prescription of the specific antimicrobials.