



# Irish National Antimicrobial Point Prevalence Survey in HSE Older Persons Residential Care Facilities



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## Background:

Antimicrobial pharmacists (AMPs) employed for the first time for community settings in 2020 conducted a point prevalence survey of antimicrobial use to establish baseline quality and quantity of antimicrobial prescribing in HSE Older Persons Residential Care Facilities (RCFs) in Ireland against which future antimicrobial stewardship initiatives could be measured. A previous study (HALT 2016) found residents in Irish RCFs were twice as likely to be on a systemic antimicrobial than the European average (10% versus 5% prevalence).

## Methods:

All residents in HSE Older Persons RCFs were surveyed by AMPs between October 2020 and August 2021. Medication charts were reviewed for systemic antimicrobials prescribed within previous 30 days. Details of antibiotic courses were recorded and medical notes and laboratory results reviewed. Adherence to antibiotic guidelines (available at [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie)) was assessed. Information was also obtained in relation to systems and structures to support antimicrobial stewardship.

## Results:

**4448 individuals in 135 facilities were surveyed nationally**

### Prevalence of systemic antimicrobial use:

Quantity of antimicrobial use on day of survey:

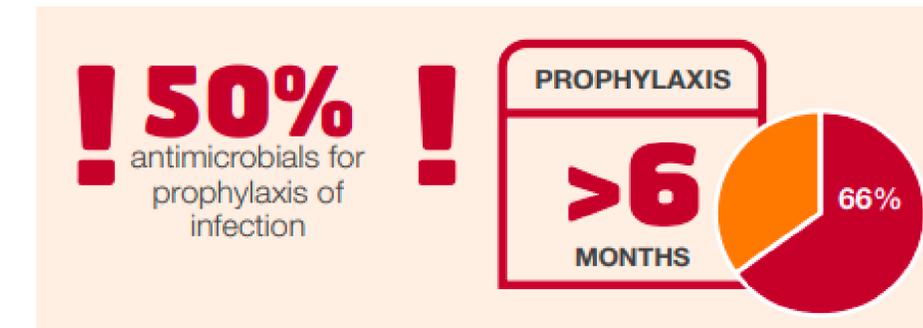
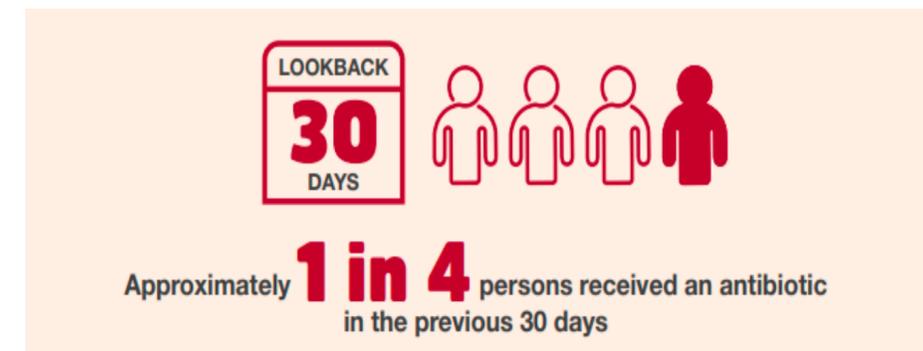
- 12% (n=528) persons were on a systemic antimicrobial.
  - ♦ 50% for prophylaxis of infection, mainly UTIs (n=221/283)

Quantity of antimicrobial use over 30 days:

- 27% (n=1198) residents prescribed antimicrobials
- 123 days of treatment per 1000 resident days

**Duration of treatment courses:** median 7 days

**Duration of prophylactic antibiotics** exceeded 6 months in 66% (n=186/283) persons



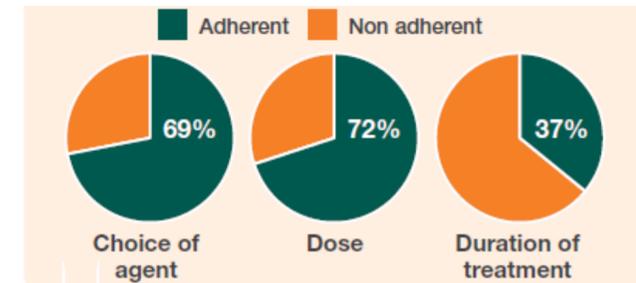
## Conclusion – Key National Recommendations:

- 1** **REVIEW PROPHYLAXIS >6 MONTHS**  
Every person on UTI prophylaxis in excess of six months should be reviewed with a view to deprescribing.
- 2** **NO DIPSTICK URINALYSIS**  
The practice of routine use of dipstick urinalysis for asymptomatic persons to support diagnosis of a urinary tract infection should cease.
- 3** **RESULTS**  
Electronic access to relevant laboratory results on-site required to support timely decision-making for optimal use of antimicrobials.
- 4** **GUIDELINES**  
All staff should be aware of antibiotic guidelines at [www.antibioticprescribing.ie](http://www.antibioticprescribing.ie).
- 5** **PNEUMOCOCCAL VACCINE**  
Pneumococcal vaccination status should be determined, and offered if necessary, to all persons ≥65years.

## Infections treated with antibiotics:



## Adherence to Guidelines



## Main themes for non-adherence:

- Use of unnecessarily broad spectrum agents
- Nitrofurantoin prescribed in renal impairment
- Choice of antibiotic not as per microbiology C&S results

## Systems & structures:

Review of antimicrobial stewardship systems and structures	% (n) facilities
Dipstick urinalysis performed “routinely” for persons asymptomatic of UTI	42% (57/135)
Electronic access to laboratory results on site	64% (87/135)
Influenza vaccine offered to all long-term residents	100% (135/135)
Records of pneumococcal vaccination for long-term residents	39% (47/122)

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