



# Introduction of Structured AMS Interventions by Clinical Pharmacists at an Irish teaching hospital



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## Introduction

The threat of antimicrobial resistance is a global public health concern. Clinical pharmacists in acute healthcare settings have the expertise in medicines leadership to propose interventions and advise on effective antimicrobial therapy<sup>1,2</sup>.

## Methods

Two training sessions were carried out in June 2019 with the clinical pharmacists at St James's Hospital (SJH). A set of AMS intervention notes were given to the pharmacists, focusing on, duration of treatment, switching from IV to oral therapy and review/cessation of surgical prophylaxis. These notes could be saved on the e-prescribing system, including electronic Patient record and adjusted for the individual patient.

The notes referenced parameters such as duration, C-reactive protein (CRP), white cell count (WCC), temperature and percentage bioavailability of certain antimicrobial agents. Pharmacists were encouraged to use these notes when querying antimicrobials for patients on their wards with the medical/surgical teams.

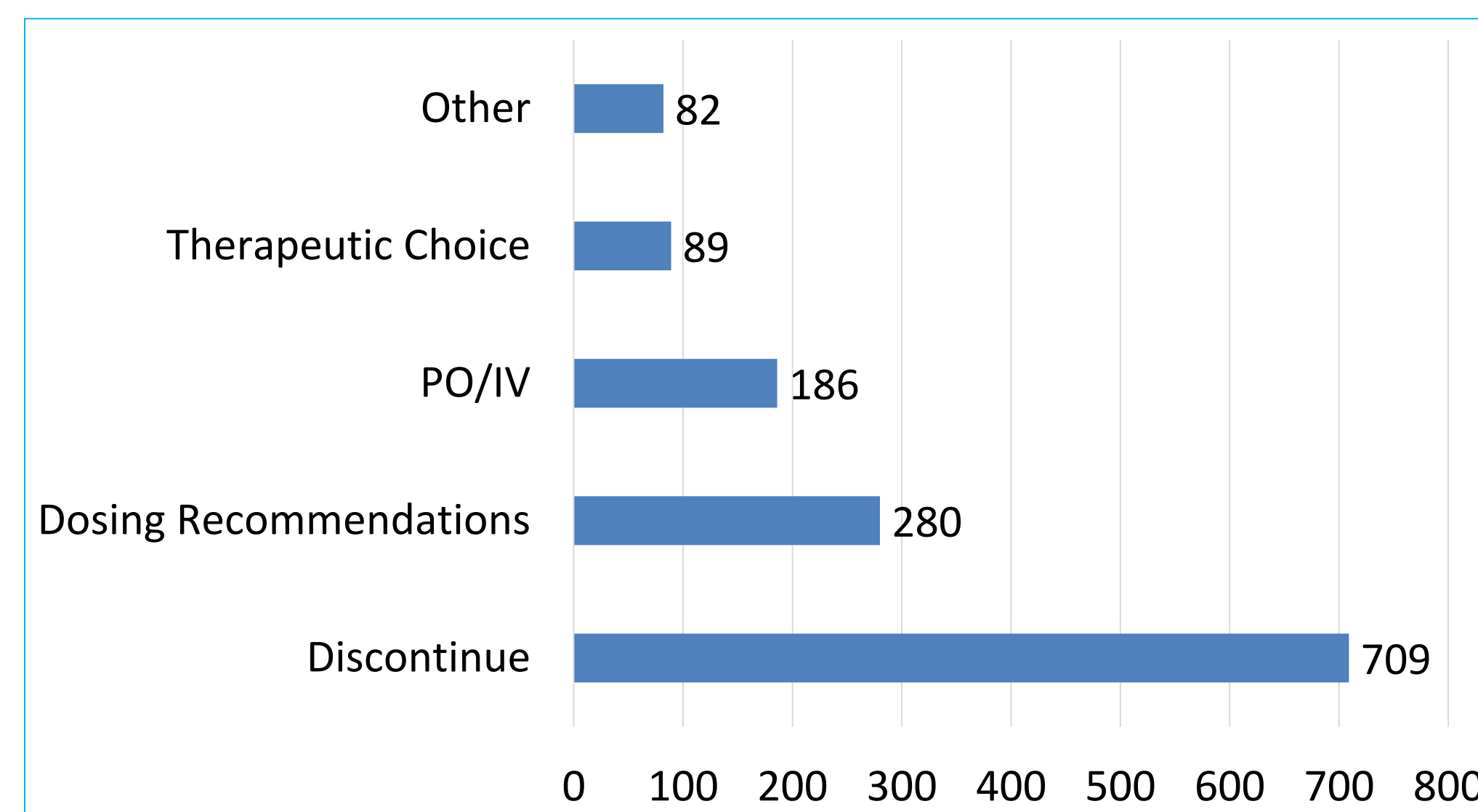
Pharmacists were asked to log their interventions for the AMS team. The AMS team followed these interventions and if the advice was followed within 24 hours, the intervention was classed as "Accepted".

## Data Analysis

There were 1346 interventions made by clinical pharmacists over 100 weeks [See Figure A]. The majority of the interventions (1117, 83%) were in the medical and surgical directorates. types [See Figure B]

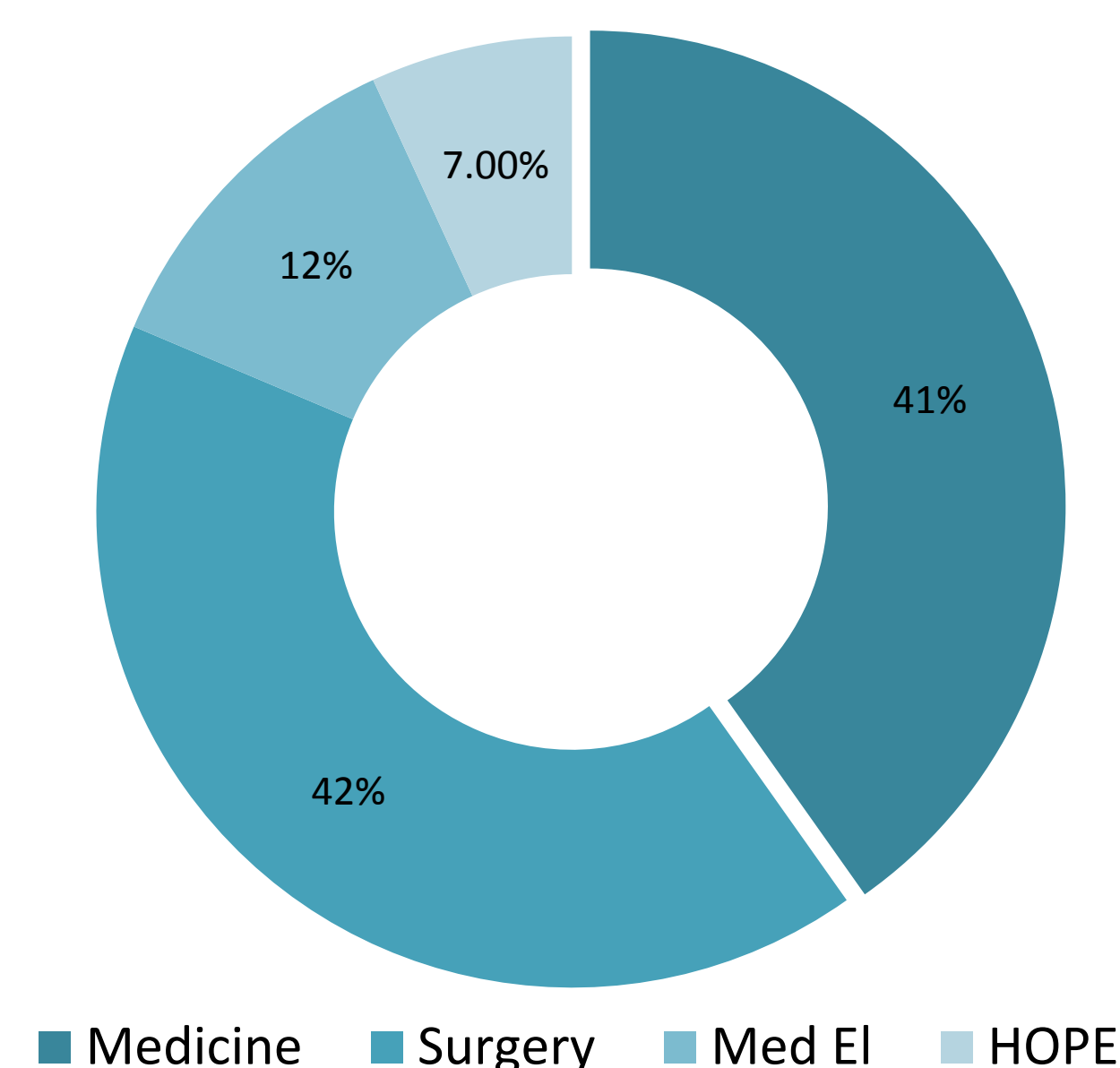
(A)

Types of pharmacist antimicrobial interventions



(B)

Directorate of primary team

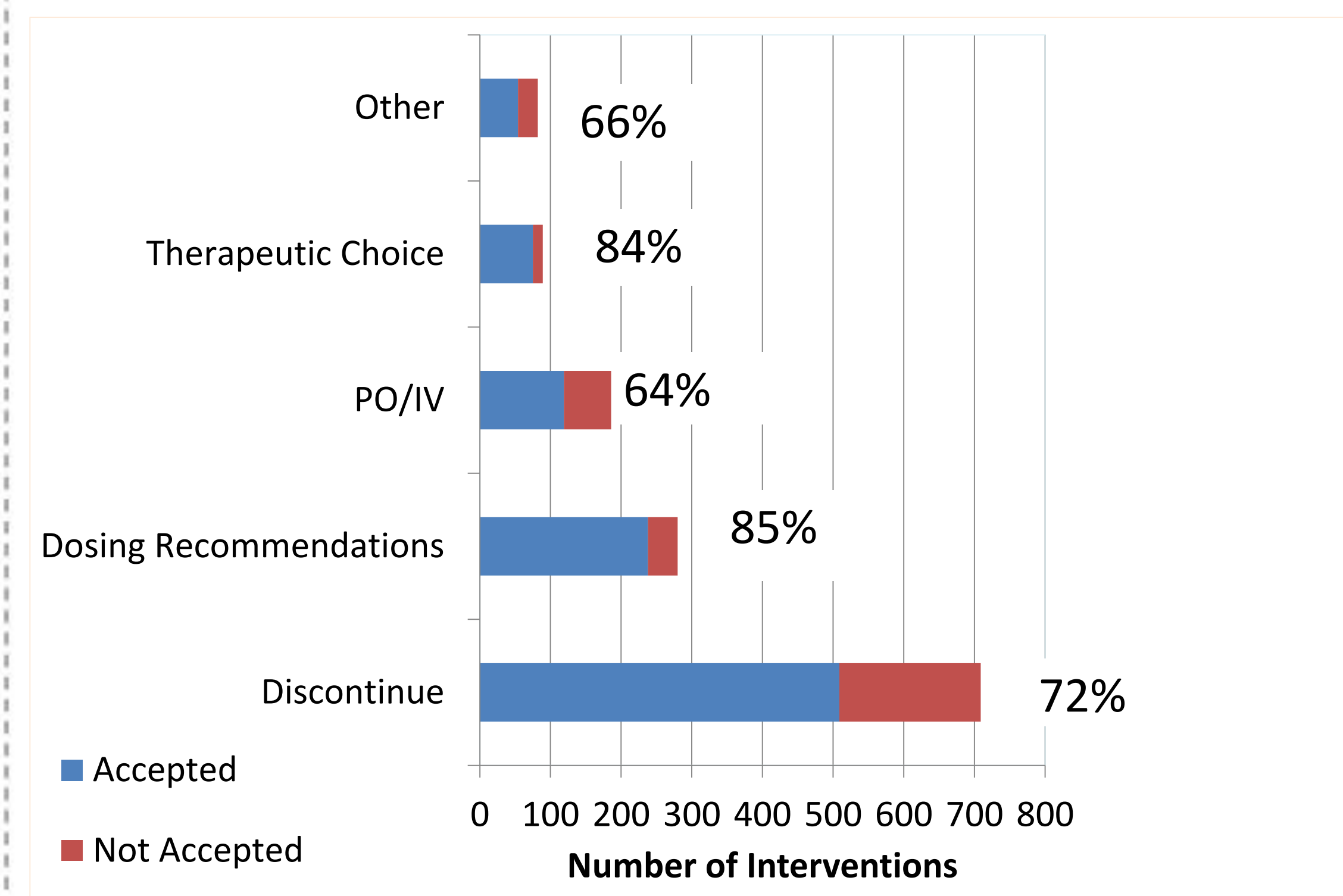


## Results

The most common intervention type was consideration to "Discontinue" antimicrobial therapy, with an acceptance rate of 72% [See Figure C]. Uptake of recommendations was > 60 % for all intervention types [See Figure C]

(C)

Uptake of pharmacist interventions



## Conclusion

Uptake of AMS interventions from clinical pharmacists is high. This demonstrates the opportunity pharmacists have to act as AMS champions in their areas. The number of interventions from the haematology/oncology (HOPE) directorate was lower; the HOPE pharmacy team make interventions at the multi-disciplinary meetings (MDTs), the structural interventions were less appropriate. The total number of interventions may be underrepresented due to the requirement to log the intervention for the AMS team.

### References

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