

Session: P048 What is responsible and adequate antibiotic use?

Category: 5d. Pharmacoepidemiology, improved prescribing and antibiotic stewardship

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Improving antimicrobial stewardship: development of a national surveillance system and quantifying antimicrobial stewardship activity for open access bench-marking data

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Background: A survey conducted by Public Health England (PHE) in 2014 highlighted that the majority of Acute Trusts (hospitals) completed a point prevalence survey (PPS) at least yearly and many 6 monthly or other antimicrobial stewardship (AMS) related audits more frequently. PHE developed an AMS surveillance tool to collect stewardship review data, as recommended by the national AMS toolkit (Start Smart Then Focus) implementation group.

In March 2016, PHE conducted a pilot with the assistance of the national antimicrobial pharmacists network, to test the feasibility of centrally collecting details across England. Feedback was incorporated into the final surveillance tool; which was simplified to focus on the key elements required by both the national AMS toolkit: Start Smart then Focus (figure 1) and the national incentive scheme for AMR, the AMR CQUIN (Commissioning for Quality and Innovation)

Methods: A data collection tool (in MS Excel) was developed by PHE and NHS England and Improvement to accompany the surveillance tool and both were circulated to all 155 English NHS Acute Trusts to support their submission for the AMR CQUIN. A FAQ document was also produced

and circulated. Public Health England and NHS-England/ Improvement provided an email helpdesk for submission queries

Results: The number of Trusts who submitted their antimicrobial stewardship indicator data in quarters 1 and 2 were 125 (80%) and 127 (82%) respectively.

The mean percentage of antibiotic prescriptions with the indication documented on the drug chart was 88% (29-100%) and 96% (67-100%) in quarters 1 and 2, respectively. The mean percentage of antibiotic prescriptions with evidence of review within 72 hours was 81% (22-100%) in quarter 1 and 86% (51-100%) in quarter 2.

The percentage of antibiotics with the recommended review decisions (figure 1) following the 72 hour review are shown in the table 1

Documented decision following review	% of prescriptions (n=111)
Stopped	10
Continue d	63
Switch	12
IV to oral switch	16
Outpatient Parenteral Antimicrobial Therapy (OPAT)	0.5

Table 1: % of prescription decisions made following review within 72 hours

Individual results from organisations are made openly available via a national public health indicators website – PHE Fingertips (<http://fingertips.phe.org.uk/profile/amr-local-indicators>) and can be compared to other indicators on AMR, healthcare-associated infection and antimicrobial consumption.

Conclusions: The tool allows data to be simply collected and reported. PHE then publishes this data openly on Fingertips. This facilitates individual organisation benchmarking and sharing of good practice. The data so far highlights improvement in the percentage of antibiotic prescriptions with evidence of review within 72 hours, from quarter 1 to quarter 2

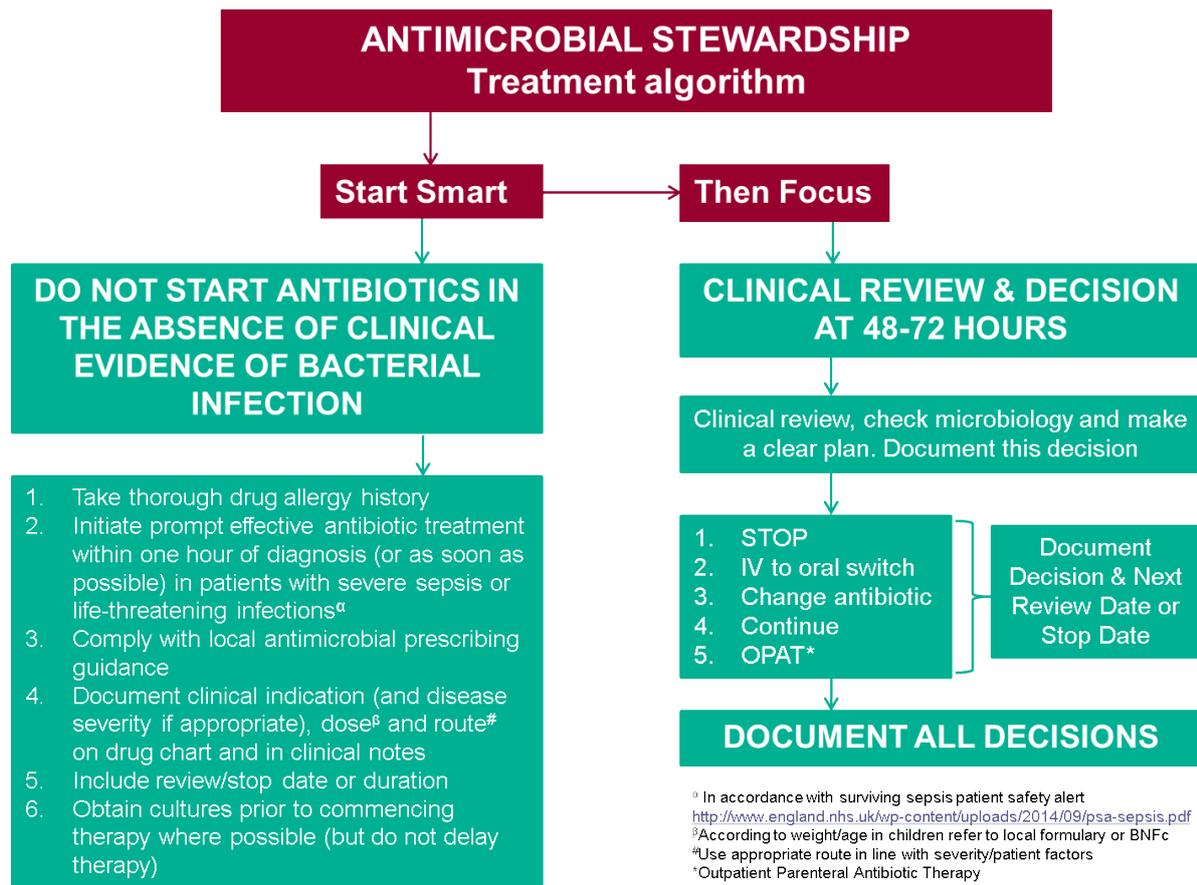


Figure 1: Antimicrobial Stewardship (AMS): Start Smart then Focus – Treatment algorithm