

**O595**

**2-hour Oral Session**

**Tools and interventions to improve hospital antimicrobial prescription quality**

**Human resources needed to perform antimicrobial stewardship teams' activities in French hospitals: a cross-sectional nationwide survey**

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**Background:** In January 2015, the French Ministry of Health set up a Task Force on Antibiotic Resistance. The 'Antimicrobial Stewardship' group of this Task Force designed a study to evaluate the human resources needed to perform all the required activities of multidisciplinary antimicrobial stewardship teams (AMS teams, associating physicians experts in infectious diseases, microbiologists and pharmacists) in French hospitals. Such figures are not available in the literature to the best of our knowledge.

**Material/methods:** We conducted an Internet-based cross-sectional nationwide survey. The questionnaire was developed based on regulatory texts and experts' consensus. The survey took place between March and May 2015, and the Internet-based questionnaire was distributed using the mailing-list of the French Infectious Diseases Society (SPILF).

**Results:** Sixty-five hospitals were included (30 teaching and tertiary-care hospitals, 32 general hospitals and 3 private hospitals). Only 23% of the respondents estimated that all the required activities were currently fulfilled by AMS teams. The human resources needed to perform all the AMS teams' activities were estimated to be 3.6 full-time equivalents (FTE)/1,000 acute care beds for physicians experts in infectious diseases, 2.5 FTE/1,000 beds for pharmacists and 0.6 FTE/1,000 beds for microbiologists. It translates into a total of 2,000 FTEs for all French hospitals (public and private), representing an annual cost of about 200 million euros.

**Conclusions:** Dedicated and sustainable funding for AMS teams is urgently needed, if we want to implement comprehensive and functional AMS programs in all hospitals.