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Antimicrobials: Antibiotic usage

What is the range of advice of an infectious disease specialist in a teaching hospital?

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Objectives: In addition to cares for patients in their wards, infectious diseases specialists are widely call for advices on many subjects such as antibiotics treatment, diagnosis, travel advices, etc... However, this activity which is mainly accomplished orally (by phone or directly) is poorly measurable. We wondered which kind of activities we held in our department that was not directly linked with patients hospitalized in our unit.

Methods: During a 2 years period, from April 2011 to April 2013 we recorded in a database our actions in other units, the phone calls we answered, the travelers' advices ...

Results: Over this 2 years period, 5265 advices were given (2632 per year). This number is probably underestimated as all the physicians didn't record all their actions. It represents more than 10 counsels per day for a 5 days week of work. It ranges from 1 to 27 advices for 1 day. These advices were divided in 508 travel recommends and 4757 for other reasons. Our aid was mainly solicited by phone (77%) and directly, our colleagues coming in our department (11.5%). Planned weekly rounds are also organized in other departments (orthopedic surgery, neurosurgery, rehabilitation ...). This organization accounts for about 11% of advices. The greater part of demands came from our hospital (60%) followed by general practitioners and specialist in town (28%), other hospitals of our region (6.5%) and clinics (5%). In our hospital, all the departments have almost, one time ask for an advice. Among the greatest callers, we find the departments in which a weekly round is organized, even if we remove advices given during rounds. It means that links that are constructed with other departments are positive and increase the partnership for the use of antibiotics. Answers were mainly given by phone (70%) and 30% at bed side. Some therapeutic prescriptions were done after a call of the bacteriological lab (n=30). Answers were principally tip-off (52%), modification of prescribed antibiotics (23%), beginning of antibiotics (15%), holding of the same treatment (6%) and stopping antibiotics (4%). There was no statistical difference for the type of answer regarding to the way it was given.

Conclusion: This out-department activity is very important, increases over the time and is time-consuming for physicians. However, it is poorly recognized by authorities because these activities are not paid by the social security and thus are not visible for the administration and colleagues. Even if it is not recognized as structured stewardship, all these actions participate to an increase quality of cares for patients, a better control of antibiotic use and a decrease in antibiotic cost.