

# SwissASP

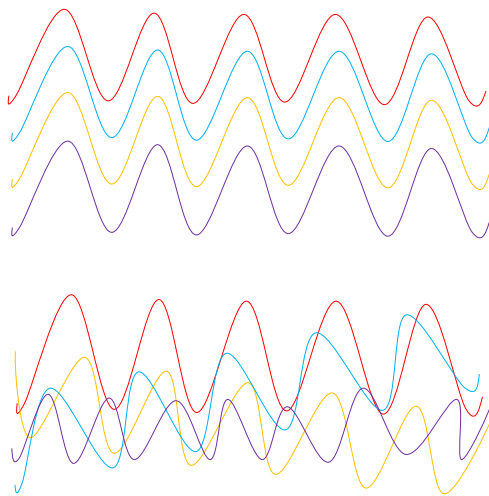
## Antimicrobial Stewardship in Swiss Hospitals

Dr. med. Julia Bielicki, MPH

Symposium Antibiotic Resistance StAR, Bern, 22 November 2019

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### What is antimicrobial stewardship?



Dyar et al. CMI. Nov 2017; 23(11): 793-98

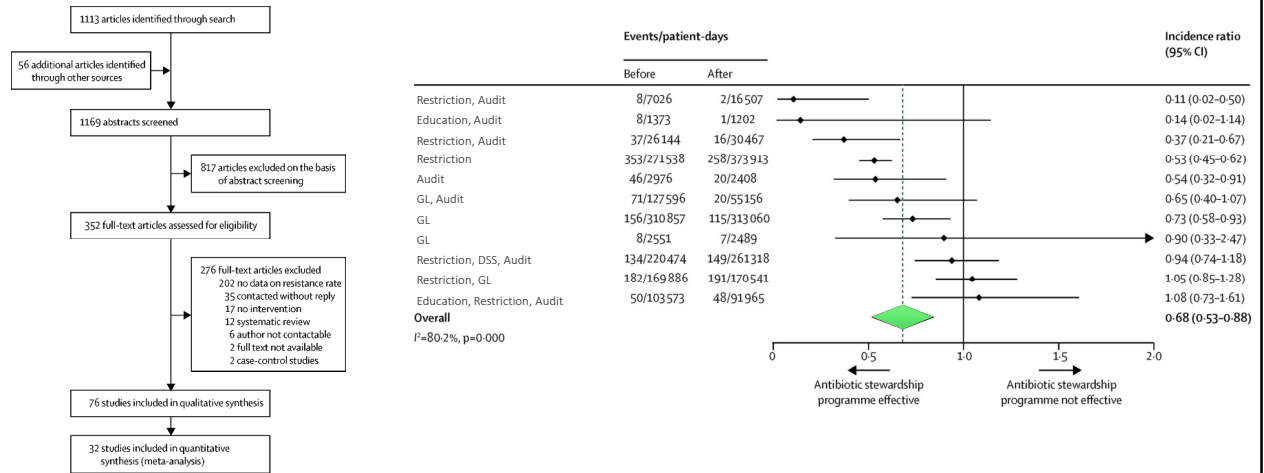
A COHERENT SET OF ACTIONS WHICH  
PROMOTE USING ANTIMICROBIALS  
RESPONSIBLY

- Definition of responsible use = context specific
- Resulting actions = context- and time-specific

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# Evidence for the effect of antimicrobial stewardship

Baur et al. Lancet ID. 2017; 17(9): 990-1001



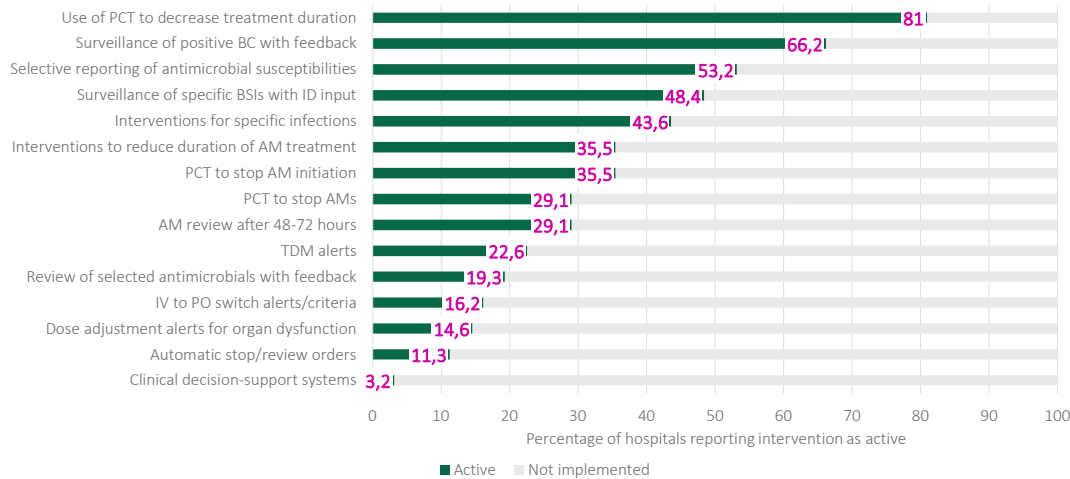
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# Antimicrobial stewardship interventions implemented in 62 Swiss hospitals

Osthoft et al. SMW. 2017; 147:w14512



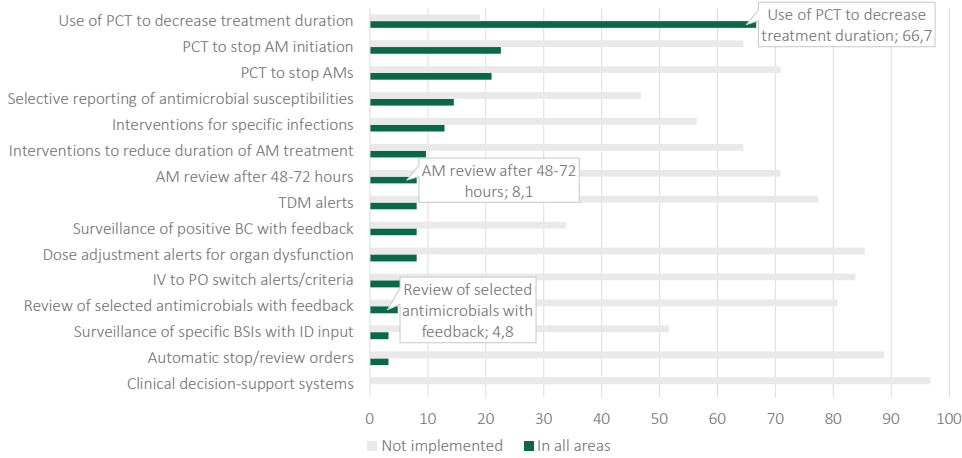
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# Antimicrobial stewardship interventions implemented in 62 Swiss hospitals

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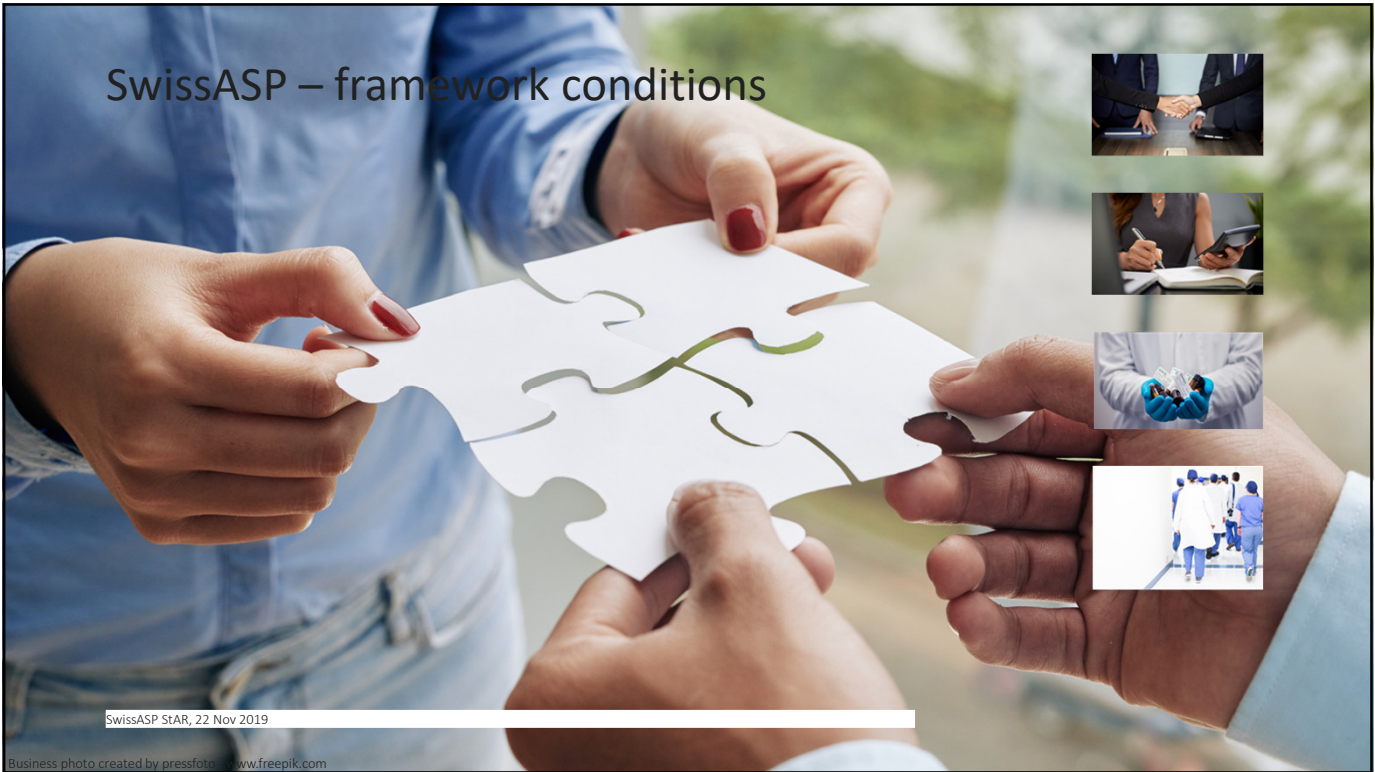
# Core elements of antimicrobial stewardship



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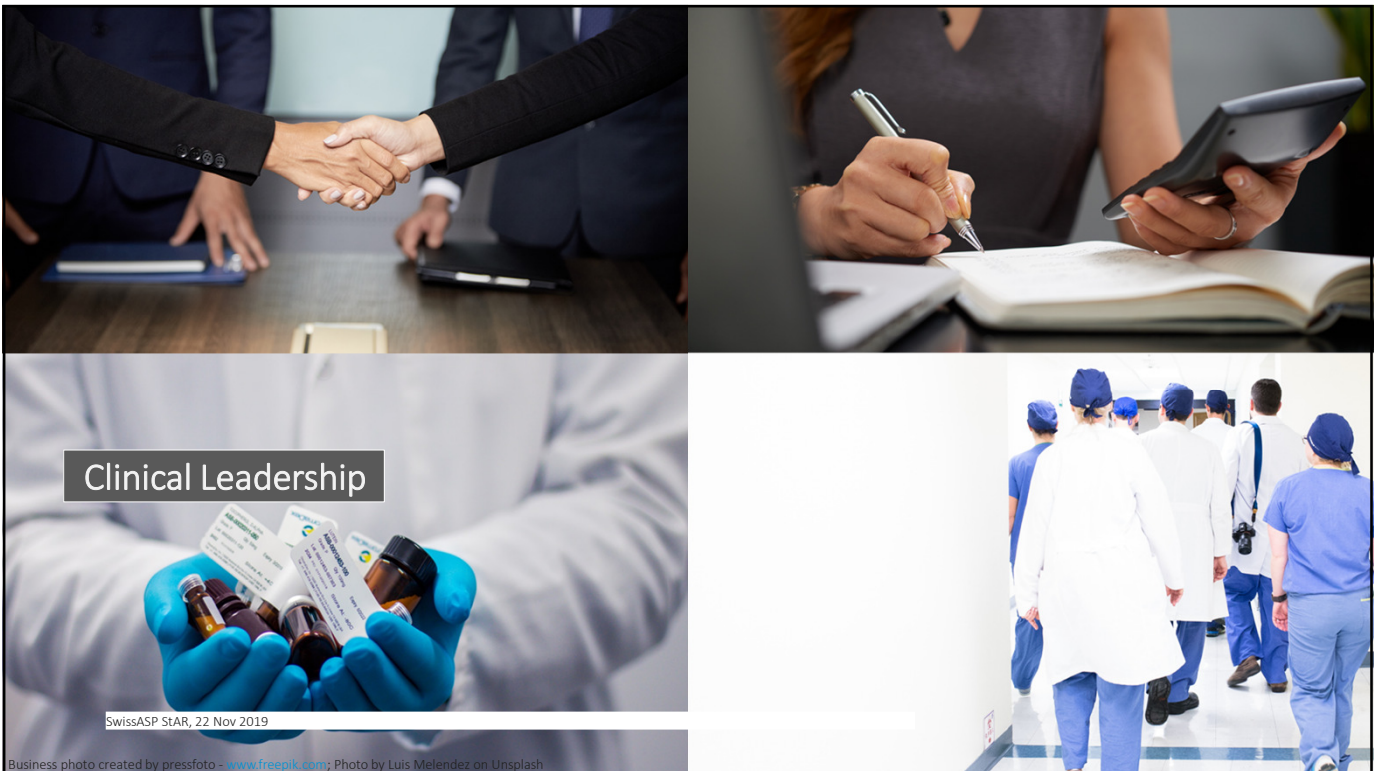
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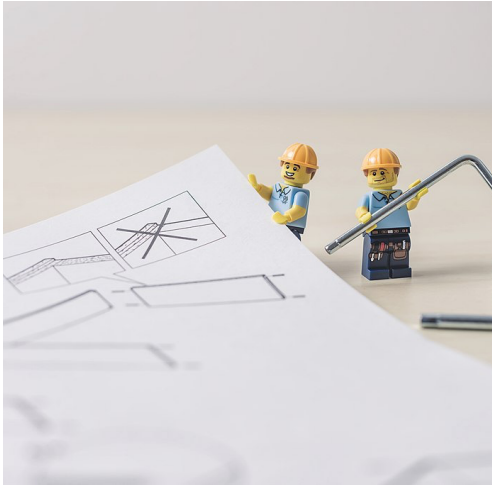


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## Expertise and technology



Hospitals should

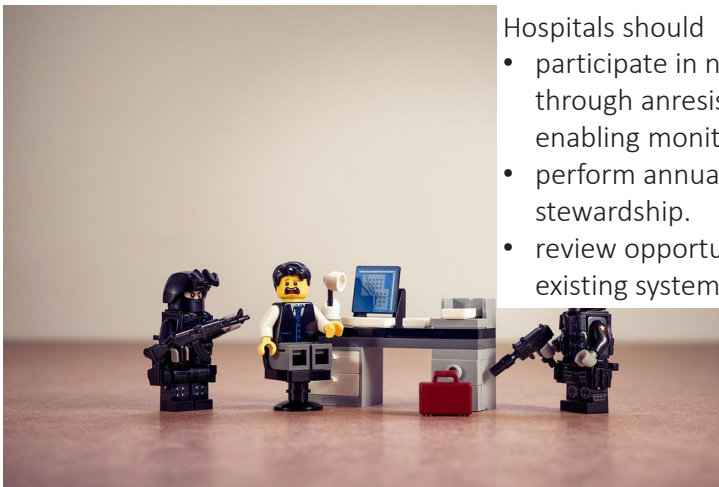
- designate staff members responsible and accountable for implementation of AS.
- include their training needs/training undertaken as part of annual performance review.
- demonstrate that they provide resources for specific training for AS leads (protected time, financial support).
- explicitly include assessment of the potential for electronic clinical decision support for AS when upgrading or purchasing IT systems .

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## Monitoring and surveillance



Hospitals should

- participate in national surveillance of antibiotic use through anresis to access the anresis SwissASP report enabling monitoring of local antibiotic use patterns.
- perform annual self-assessment of antimicrobial stewardship.
- review opportunities for and maximize the use of existing systems for electronic clinical decision support.

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## Reporting and communication



Hospitals should

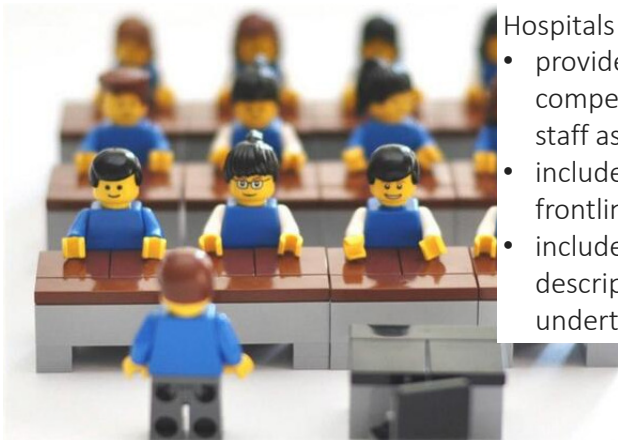
- generate an annual report on antibiotic use (stratified by quarter) and antimicrobial resistance and make this available to staff, e.g. through an internal website.
- annual reporting on AS to the hospital executive and clinical leadership.

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## Education and training



Hospitals should

- provide mandatory training on antibiotic prescribing competencies to all prescribers joining the medical staff as part of induction.
- include AS as a topic in regular training activities of all frontline staff.
- include education and training activities in the job description of all staff members tasked with undertaking AS and provide protected time for this.

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## Targeted intervention



Hospitals should

- be able to demonstrate at a minimum the availability of hospital-specific antibiotic formulary, treatment recommendations and antibiotic prescribing standards.
- ideally implement and document all basic interventions.
- plan to implement at least one advanced intervention suitable to the local context with appropriate documentary evidence of implementation and evaluation.

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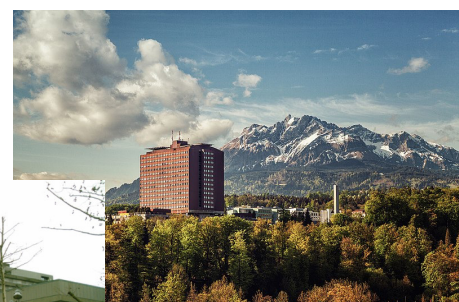
## Antimicrobial Stewardship in action: Inselspital, CHUV, LUKS



Dr. Nasstasja Wassilew



PD Dr. Laurence Senn



Dr. Beat Sonderegger

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## Outlook: StAR-2!



- Collaboration with Anresis for SwissASP reporting of antibiotic consumption at hospital level
- Educational/training and networking activities
- Development of monitoring approaches/tools for SwissASP interventions
- Implementation support and definition of national reporting on AS activities in Switzerland

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## SwissASP training and networking workshop

Date: 11 March 2020

Location: to be defined

### Programm elements

Hospital guidelines

Measuring AB consumption at hospital level

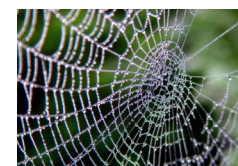
Hospital pharmacists in SwissASP

Microbiology in SwissASP

Keynote talk!



Networking activities!



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# anresis reporting for SwissASP

Reach out to

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Use of Individual Antibiotics during last five years (DDD/100 beddays)

