Establishment of an antimicrobial stewardship committee at Ermelo Hospital

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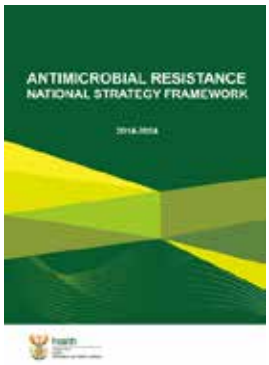
Background and objective

The increase in antibiotic resistance is undeniable, undiscriminating and a real threat to humanity. Health care institutions have a responsibility to protect and monitor the use of those antibiotics that are currently available. This has become evident through the nation-wide advocacy of antimicrobial stewardship (AMS) projects by the National Department of Health (NDoH). In 2014 the NDoH released a National Strategic Framework outlining strategies to combat the increase in antibiotic resistance. The establishment of AMS committees was listed as a high priority and all levels of management were encouraged to engage with their implementation. Recently the NDoH released a practical guide on AMS, summarising the various responsibilities and expectations of all stakeholders, from national down to hospital level. The AMS guide requires a multidisciplinary approach. This is a challenging approach in the public sector, as it requires commitment and persistence from various disciplines to succeed. Ermelo Hospital set out to establish an AMS committee according to this guideline, in order to fulfil this crucial mandate.



Approach and discussion

Stimulating awareness of AMS was paramount, and this was achieved by creating a sub-committee within the Pharmaceutics and Therapeutics Committee (PTC). The sub-committee created the platform to discuss resistance patterns on a quarterly basis as well as antibiotic use and guideline changes monthly. Various stakeholders, consisting of clinical, nursing, pharmacy, microbiology and management staff, were invited to an AMS meeting to discuss the way forward. Input, responsibilities and commitments were outlined in a Terms of Reference document (see Table 1) and a committee was established that meets on a quarterly basis. The committee's first order of business was to update the hospital antibiotic policy, as this guides how antibiotics will be utilised. The difference between the hospital antibiotic policy and the National Standard Guidelines and Essential Drug List (SMG EDL) is that the policy is based on the hospital's formulary and recent antibiogram data. Thus, the use of antibiotics can be tailored to the resistance patterns most prevalent in our setting. Co-operation from other specialists or experienced clinicians was sought regarding specific sections of the policy. The various responsibilities set out created a data-flow network whereby findings or results from one cadre could be utilised by another (Figure 1). All reporting is then compiled during each AMS committee meeting and resolutions or strategies made according to these reports. Resolutions and strategies tabled at the AMS then serve before the PTC, where final decisions can be made and implemented. Thus, the PTC forms the beginning and end of the process, ensuring that all stakeholders and health-care staff are aware of what AMS committee plans to do and decisions can be made on the basis of findings attained through implementation of those plans.

Table 1: The different responsibilities for each cadre of the AMS committee

Department/Cadre	Responsibilities
Physicians	• Rational prescribing habits • Guideline • Sensitivity screening • Training
All Pharmacists (under guidance of clinical pharmacists)	• Drug utilization • Formulary and drug selection • Antibiotic restrictions • Training • Guideline and intervention monitoring • Legal prescribing • Ward antibiotic audits
Laboratory staff	• Quality and timely screening • Prompt reporting
IPC	• Infection prevention • Resistance data capture and reporting
Quality Assurance	• Policy review / update • Legal prescribing monitoring
All Nursing staff	• Effective / correct drug administration • Effective specimen sampling

Conclusion

The AMS committee created a platform to discuss relevant clinical issues as well as compiling and/or updating hospital policies. It

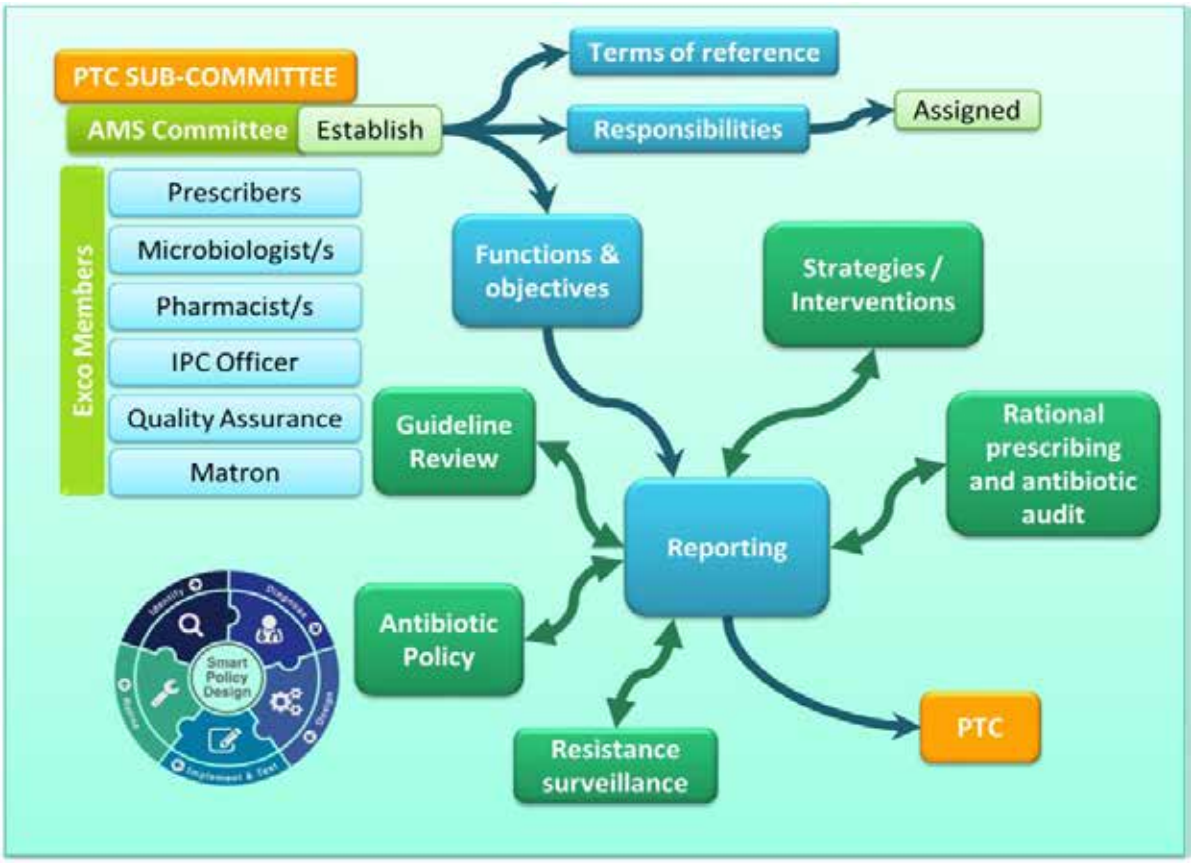


Figure1: The different functions and objectives within the AMS committee highlighting the relationship between every function

provided clarity with regards to duties and bestowed a sense of responsibility and team work to all role players within the committee. It is recommended that AMS be an extension of the PTC whereby plans and decisions taken can be cascaded to other hospital staff. The strategy outlined relies heavily on a functioning PTC and passionate pharmacists. Essentially this whole process was pharmacist driven, with most of the responsibilities falling to this cadre. Without the management of a pharmacist, the interplay between the different cadres becomes unco-ordinated and eventually compartmentalised, which would be detrimental to all parties involved. The biggest barrier undoubtedly is time. For any AMS strategy to succeed one has to plan carefully, implement, monitor the progress constantly and act on any changes needed to be made. Another possible barrier to implementation would be reluctance to participate or lack of co-operation from medical officers who are the implementers of AMS strategies. Thus, AMS should become a standing item on any PTC agenda. However, first and foremost, the AMS committee must be well established and committed. The National guideline relied upon for this effort creates a uniform structure from within state entities. This endeavour requires all levels of government (national, provincial and local) to be equally involved from implementation to maintenance phases. Most importantly, it needs pharmacists who are willing to lead, passionate to serve and able to take a stand against the rise of the superbugs!

Reading:

Antimicrobial Resistance: National Strategy Framework 2014-2024. National Department of Health, 2014. Accessible at http://www.health.gov.za/index.php/antimicrobial-resistance?download=679:a5-antimicrobial-resistance-national-strategy-framework-2014-2024-final

Implementation Plan for the Antimicrobial Resistance Strategy Framework in South Africa: 2014–2019. National Department of Health, September 2015. Accessible at http://www.health.gov.za/index.php/antimicrobial-resistance?download=1175:implementation-plan-for-the-antimicrobial-resistance-strategy-framework-in-south-africa-2014-2019

Note: The PSSA, on behalf of its sectors, branches and members, committed itself to supporting the strategy in 2014. Lorraine Osman was the signatory on behalf of the PSSA.