

Antibiotic stewardship practices widely implemented in VA health-care system

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New research highlights the robust presence of antibiotic stewardship practices in most Veterans Administration-affiliated facilities, manifested in both formal and informal policies. The study was published online today in *Infection Control & Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America.

"The Veterans Administration (VA) has been a national leader in the implementation of antimicrobial stewardship programs (ASPs)," said Christopher Graber, MD, a co-lead author and staff infectious disease specialist at the VA Greater Los Angeles Healthcare System. "This 2012 survey highlights how even though ASPs just started to emerge as an evidence-based strategy to combat antibiotic resistance, many VA facilities had coordinated stewardship activities as well as staffing patterns that promoted appropriate antibiotic use."

The study highlights that the VA is the first national-level healthcare system to comprehensively report on the extent of its antimicrobial stewardship activities and had implemented a robust level of stewardship activities preceding the recent involvement on the issue of antibiotic resistance by the White House and the Centers for Disease Control and Prevention.

The VA Antimicrobial Stewardship Task Force and Healthcare Analysis and Information Group disseminated a web-based survey regarding stewardship activities to 130 VA-affiliated facilities in 2012. All responded to the survey. Key highlights include:

- State of ASP Programs: While only 22 percent of facilities then had a formal policy establishing an antimicrobial stewardship program, 42 percent of respondents had one in development.
- Staffing: 38 percent of respondents reported having a multidisciplinary antibiotic stewardship team, consisting of at least one physician and a clinical pharmacist.
- Importance of Infectious Disease Specialists: 80 percent of facilities had at least one Infectious Disease (ID) specialist on staff, and having personnel such as physicians and pharmacists formally trained in ID was associated with decreased antibiotic use. The presence of clinical pharmacists with ID training as part of the antibiotic stewardship team was associated with a 10 percent decrease in antibiotic use.
- ASP Variation: While the presence of formal ASPs was not uniform, there were a number of stewardship strategies that have been adopted across the VA system. Nearly all facilities had at least some stewardship activities, including use of antibiograms or guidelines for staff on effective antibiotic treatments (94%), formulary restrictions (92%) and restrictions on antibiotic duration (75%).

Because the 2012 study data occurred during a time when multihospital or system-level approaches to stewardship were in a nascent phase at the VA and across the private sector, the findings provide a snapshot of the state of stewardship programs in the early stages.

"After the survey was completed, the VA issued a directive to all facilities, directing institutions to develop an antimicrobial stewardship program, so the number of formal ASPs has significantly increased to promote stewardship in a more systematic fashion," said Graber.

A follow-up survey was completed recently to assess VA's antimicrobial stewardship activities in 2015. The data, once analyzed, will present a

longitudinal view of the progress made in stewardship activities within the VA.

More information: Ann F. Chou, Christopher J. Graber, Makoto Jones, Yue Zhang, Matthew Bidwell Goetz, Karl Madaras-Kelly, Matthew Samore, Allison Kelly, Peter A. Glassman. "Characteristics of Antimicrobial Stewardship Programs at Veterans Affairs Hospitals: Results of a Nationwide Survey." Web (February 24, 2016).

Provided by Society for Healthcare Epidemiology of America

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