

Evaluation of antimicrobial stewardship ward rounds led by junior members of the healthcare team

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Impact

AMS ward rounds led by junior members of staff provide valuable specialist input and advice regarding patient care and can optimise antimicrobial therapy earlier on admission. There was a trend towards shorter length of stay and reduced re-admission rates. Follow-up of larger cohorts, accounting for confounders (age, frailty, sepsis, etc.), is needed to fully determine the effects of these ward rounds on patient outcomes and the wider healthcare system.

Background

AMS can improve patient outcomes and shorten length of hospital stay [1]. Previously reported AMS ward rounds and antibiotic review initiatives utilised consultant microbiologists or consultant ID physicians with or without specialist antimicrobial pharmacist (AMP) involvement [2]. There is little evidence regarding the impact of AMS ward rounds led by junior pharmacists (AFC B6-7) and medical staff (SpR).

Objectives

To evaluate the impact of AMS ward rounds, led by junior staff, by reviewing:

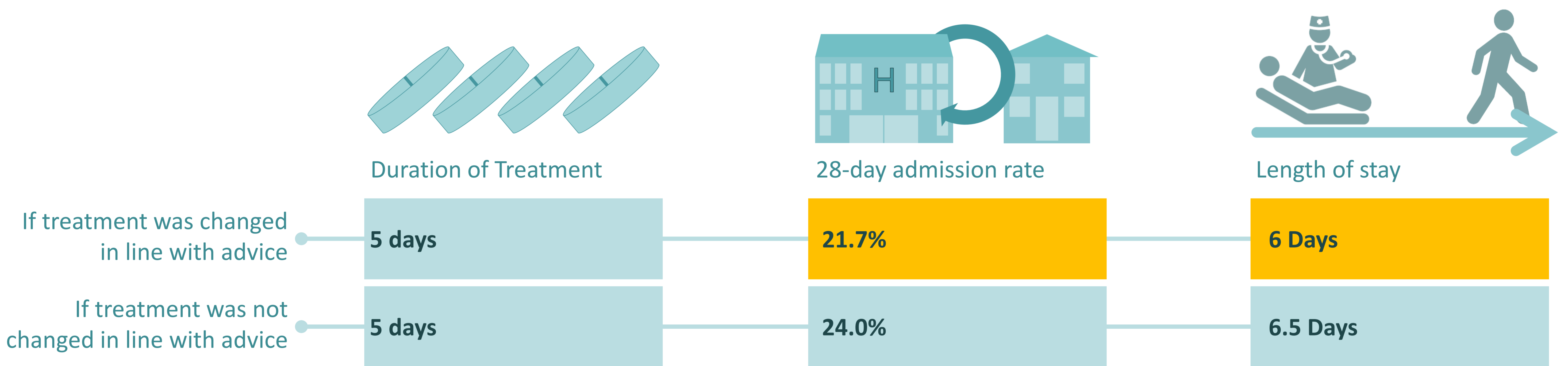
- The number and type of contributions and recommendations made;
- The uptake of these recommendations by ward clinicians;
- Changes in treatment duration (TD), length of stay (LOS), and readmission rate (RR, all causes within 28 days).

Methods

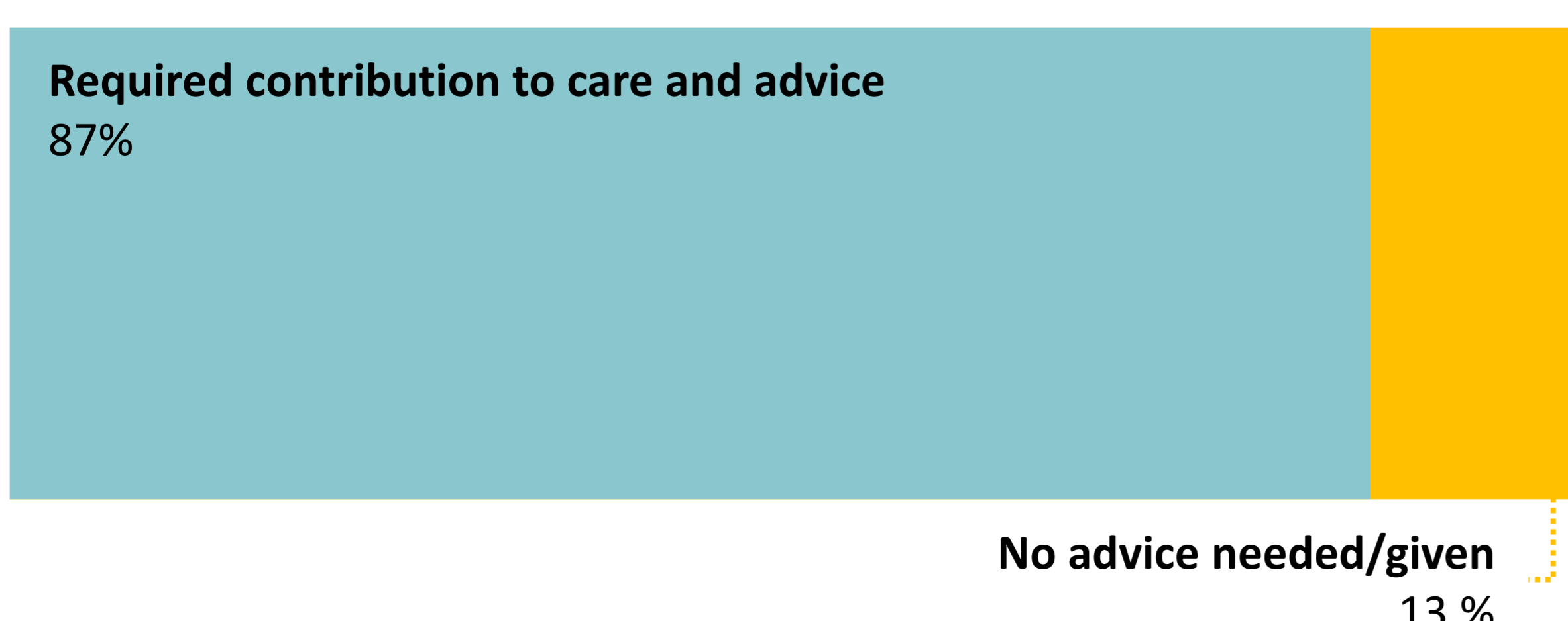
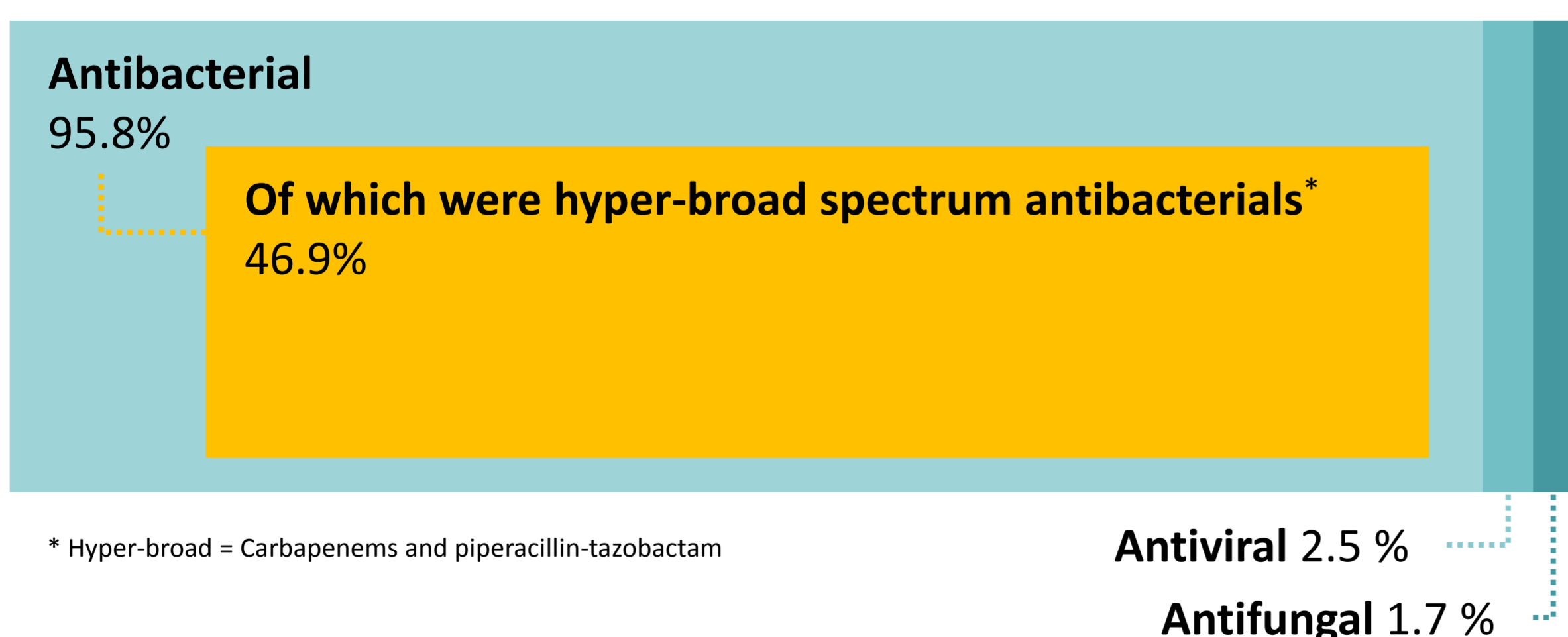
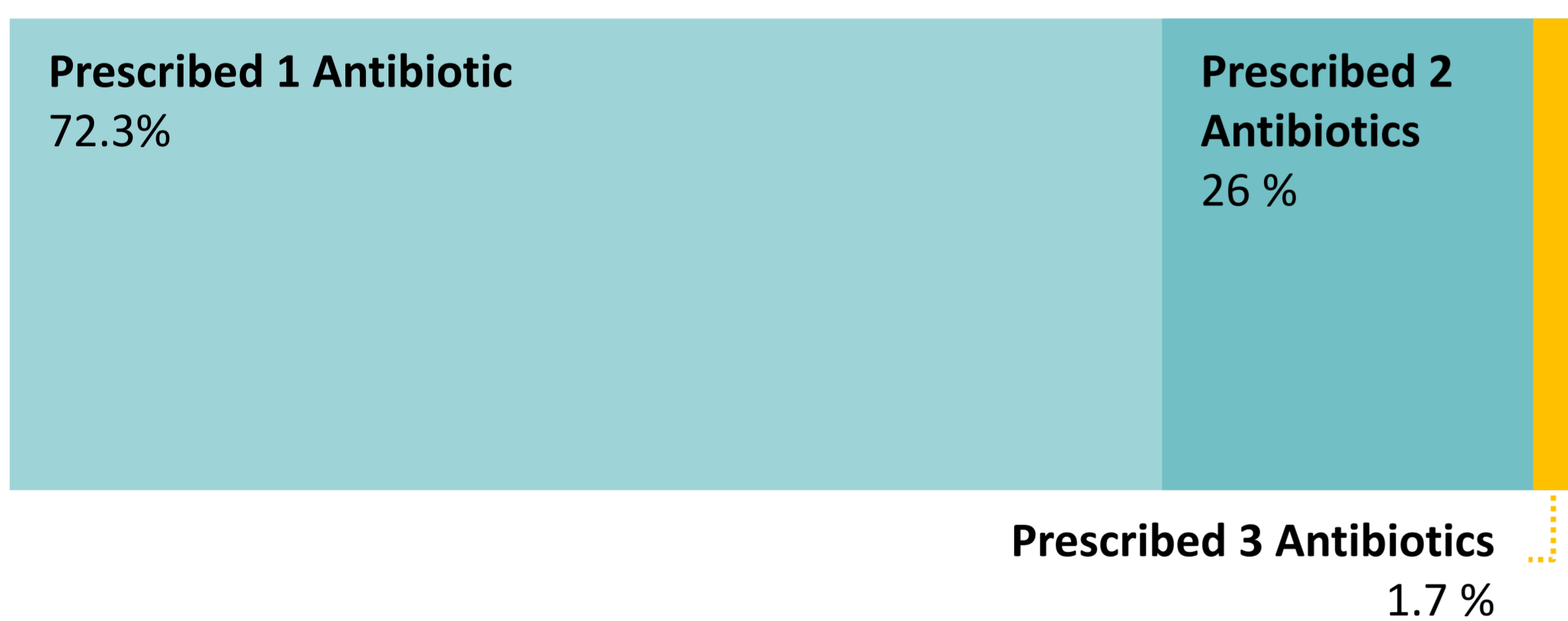
AMS ward rounds took place on the acute medical unit at Leicester Royal Infirmary, attended by a band 7 AMP and an Infectious Diseases registrar (ST3-5). Patients were identified using the electronic prescribing system. Patient details and contributions were recorded on the ward round. A total of 172 patients (from 52 ward rounds) were followed-up to determine if recommendations were followed, TD, LOS, and RR. Ethics approval was not required.

Results

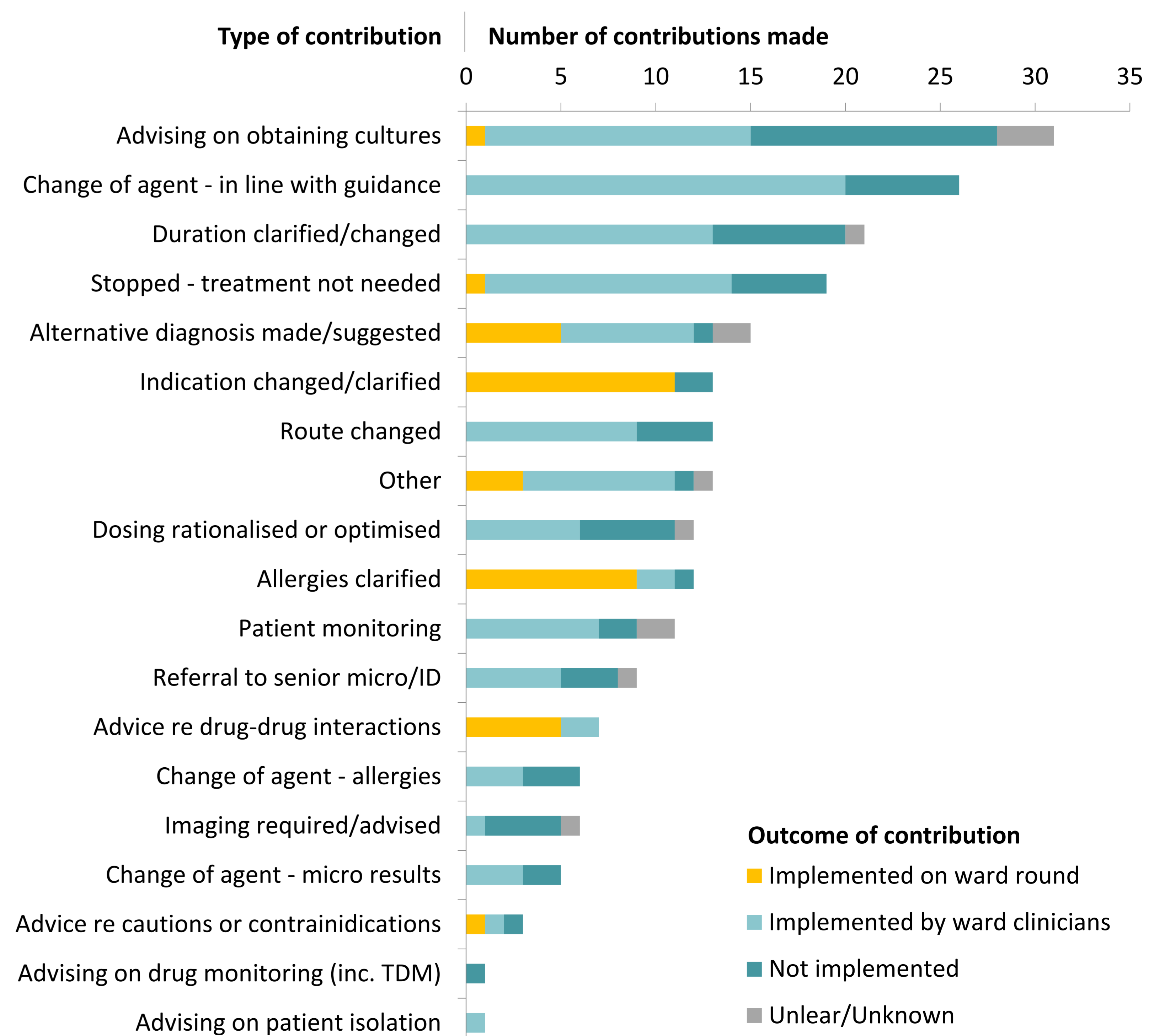
Outcome data



Of the 172 patients reviewed



Was advice accepted and implemented?



References
1. van den Bosch CM, Hulscher ME, Akkermans RP, et al., Appropriate antibiotic use reduces length of hospital stay. *Journal of Antimicrobial Chemotherapy*, 2016, 72, 923-32
2. Davey P, Marwick CA, Scott CL, et al., Interventions to improve antibiotic prescribing practices for hospital inpatients. *Cochrane Database of Systematic Reviews*, 2017, p1-368