



SWISSNOSC
National Center
for Infection Control

Kurzpräsentation – Teilprojekt «Antimicrobial Stewardship»

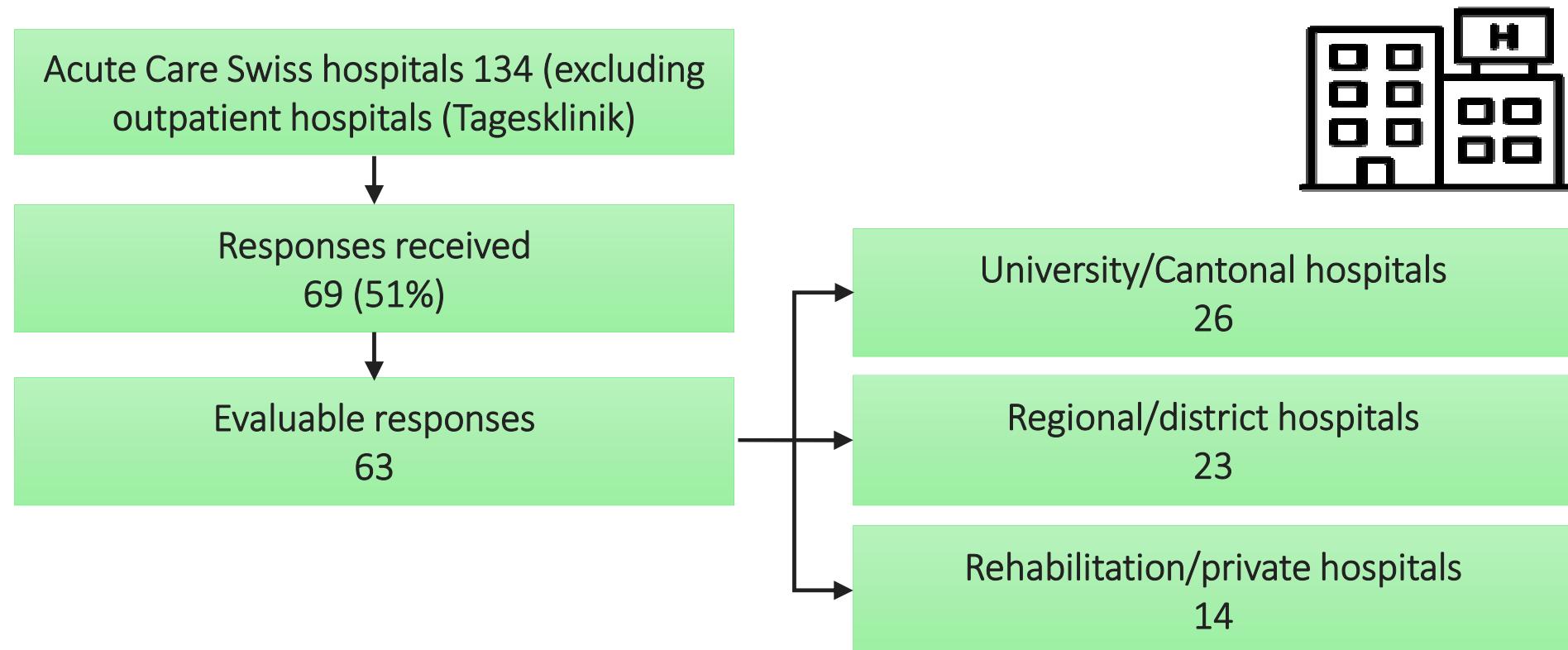
Dr. Julia Bielicki, MPH (1.2.17)

Prof. Dr. Andreas Widmer, MS

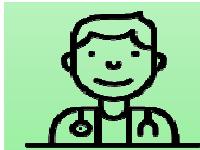
Hintergrund

- Entwicklung eines modularen Ansatzes für «Antimicrobial Stewardship» im Bereich Humanmedizin in CH
- Schwerpunkt: Akut-Spitalbereich durch Questionnaire/Survey
- Sekundär Evaluation der Möglichkeiten im ambulanten Bereich
 - Eingabe NRP 72 (Prof.H.Bucher, Dr. Belicki, Prof.A. Widmer.....)
- Start Programm Nov 2016 mit 50% OA Stelle mittels Ausschaffung elektronischen Fragebogens, Versand, Daten erfassung und Analyse des Status in CH Spitäler

AMS survey – with thanks to Michael Osthoff (bis 31.12.17)



Available resources for Antimicrobial Stewardship (AMS)



People



Infectious Diseases	79%
Drugs/Therapeutics committee	67%
Clinical Microbiology	43%
Ward Pharmacist	40%



Antimicrobial stewardship (AMS) committee	21%
None of above	16%



AMs

Education	90%
Treatment Guidelines	79%
Formulary	68%
AMS Program	29%
Antibiotics restriction	29%
Antibiotic use surv.	24%
Antibiotic review / Audit & feedback	23%
AMS Rounds	14%



Infection

Antibiotic resistance surveillance	76%
Local Antibiogramm	60%
<i>C. difficile</i> surveillance.	59%

Attitude towards AMS

95% feel a national AMS strategy
would be of benefit to patients

Aims of a national AMS strategy (based on questionnaire)

1. Decrease antimicrobial resistance 62%
2. Decrease antibiotic use 54%
3. Improve antibiotic prescribing 43%
4. *Decrease costs* 14%
5. Decrease *C. difficile* infections 8%

Barriers and enablers



1. Lack of personnel 70%
2. Lack of funding 43%
3. Prescriber opposition 32%



1. Availability of appropriate resources 84%
2. Multidisciplinary AMS team 67%
3. Management/Administration support 66%

Less important:

Hospital-level resistance and antibiotic use data as well as antibiotic prescribing policy

Not important:

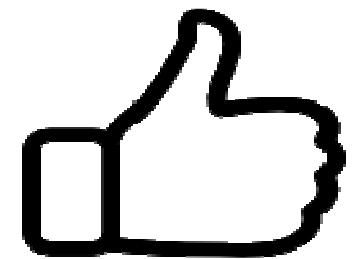
Electronic prescribing, national reporting of above data, benchmarking antibiotic use

Desirable Antibiotic Stewardship activities

• Antibiotic treatment guidelines	91%
• Prescriber Education	87%
• Hospital resistance monitoring	84%
• Positive blood culture monitoring (active)	75%
• Annual hospital antibiogram	59%
• Diagnostic evaluation guidelines	54%
• Antibiotic stewardship rounds with intervention	52%
• Inflammatory marker guided treatment duration	67%
• Promote rapid diagnostics	65%
• Clinical decision-support systems	64%
• Diagnostic pathway for patients with beta-lactam allergy	57%
• Monitoring of antibiotic prescribing	56%
• Selective antibiotic susceptibility testing reporting	51%

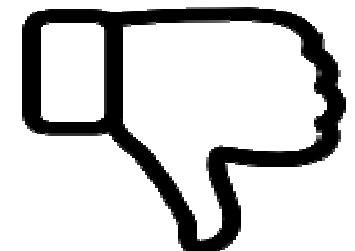
CORE

OPTIONAL



Antibiotic Stewardship activities that are not considered feasible on a large scale

- Inflammatory marker guided treatment duration 19%
- Clinical decision-support systems 18%
- Antibiotic restriction and approval 16%
- **Monitoring of antibiotic prescribing** 13%
- **Therapeutic drug monitoring** 11%



Ausblick und Plan 2017

1. Detaillierte Standortbestimmung mit einzelnen Zentren bis September 2017 mit on-site Besuch der Uni – und grossen Kantonsspitäler
2. Evaluation der Monitorisierungsmöglichkeit
 - Definition Antibiotika mit hoher Assoziation mit Multiresistenz (z.B. Carbapeneme)
 - Vergleich Resistenzkarte CH (ANRESIS) mit Antibiotikaverbrauch (pendent)
3. Identifizierung der möglichen Interventionsbereiche in Bezug auf Wirkung und Aufwand, Implementierung auch Langfristig.
 - stationär, sekundär ambulante Betreuung

Herzlichen Dank für Ihre
Aufmerksamkeit!!

Wir freuen uns auf Ihre Rückmeldungen:

julia.bielicki@swissnoso.ch oder julia.bielicki@usb.ch

Andreas.widmer@usb.ch