

Antimicrobial Stewardship and the Incidence of Hospital Acquired Infections

Lindsey Allcock, BS, SN

School of Nursing and Health Science, Georgetown University, Washington, DC, USA

Purpose: The rise of antimicrobial resistance in all settings is both a patient care and a financial concern. Antimicrobial stewardship methods include prescription restrictions, education, and general infection control measures, have been shown to reduce the spread of antimicrobial resistance. While antimicrobial stewardship has successfully been implemented in different settings to reduce the spread of antimicrobial resistance, the effect of antimicrobial stewardship programs on health care acquired infections is less well known.

Methods: This paper systematically identifies, reviews, evaluates, and synthesizes evidence related to the effect of antimicrobial stewardship programs on the incidence of hospital acquired infections in the hospitalized patient populations. A literature review was collected to answer the following question - in hospitalized patients, what is the effect of the implementation of an antimicrobial stewardship program, compared to not using an antimicrobial stewardship program, on the incidence of hospital acquired infections during hospitalization? The LEGEND tool was used to critically analyze and grade individual research studies and the body of evidence as a whole.

Results: The evidence collected found that antimicrobial stewardship programs are an effective means of reducing hospital acquired infections in the inpatient population. While the type of antimicrobial stewardship program and the type of hospital acquired infection varied in the literature, all the evidence gathered showed a significant reduction in hospital acquired infection rates after the implementation of an antimicrobial stewardship program. Restrictive antimicrobial stewardship programs showed a greater reduction in hospital acquired infection rates than persuasive antimicrobial stewardship programs alone.

Conclusion: Following from this review of evidence the implementation of a restrictive antimicrobial stewardship program is recommended for all inpatient populations in order to reduce the spread of antimicrobial resistance and reduce the incidence of hospital acquired infections. Based on the literature available, a plan for the implementation of a restrictive antimicrobial stewardship program on the unit level is outlined. In sum, the use of antimicrobial stewardship programs should be standardized as means of reducing the spread of antimicrobial resistance and the incidence of hospital acquired infections.

Title:

Antimicrobial Stewardship and the Incidence of Hospital Acquired Infections

Keywords:

Antimicrobial stewardship, Hospital acquired infections and Quality improvement.

Abstract Summary:

An evidence-based review of the effect of antimicrobial stewardship on the incidence of hospital acquired infections. After the systematic collection, analysis, evaluation and synthesis of the evidence on antimicrobial stewardship programs, the implementation of a restrictive antimicrobial stewardship program is recommended to decrease the incidence of hospital acquired infections.

References:

- Borde, J.P., Litterst, S., Ruhnke, M., Feik, R., Hubner, R., deWith, K. ... Kern, W.V. (2015). Implementing an intensified antibiotic stewardship programme targeting cephalosporin and fluoroquinolone use in a 200-bed community hospital in Germany. *Infection* 43:45–50. doi: 10.1007/s15010-014-0693-2.
- Carter, E. J., Greendyke, W. G., Furuya, E. Y., Srinivasan, A., Shelley, A. N., Bothra, A., ... Larson, E. L. (2018). Exploring the nurses' role in antibiotic stewardship: A multisite qualitative study of nurses and infection preventionists. *American Journal of Infection Control*, 46(5), 492–497. doi: 10.1016/j.ajic.2017.12.016
- Centers for Disease Control and Prevention. (2020, February 14). Antibiotic / Antimicrobial Resistance. Retrieved March 30, 2020, from <https://www.cdc.gov/drugresistance/index.html>
- Chen, C.H., Lin, L.C., Chang, Y.J., Liu, C.E. & Soon, M.S. (2015). Long-term effectiveness of infection and antibiotic control programs on the transmission of carbapenem-resistant *Acinetobacter calcoaceticus*-*Acinetobacter baumannii* complex in central Taiwan. *Médecine et maladies infectieuses*, 45, 264–272. doi: 10.1016/j.medmal.2015.04.005
- Cincinnati Children's. (2020). James M Anderson Center for Health Systems Excellence. Retrieved February 5, 2020, from <https://www.cincinnatichildrens.org/research/divisions/j/anderson-center/evidence-based-care/legend>
- Cruz-Rodriguez, N.R., Hernades-Garcia, R., Salinas-Caballero, A.G., Pérez-Rodríguez, E., Garza-González, E., & Camacho-Ortiz, A. (2014). The effect of pharmacy restriction of clindamycin on *Clostridium difficile* infection rates in an orthopedics ward. *American Journal of Infection Control*, 42, 71 – 73. doi: 10.1016/j.ajic.2014.02.018
- Feazel, L.M., Malhotra, A., Perencevich, E.N., Kaboli, P., Diekema, D.J., & Schweizer, M.L. (2014). Effect of antibiotic stewardship programmes on *Clostridium difficile* incidence: a systematic review and meta-analysis. *J Antimicrob Chemother*, 69, 1748–1754. doi: 10.1093/jac/dku046
- Kim, Y.C., Kim, M.H., Song, J., Ahn, J.Y., Oh, D.H., Kweon, O.M. ... Choi, J.Y. (2013). Trend of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia in an institution with a high rate of MRSA after the reinforcement of antibiotic stewardship and hand hygiene. *American Journal of Infection Control*, 41, 39 – 44. doi: 10.1016/j.ajic.2012.12.018
- Lee, C. F., Cowling, B. J., Feng, S., Aso, H., Wu, P., Fukuda, K., & Seto, W. H. (2018). Impact of antibiotic stewardship programmes in Asia: a systematic review and meta-analysis. *Journal of Antimicrobial Chemotherapy*, 73(4), 844–851. doi: 10.1093/jac/dkx492

- Moffa, M.A., Walsh, T.L., Tang, A., & Bremmer, D.N. (2018). Journal of Infection Prevention 19(4) 191–194. Doi: 10.1177/1757177418767760.

First Primary Presenting Author

Primary Presenting Author

Lindsey Allcock, BS, SN

Georgetown University

School of Nursing and Health Science

Student Nurse

Washington DC

USA

Author Summary: Lindsey Allcock is a current Georgetown University second degree MS-CNL candidate. She previously graduated from Georgetown University with a BS in physics. She then worked as a teacher before changing careers to pursue a masters degree in nursing.