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Abstract (poster session)

Selection of hospital antimicrobial-prescribing quality indicators (QIs): a consensus among German antibiotic stewardship (ABS) networkers

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Objectives: Simple, valid, evidence-based indicators to measure the quality of antimicrobial prescribing in acute-care hospitals are urgently needed, and are increasingly requested by policy makers. This study aimed to develop new consensus QIs for hospital ABS and infection management to be used for internal quality management and external quality assessment in Germany. Methods: Based on an extensive literature review, the German hospital ABS guideline committee and selected members of the ABS expert network discussed and drafted a list of 99 potential indicators for hospitals reflecting structural prerequisites for successful ABS (35 items), ABS core activities (18 items), additional ABS measures (5 items), and process of care indicators (both generic and disease-specific, 12 and 29 items, respectively). Questionnaires were mailed to 340 ABS experts and healthcare professionals. 75 questionnaires were completed and returned. Participants scored (Likert scale: 1, completely disagree, to 9, completely agree) relevance (clinical, ecological/resistance, economical/expenses), and presumed practicability (in 6 categories: clarity of definition, data retrieval efforts/complexity, barriers to implementation, verifiability, suitability for external quality assessment, quality gap), considering their local work environment. The scores were processed according to the UCLA-RAND appropriateness method. QIs were judged relevant if the median (clinical plus ecological and/or economical) score was not in the 1-6 interval. Highly relevant QIs with borderline practicability scores and items with overlapping areas were rediscussed in a final ABS expert panel workshop convened in November 2012. Results: 21 structural and 21 process of care QIs were finally selected including 4 QIs with high clinical and ecological, but limited economical relevance, and 3 QIs with high clinical and economical but limited ecological relevance. Among the selected QIs, efforts to collect data and implementation barriers were scored as suboptimal in 17 and 6 cases, respectively. Conclusions: A catalogue of valid, consented structural and process of care ABS-QIs was established, which should undergo piloting and feasibility studies in the German hospital care sector. The panelists were most critical regarding resource use/complexity issues and presumed implementation barriers. How this may limit applicability of QIs remains to be determined.