

P0871 Antimicrobial stewardship programmes in hospitals: implementation of international structure and process indicators (TATFAR) in southwestern France, 2016

Maïder Coppry^{1,3}, Geoffrey Garcia³, Muriel Péfau², Caroline Bervas², Pierre Parneix², Anne-Marie Rogues^{1,3}, Catherine Dumartin^{*1,2}

¹Inserm CR 1219, ²CPias Nouvelle Aquitaine, ³CHU de Bordeaux, Hospital hygiene

Background: A system of mandatory indicators on antibiotic use in hospitals was implemented in France in 2007 (ICATB). In 2015, a working group from the transatlantic taskforce on antimicrobial resistance (TATFAR), including healthcare professionals from the EU and the USA, defined a set of structure and process indicators for hospital antimicrobial stewardship programmes. Some of these indicators were different from the French ones. We performed a survey in Southwestern France to assess the implementation of these indicators and to identify areas for improvement.

Materials/methods: In 2016, an auto-questionnaire comprising 28 TATFAR indicators was sent to 410 hospitals by the regional coordinating centre for infection control in Southwestern France (CClin Sud-Ouest). The questionnaire had to be answered by the pharmacist, together with the antibiotic advisor, on a voluntarily basis.

Results: Among 234 responding hospitals (57%), more than 9/10 complied with indicators such as having a programme and a formal organizational structure responsible for antimicrobial stewardship. Compliance to other indicators was lower: antimicrobial stewardship multidisciplinary team available (50%); stewardship duties included in the job description of the antibiotic leader/advisor (54%); specialized training in infectious disease management or stewardship for the pharmacist responsible for ensuring antimicrobial use (41%); having a named senior executive officer with accountability for antimicrobial leadership (45%); written policy requiring prescribers to document an indication in the medical record or during order entry (53%); providing salary support for dedicated time for antimicrobial stewardship activities (15%).

Conclusions: This survey on voluntarily participating hospitals brought useful additional information to the mandatory set of indicators in France (ICATB). Compliance to TATFAR indicators similar to the French ones was high, with measures implemented in most hospitals. However, progress is warranted in areas such as antimicrobial stewardship multidisciplinary teams and involvement of hospital managers. Improving quality of prescribing, by documenting the indication for any antimicrobial prescription could be a priority as electronic prescribing is developing in all hospitals. Results from this survey, including indicators on aspects unexplored previously, will inform national and regional policies on antimicrobial stewardship. This confirms the usefulness of international activities to foster evaluation and benchmarking within and among countries.