Prevalence of Antimicrobial Stewardship Programs in Pediatrics

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ABSTRACT

INTRODUCTION

Overall survey Respondents, N=138

Do you have an ASP?

Yes (%) 45 (33)

Using audit and feedback? 15 (33)

Using preauthorization? 35 (26)

ASP in planning 25 (18)

No ASP 68 (49)

Type of Hospital (% with ASP)

% Freestanding children’s hospital 45 (24)

% Children’s hospital within hospital 38 (36)

% Pediatric ward 15 (48)

% Other 2 (50)

ASP Characteristics Respondents, N=45

ID physician 88

% programs with 0 FTEs 37

Pharmacist 71

% programs with 0 FTEs 40

Infection control practitioner 34

Microbiologist 26

RESULTS

Barriers to implementing or improving ASPs

Current Planned No ASP

Have barriers (%) 80 100 67

Lack of funding (%) 31 72 51

Lack of time (%) 36 58 63

Lose autonomy (%) 31 56 54

Administration not aware of value (%) 22 40 25

PERCEPTIONS OF ANTIMICROBIAL RESISTANCE

-80% believe highly important nationwide

-Only 50% believe highly important at their institution (p=0.01)

-No differences based on presence of ASP or type of hospital

CONCLUSIONS

- Few ASPs exist in pediatric settings.
  - Many in planning stages since 2007 IDSA guidelines, especially at freestanding children’s hospitals.
  - Opportunities for improvement exist for current programs including:
    - Increasing FTEs and funding.
    - Greater use of audit and feedback.
    - ID physicians perceptions about resistance not influenced by ASP programs.

To describe the use of ASPs in pediatrics and barriers to their implementation and improvement.

-30-50% of antibiotic prescribing is inappropriate.

-Antimicrobial stewardship programs (ASPs) promote optimal antimicrobial prescribing to improve patient safety and outcomes and to prevent antimicrobial resistance.

- In 2007, IDSA published guidelines for developing institutional ASPs including recommendations about key features and to increase awareness.

-Many academic centers have ASPs although overall implementation nationwide is limited.

-No data exist about prevalence of ASPs in pediatric settings.

METHODS

RESULTS

• 246 pediatric infectious disease consultants surveyed in Dec. 2008 via the Emerging Infections Network about ASPs at their hospital.

• Pediatric EIN members include members of IDSA and PIDS throughout North America.

• Participants were asked whether their hospital had or were planning an ASP, its characteristics, barriers to implementing and improving the program and perceptions about antimicrobial resistance.

• 60% (147/246) responded. 9 excluded because did not work in hospital. No differences between respondents and non-respondents in terms of age or geographic region. Responses were more likely from those in university settings (65% vs. 55%).