O604
2-hour Oral Session
Tools and interventions to improve hospital antimicrobial prescription quality

Code name ICATB2: first results of the national structure and process indicators on antibiotic stewardship activities in France, 2013

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Background: Antibiotic stewardship programmes in French hospitals are assessed by health authorities using structure and process indicators (SPI) according to a national regulation. A combination of SPI, in the form of a composite score (ICATB) was used between 2006 and 2012 and measured improvements during this period. A new generation of SPI combination, ICATB2, was collected for the first time in 2014. We analysed the results taking into account hospital activity in order to identify main gaps and better define actions needed to further strengthen antibiotic prudent use.

Methods: 2135 French hospitals were requested, by the Ministry of Health, to complete a mandatory self-assessment online questionnaire on antibiotic stewardship activities comprising 27 indicators regarding organisation, resources and actions. Health authorities inspected 10% of hospitals to verify their answers. We used the anonymous database provided by the Ministry of Health comprising individual hospital data for each SPI, hospital type and clinical activities (intensive care units (ICUs) and surgery). Differences were analysed according to hospital type and according to the presence of antibiotic advisor; linear regression was used to identify factors associated with selected SPI.

Results: Data provided by 2133 hospitals showed variations according to hospital type, with higher compliance to organisational indicators in hospitals providing acute care. The least common measures were: defined framework for pharmacist, antibiotic advisor and microbiologist collaboration (65%) and documentation of indication for treatment lasting more than 7 days (60%). Public hospitals with ICUs or surgery had implemented more SPI than others. Hospitals where the antibiotic advisor devoted dedicated time to their task had implemented more actions and organisational indicators. Several SPI were independently associated with the compliance to documentation of treatments lasting more than 7 days.

Conclusion: This first survey with a new generation of SPI allowed an exhaustive state of play of antibiotic stewardship programmes in French hospitals. Despite the limitations inherent to a self-assessment exercise, this survey highlighted shortcomings in organisational measures and restrictive actions. Differences between hospitals in practical implementation could lead to better tailor SPI to hospital type and activities. The survey also confirmed the positive association between the presence of an antibiotic advisor, with dedicated time, and the higher compliance to requirements. It also highlighted that most demanding measures, such as documentation in patient record for some treatment, are more likely to be implemented in hospitals that already comply with a combination of SPI. These findings, together with information on efficacy of SPI implementation, will help to define national and regional policies and to assess resources needed to further strengthen antibiotic prudent use in all the different hospitals