Presentation Type:
Poster Presentation

Implementation of an Antimicrobial Stewardship Program in Five Colombian Hospitals in 2018

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Background: More than 50% of antibiotics used in hospitals are unnecessary or inappropriate. The antimicrobial stewardship programs (ASPs) are coordinated efforts to promote the rational and effective use of antibiotics including appropriate selection, dosage, administration, and duration of therapy. When an ASP integrates infection control strategies, it is possible to decrease the transmission of multidrug-resistant pathogens. **Methods:** In 2018, 5 Colombian hospitals were selected to implement an ASP. Private and public hospitals from different cities were included in the study, ranging from 200 to 700 beds. Our team, consisting of an infectious disease and hospital epidemiologist, visited each hospital to establish the baseline of their ASP program, to define the ASP outcomes according to each hospital's needs, and to set goals for ASP outcomes in the following 6–12 months. Follow-up was scheduled every 2 months through Skype video conference. The baseline diagnosis or preintervention evaluation was done using a tool adapted from previous reports (ie, international consensus and The Joint Commission international standards). Documentation related to ASPs, such as microbiological profiles, antimicrobial guidelines (AMG) and indicators for the adherence to them as well as antimicrobial resistance (AMR) prevention through protocols, were written and/or updated. Prevention and infection control requirements and protocols were also updated, and cleaning and antiseptic policies were created. Training in rational use of antibiotic, infection control and prevention, and cleaning and disinfection were carried out with the healthcare workers in each institution. **Results:** Before the intervention, the development of the ASP according to the tool was 27% (range, 5%–47%). The lowest institutional scores were the item related to ASP feedback and reports (11% on average), followed by education and training (14%), defined ASP responsibilities (23%), ASP function according to priorities (26%), and AMR surveillance (27%). After the intervention, the ASP development increased to 57% (range, 39%–81%) in the hospitals. The highest scores achieved were for education and training (90%), surveillance (75%), and the activities of the infection control committee (70%). The items that made the greatest contribution to ASP development were the individual antibiogram, including the bacteria resistance profile, and the development of the AMG based on the local epidemiology in each hospital. **Conclusions:** The implementation of an ASP should include training and education as well as defining outcomes according to the hospital's needs. Once the strategy is implemented, follow-up is key to achieving the goals.

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Implementation of an Electronic Travel Navigator to Enable "Identify-Isolate-Inform" for Emerging Infectious Diseases

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Figure 1. MGH Travel Navigator (A) and MERS BestPractice Advisory (B)

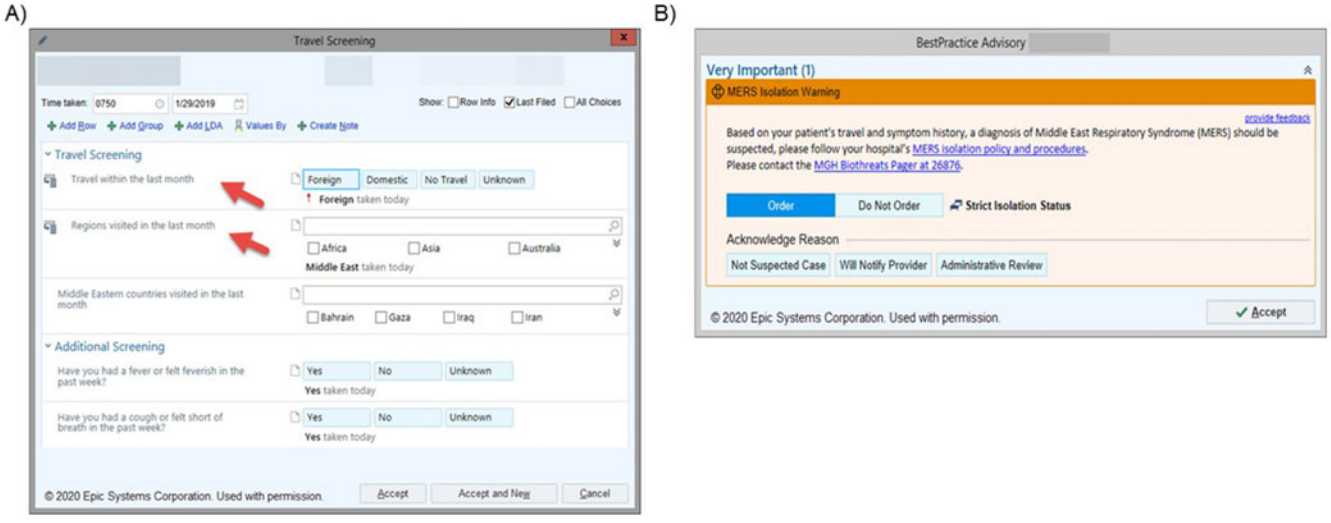

Figure 1. Travel screening includes initial choice of foreign, domestic, no travel, or unknown (A). When a provider selects "foreign", the region choices appear. If a region is chosen, corresponding country choices then appear. If either "Middle East" or one of the 13 countries identified as at risk for MERS is chosen, the additional screening section appears and providers are prompted to answer questions regarding patient symptoms. If either of the symptom screen questions are answered as "yes" or if a temperature ≥100.4 is documented in an electronic flow sheet, the MERS BestPractice Advisory (BPA) appears (B), providing the user with instructions regarding patient isolation and contact information for the MGH Biothreats Pager, staffed 24/7.

Fig. 1.