



A Review of Antimicrobial Stewardship Interventions at a Tertiary Hospital Centre – A MEG-a Undertaking



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BACKGROUND

Hospital antimicrobial stewardship programs are an integral part of clinical governance strategies as they aim to promote judicious use of antimicrobials. The MEG Auditing Tool was employed in June 2020 at our hospital site which allowed real-time capture of antimicrobial prescriptions and recommendations whilst on stewardship rounds.

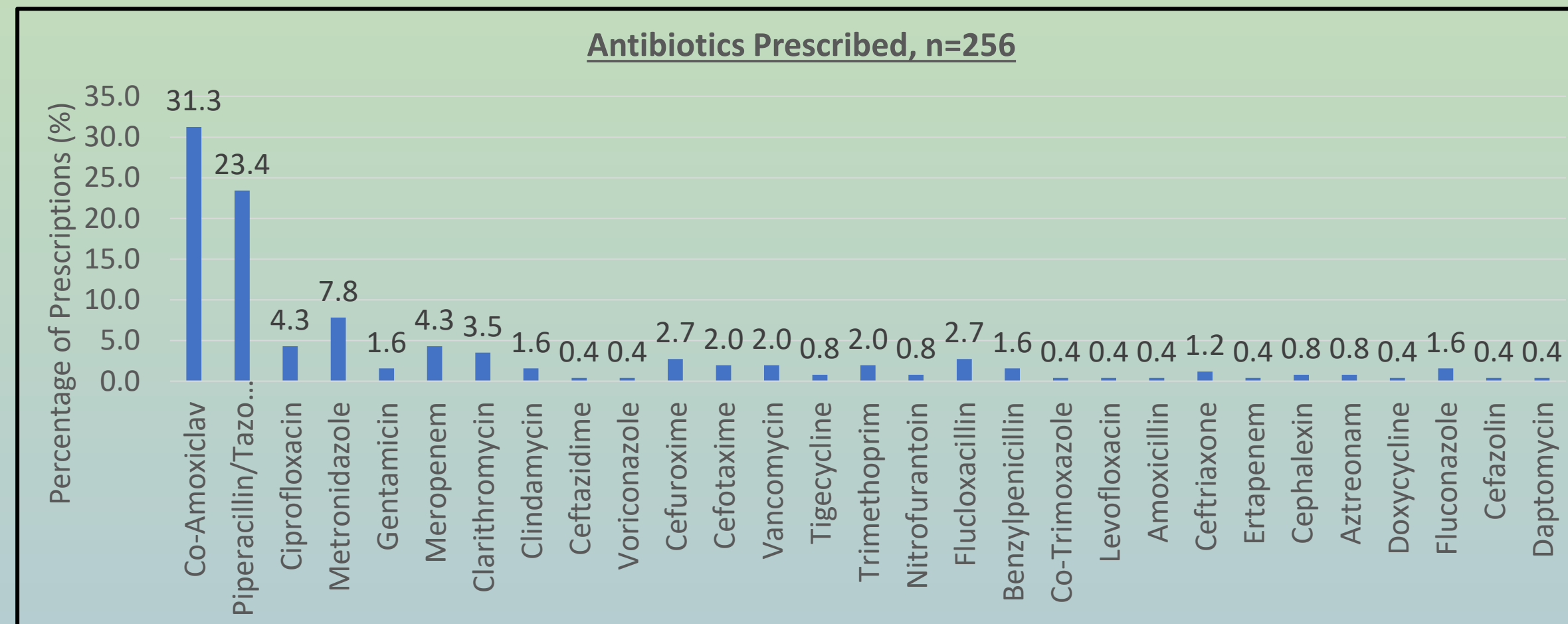
OBJECTIVE

To review all interventions captured by the MEG Auditing Tool in an effort to improve prescribing patterns of antimicrobials through sharing of findings.

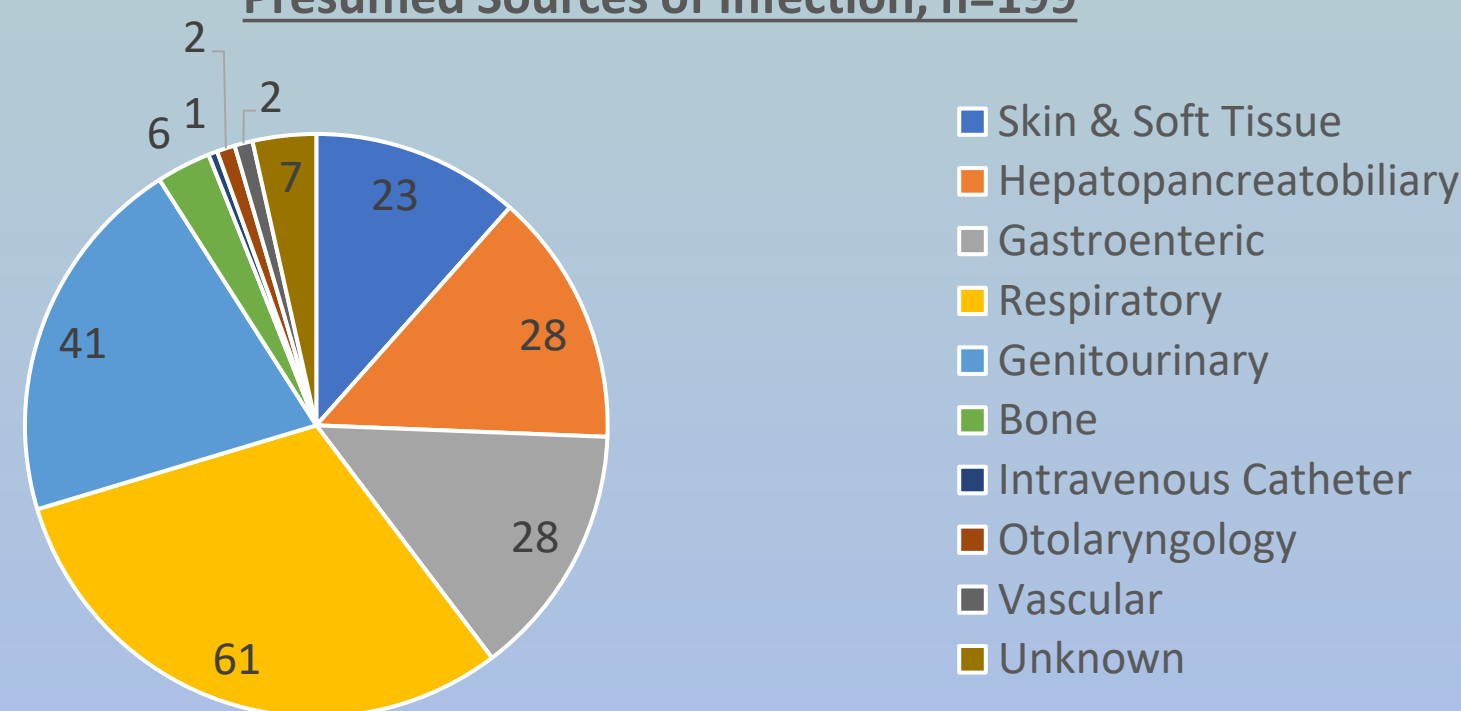
METHODOLOGY

All interventions from June 2020 to December 2020 inclusive were electronically reviewed and spreadsheets exported to ascertain trends and outcomes.

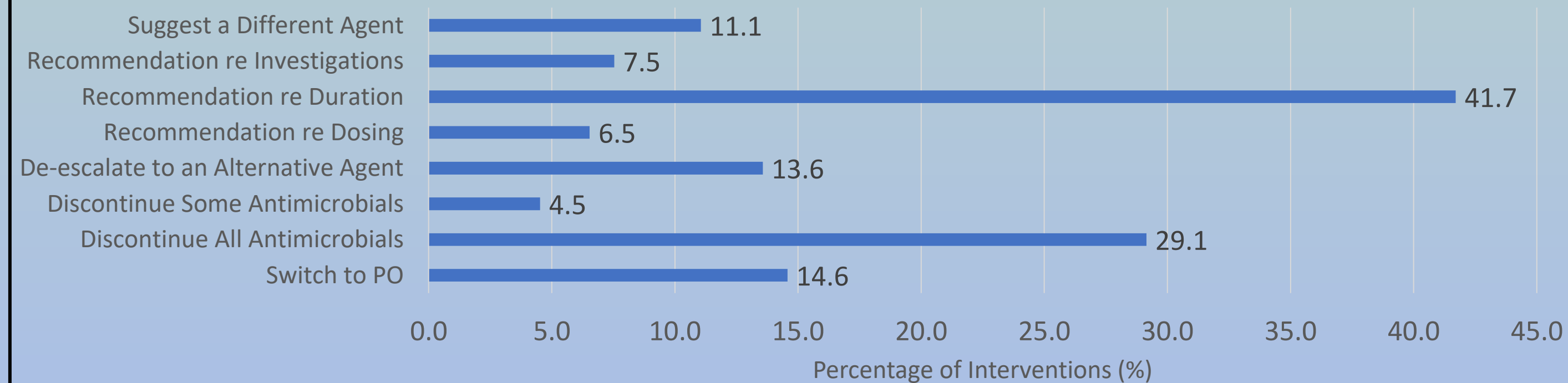
RESULTS



Presumed Sources of Infection, n=199



Antimicrobial Stewardship Interventions, n=199



Quality Indicator of Prescription	Yes (%)	No (%)
Correct Dose	195 (98)	4 (2)
As Per Local Hospital Guideline	89 (45)	110 (55)
Documented Stop/Review Dates	13 (7)	186 (93)
Documented Indication	83 (42)	116 (58)
If Restricted, Compliant with Local Restriction Policy	9 (69)	4 (31)

DISCUSSION & CONCLUSION

There is room for improvement of prescribing practices. Algorithms for the antimicrobial management of lower respiratory and urinary tract infections have since been developed, together with “Antimicrobial of the Month” e-posters. Prescribing education is ongoing to improve documentation, with the employment of stickers to aid physicians in remembering to de-escalate, be aware of restricted antimicrobials and consider switching to oral formulations. We also continue to work towards the introduction of electronic prescribing. Unfortunately, we failed to document the number of kardexes reviewed where no intervention was required, which we hope to outline going forward as a marker of good quality prescriptions and antimicrobial use.