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Abstract (oral session)

Antibiotic stewardship programmes and antibiotic advisors in southwestern French hospitals 2005-2011: major improvements but challenges still ahead

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Objectives: The French strategy launched in 2001 to improve antibiotic (AB) use requested hospitals to implement AB stewardship programmes (ABS) comprising organisational measures, appointment of an AB advisor, implementation of information technology support (ITS) and of actions. We performed yearly surveys to describe the development of hospital ABS in Southwestern France and to identify improvements needed. **Methods:** Annual retrospective surveys were conducted in voluntary hospitals. ABS was assessed by questions on organisation; resources (human and ITS); educational and restrictive actions (guidelines, education, surveillance, evaluation and controlled dispensation). **Results:** 128 hospitals participated in 2005 and 244 in 2011 (accounting for 70% beds in the region). Major improvements were seen in the content of ABS. In 2011, at least 98% hospitals had implemented antibiotic committees and monitored AB use. More than 2/3 hospitals had ITS for AB management (less than 1/4 in 2005). Guidelines for treatment of main infections were available in 96% hospitals (updated considering resistance data in 64%) and AB advisors were appointed in 91% hospitals, compared to 50% both in 2005. However, less than half of AB advisor had the required diploma in anti-infective therapeutics and only 45% of hospitals were able to quantify their activity: the median time spent was 0.46 day for 100 beds (1 full time for 1100 beds). They were: intensivists (18%), pharmacists (15%) infectious diseases specialists (14%), microbiologists (14%) (versus 18, 11, 13 and 10% in 2005). Audits had been performed twice more often (78% versus 39%). Less than 3/4 hospitals had ITS for AB management. Restricted dispensation of all AB using stop-orders was implemented in 33%; prior approval of some AB in 41% (23% and 5% in 2005). Little progress was seen in the organisation of education sessions for prescribers (35% versus 21%). **Conclusion:** Despite great improvement in ABS implementation, in the context of public disclosure of an indicator on ABS from 2007, some measures still need to be reinforced: ITS, restrictive dispensation and education of prescribers. The new version of the public indicator on ABS will put a strong emphasis on restricted dispensation. Besides, better definition of the duty of each professional in the management of AB, for instance through multidisciplinary teams, could help qualified AB advisors to devote more time to strategic AB counselling and prescribers' education.