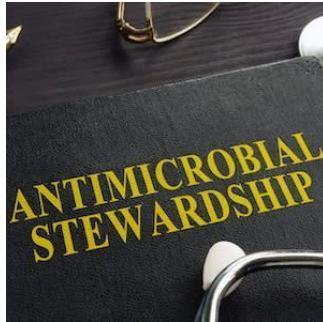

Improving Antimicrobial Stewardship Programmes



Researchers at Intermountain Healthcare have conducted a survey to identify and stratify antimicrobial stewardship programmes into four different groups to study the effectiveness of these models to best enhance patient care and reduce the rise of antibiotic resistance. The results are published in *Clinical Infectious Diseases*.

Antimicrobial stewardship programmes help hospitals and healthcare systems ensure that antibiotics are used appropriately. If they are unnecessarily given to patients who don't need them, they can harm those patients and contribute to antibiotic resistance. However, these programmes vary quite significantly, thus making it unclear which practices are most effective.

Programme leaders were asked about the key aspects of their system and the network's current antibiotic stewardship structure and function. Researchers also conducted webinars, group discussions and focus groups to gather information about these antimicrobial stewardship programmes.

Four categories of programmes were identified:

1. Collaborative Model: These programmes are developed organically with no formal structure and run by committees with limited accountability. Participation is voluntary, and antimicrobial stewardship goals are set by individual sites rather than at the system level.

2. Centrally Coordinated Model: These programmes have a formal written structure and committee with some level of accountability. The programmes are formed organically at first but also have committee-led system stewardship initiatives, systemwide goals coordinated through a central committee and data resources prioritised by the committee. These programmes also have tools and technology changes coordinated and shared through a central committee, and subject-matter expertise, communication and education are provided locally with committee support. Participation is often required in these types of programmes.

3. Centrally Led Model: These programmes have a formal system of antimicrobial stewardship leaders and system accountability with system-level resources. Goals are set by leaders at the system level, with system leaders responsible for standardised data across all sites and with benchmarking prioritised. System leaders coordinate tools and technology changes. Subject-matter expertise, communication and education are often provided at a system level and reinforced locally. Participation in these programmes is often required.

4. Collaborative, Consultative Network Model: These programmes have antimicrobial stewardship leaders from outside the organisation who collaborate as consultants or mentors with on-site leaders. This model has site-specific mentoring, goals, stewardship and tools adopted from external sites; data technology and communication developed locally or through the system's network; and subject-matter expertise and education provided by external leaders.

The researchers hope to use these categories to study which models are most effective for which kinds of healthcare systems. They also plan to expand their work to antibiotic prescribing activity in outpatient settings, like urgent care clinics and doctor's offices.

Source: Intermountain Healthcare

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