

VA reduces antibiotic use in system-wide antimicrobial stewardship initiative

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The Veterans Health Administration (VHA) reduced inpatient antibiotic use by 12 percent and decreased use of broad-spectrum antibiotics through a multi-year, system-wide antimicrobial stewardship initiative, according to a study published in *Infection Control & Hospital Epidemiology*, the journal for the Society for Healthcare Epidemiology of America. The study outlines the development and implementation of the effort to improve antibiotic use through the VHA's more than 140 medical facilities.

"Leadership buy-in and support is critical to the success of any implementation program—whether it be antimicrobial stewardship or other activities. However, leadership support alone is not enough," said Allison Kelly, MD, VHA National Antimicrobial Stewardship Initiative Manager. "A cadre of committed professionals from multiple disciplines needs to be nurtured to bring expertise and passion for the safe use of [antibiotics](#) to help make such programs a success."

In 2010, the VHA began the VHA Antimicrobial Stewardship Initiative to provide national guidance and resources for the implementation of [antimicrobial stewardship programs](#) (ASPs) at local VHA medical centers to improve antibiotic use. From 2010-2015, the Initiative held a series of in-person educational conferences, assembled multi-disciplinary champions, created online resources, as well as sample policies and interventions, and hosted monthly webinars. In 2014, the VA solidified its commitment to optimize antibiotic use and improve the care of veterans by publishing Directive 1031 requiring all facilities to

implement, maintain, and annually evaluate ASPs.

As a result of the Initiative, inpatient antibiotic use decreased 12 percent from 2010 through the first quarter of 2015. Three [broad-spectrum antibiotics](#), prescribed for highly antibiotic-resistant infections and considered the drugs of last resort, showed decreased use. These drugs are potential markers of decreased presence of resistant-infections.

The resources and interventions were available to all VHA medical centers for elective use as each facility deemed appropriate. The local stewardship champions who know and understand the unique needs and resources at the local level, and who also have leadership buy-in and support, were empowered to take an "a la carte" approach to incorporate varied, accepted stewardship practices for implementation at their local facility. This customization delivers an optimal local practice method.

"One of the key findings of this report is that a 'one-size fits all' strategy to implementation of an antimicrobial stewardship program is not necessary to assure success," said Kelly.

The Antimicrobial Stewardship Initiative continues to lead ongoing efforts to optimize antibiotic use to meet the goal of reducing inpatient antibiotic use by 20 percent by 2020, as established in the National Action Plan for Combatting Antibiotic Resistant Bacteria.

More information: Allison A. Kelly et al, A Report of the Efforts of the Veterans Health Administration National Antimicrobial Stewardship Initiative, *Infection Control & Hospital Epidemiology* (2017). [DOI: 10.1017/ice.2016.328](https://doi.org/10.1017/ice.2016.328)

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