

P2577 Management of antimicrobial resistance in German emergency departments: first results of a survey of structure indicatorsSonja Hansen*¹, Rajan Somasundaram², Christian Wrede^{3,4}, Petra Gastmeier¹, Martin Pin^{5,4}

¹ Institute of Hygiene and Environmental Medicine, Charité – University Medicine Berlin, ² Department of Emergency Medicine, Campus Benjamin Franklin, Charité – University Medicine Berlin, ³ Department of Emergency Medicine, Helios Hospital Berlin-Buch, ⁴ German Society Interdisciplinary Emergency and Acute Medicine, DGINA (Deutsche Gesellschaft interdisziplinäre Notfall- und Akutmedizin e.V.), ⁵ Department of Emergency Medicine, Florence-Nightingale-Hospital, Kaiserswerther Diakonie

Background: Antimicrobial resistance (AMR) limits the treatment of infections in healthcare. Early enforced infection control (IC) and antimicrobial stewardship programs (ASP) are key to reduce transmission and selection of multidrug-resistant organisms (MDRO). Although in Germany 30-40% of in-hospital patients are admitted via EDs, there is no data available on IC and ASP in German EDs. To what extent requirements for a strict hand hygiene (HH) and for the use of appropriate antibiotics exist in German EDs was investigated by a survey.

Materials/methods: Structural aspects of HH and ASP were surveyed with an online questionnaire in 2018; leading ED physicians responded to the questionnaire. Data were analysed descriptively.

Results: Preliminary data from 58 EDs with a median [interquartile range] of 32,000 [20,600; 41,000] patient visits in 2017 were analysed. The majority of EDs (52%) worked with a core team of nurses and physicians, but with a variable number of physicians dedicated to the ED. Teaching of HH and appropriate antibiotic use was indicated by 90% and 55%, respectively. WHO's "Five Moments for HH" was part of local IC guidelines in 81%. Observation of HH-compliance was performed in 67% with direct feedback in 39% and later structured feedback in 41%. Alcohol hand rub consumption (AHRC) was monitored in 74% of EDs, including a feedback of AHRC data in 69%.

Antibiotic consumption data was surveyed in 64%. Regular data reports on AMR patterns for ASP were available in 83%. 50% of EDs reported cooperation with the hospitals' ASP-team. 66% of EDs had restriction policies for the use of specific antibiotics. Link-physicians with special responsibilities for a.) IC and b.) ASP were reported in 63% and 14%, respectively.

Conclusions: This first survey on HH and ASP in German EDs reveals the awareness of the necessity of HH and ASP among German ED physicians. But obviously, there is a need for more control of adherence and specially trained staff. Furthermore, the process and outcomes of HH audits, feedback and training programs demand more evaluation.