Background: In 2016, the antimicrobial stewardship team (AST) of the University Hospital of Liège, Belgium published a prospective, uncontrolled, interrupted time series study demonstrating the successful implementation of a combined intervention strategy from the AST to improve the quality of documentation on antibiotic therapy in the computerized medical records between 2012 and 2014. Since 2016, the AST repeated a point prevalence surveys (PPS) twice a year about that topic.

Materials/methods: We aimed to evaluate if the impact of the interventions remained stable over time on the documentation rate of 3 quality indicators: (1) the indication (2) the antibiotics prescribed and (3) the expected duration or review date, with a goal of achieving 90 % compliance on each indicator. Using the PPS approach, a clinical pharmacist and physician, both from the AST, identified patients receiving one or more antibacterial agents from the Medication Administration Record (MAR). Patients seen in the outpatients or dialysis department or the emergency room, and those who underwent a specific medical intervention or surgery the same day were excluded.

Results: From 2016-2019, six PPS were performed. Overall 4691 patient MARs were reviewed from a total of 34 wards: 1118 (23.8 %) took one or more antibiotics, 84.9 % for the treatment of an infection, which was slightly lower than previous results (26-28 % and 82-83 %, respectively). The medical records of 949 patients receiving antibiotics for infection were carefully reviewed and analyzed. On average, 90.4 % (vs 90.3 % in comparison with our previous results) had an indication documented; 95.1 % (vs 95.6 %) had documentation of the antibiotics prescribed; and 65.2 % (vs 67.7 %) had a duration or review date documented.

Conclusions: In our institution, the quality of documentation on antibiotic therapy remained stable over a 5 years period of time, with 90 % or more compliance on average for two quality indicators: the indication and the antibiotics prescribed, but less than 70 % for duration or review date. This last point should be analyzed and new interventions should be considered to reach 90 % compliance for this quality indicator.