

EV0692

ePoster Viewing

Pharmacoepidemiology, improved prescribing and antibiotic stewardship

Supporting nurses' and midwives' contribution to antimicrobial stewardship in Scotland

Jacqueline Sneddon^{*1}, Willie Mcgregor², Gill Walker², Jo Mcewen³

¹*Scottish Antimicrobial Prescribing Group, Delta House, Glasgow, United Kingdom*

²*NHS Education for Scotland, Edinburgh, United Kingdom*

³*NHS Tayside, Dundee, United Kingdom*

Background The contribution of front line nurses and midwives to antimicrobial stewardship is recognised as important but their role is not fully developed in practice. The level of knowledge of stewardship amongst nurses and midwives and the education and training support required for them to fulfil their role are unknown. We aimed to scope the learning needs and support required for effective engagement to inform development of an education resource.

Material/methods: A study steering group was established and an on-line survey was developed and disseminated to nursing and midwifery staff across all health boards. Staff at all grades across all care settings were encouraged to participate. An on-line education resource to meet the identified learning needs was developed and launched. It was initially piloted with front line staff in 4 health boards before spreading to all other boards. Lessons learned in the pilot informed a national communication strategy and implementation across all remaining boards.

Results: There were 901 respondents across 171 work settings with 55% of respondents working in an acute setting and the remainder in community care. There was a relatively even split amongst grades of staff and 79% of respondents had been qualified for over 10 years. Only one in three respondents rated their knowledge of antibiotics as good or very good and only 1 in 5 had heard of antimicrobial stewardship. Three quarters thought that education on antimicrobial stewardship should commence during undergraduate training and over a third thought that they should ensure appropriate use of antimicrobials. The main challenge to nurses and midwives involvement in stewardship was workload pressures and over 40% thought they would require the support of colleagues to become more involved.

An Antimicrobial stewardship on-line workbook was developed covering background knowledge of antimicrobials and basic microbiology and practical application of stewardship relevant to nurses and midwives. The workbook was promoted at several national HAI events. A senior nurse (project manager) worked with education and clinical leads in 4 boards to implement the resource through linking to existing education programmes, the national personal development framework and nurse re-validation. Nurses and midwives were engaged through drop in awareness sessions and opportunities for local ownership promoted through senior ward and Infection Control staff. All remaining boards will be visited by the project manager to plan local implementation utilising learning from the pilot boards.

Conclusions: The survey of nurses and midwives in Scotland suggests that there is a need for education and training on antimicrobial stewardship starting at undergraduate level to support this role. An on-line education resource to meet the identified learning needs has been developed and implemented to improve multi-professional antimicrobial stewardship practice at the point of care.