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Abstract (poster session)

Hospital antimicrobial consumption surveillance in Germany comes of age: results for 2011 from a voluntary continuous surveillance plus feedback programme

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Background & Objectives: There have been several projects to estimate hospital antimicrobial consumption in Germany, a country with >1800 acute-care hospitals, but participation in these projects so far was limited. Continuous hospital-wide drug use surveillance has only recently been established (2007). The programme transforms electronically delivered quarterly consumption data into WHO-ATC DDD and into “recommended” daily doses (RDD), calculates use density values per 100 patient-days per hospital department and/or normal versus intensive care wards (www.antiinfektiva-surveillance.de), and produces quarterly reports for feedback and yearly benchmark reports for hospitals of similar size (<400 beds, 400-800 beds, >800 beds). Following new legislation (8/2011) requiring antimicrobial consumption reports to be produced and interpreted by each hospital, participation in the surveillance programme increased substantially. We here analyse the results for hospitals with complete data for 2011. **Methods:** Of the 150 participating hospitals (as of November 1, 2012) 75 acute-care hospitals with a total of 146 intensive care units (ICUs), 221 non-surgical normal wards and 338 surgical wards had complete data for the year 2011. Pediatric and psychiatric departments were excluded. 38 hospitals had <400 beds, 27 had 400-800 beds, and 10 (4 of them university hospitals) had >800 beds. Total consumption per hospital was estimated using median and interquartile ranges (IQR). **Results:** The total consumption (in DDD/100) was 57 (IQR 48-64) with significantly higher values (66; IQR 62-75) in the 4 university hospitals. There were minor differences in total consumption between surgical (53, IQR 35-72) and non-surgical normal wards (59, IQR 39-81) which both had much lower consumption than ICUs (106, IQR 83-142). Within internal medicine, hematology-oncology had greater antibiotic consumption than other medical services both in non-university and university hospitals. The top 5 substances (in RDD) were cefuroxime, ceftriaxone, ampicillin+sulbactam/amoxicillin+clavulanic acid, ciprofloxacin, and metronidazole. Total consumption in the present cohort was higher than in 184 hospitals analysed for 2004 (using IMS data, median 50). **Conclusions:** The programme now allows rapid individual feedback on quarterly consumption, produces reference data and benchmark reports. Cephalosporins are extensively prescribed in many German acute-care hospitals without much change in the last 7 years.