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PURPOSE / OBJECTIVES

Since 2002, the Belgian Antibiotic Policy Coordination Committee (BAPCOC) has supported the development of antimicrobial stewardship (AMS) teams in Belgian hospitals with policy guidance and federal funding. A Royal Decree of 12 February 2008 has consolidated the minimum composition, mandate and tasks of AMS teams. However, between 2017 and 2019, the European Centre for Disease Prevention and Control (ECDC) and the Belgian Health Care Knowledge Centre (KCE) emphasized flaws in our national strategies and policies on antimicrobial resistance. This survey evaluated if the essential and the minimum standards for AMS programs in Belgian hospitals were fulfilled after more than 10 years of activities.

MATERIAL & METHODS

A questionnaire survey was performed based on the international consensus approach developed by Pulcini et al.¹ in 2019. Seven core elements and their related 29 checklist items for global hospital AMS programs were assessed. All the items were weighted identically: 1 point per hospital regardless of the type of hospital or the number of beds. No points were awarded if the answer to the question was no. Half points have also been awarded when the hospital was not able to fully complete the criteria. In order to check that every pharmacist had completed the questionnaire with the same understanding, the results were discussed during a group interactive session. The results were expressed in percentages.

RESULTS

Completed questionnaires were provided by 13 hospitals (8 primary, 3 secondary and 2 tertiary hospitals) for a total of 8312 beds. Figure 1 shows the results of the seven core elements. The core elements number 3 (Available expertise on infection management) and 6 (Monitoring and surveillance) gained good scores. The core elements number 1 (Senior hospital management leadership towards antimicrobial stewardship) and number 7 (Reporting and feedback) have to be improved in the future. The sub-analysis of the 29 check list items (Figure 2) emphasized within the core elements which questions can still be improved. The overall mean of the 29 check list items are 69% of satisfaction.

RESULTS

Figure 1 : 7 core elements

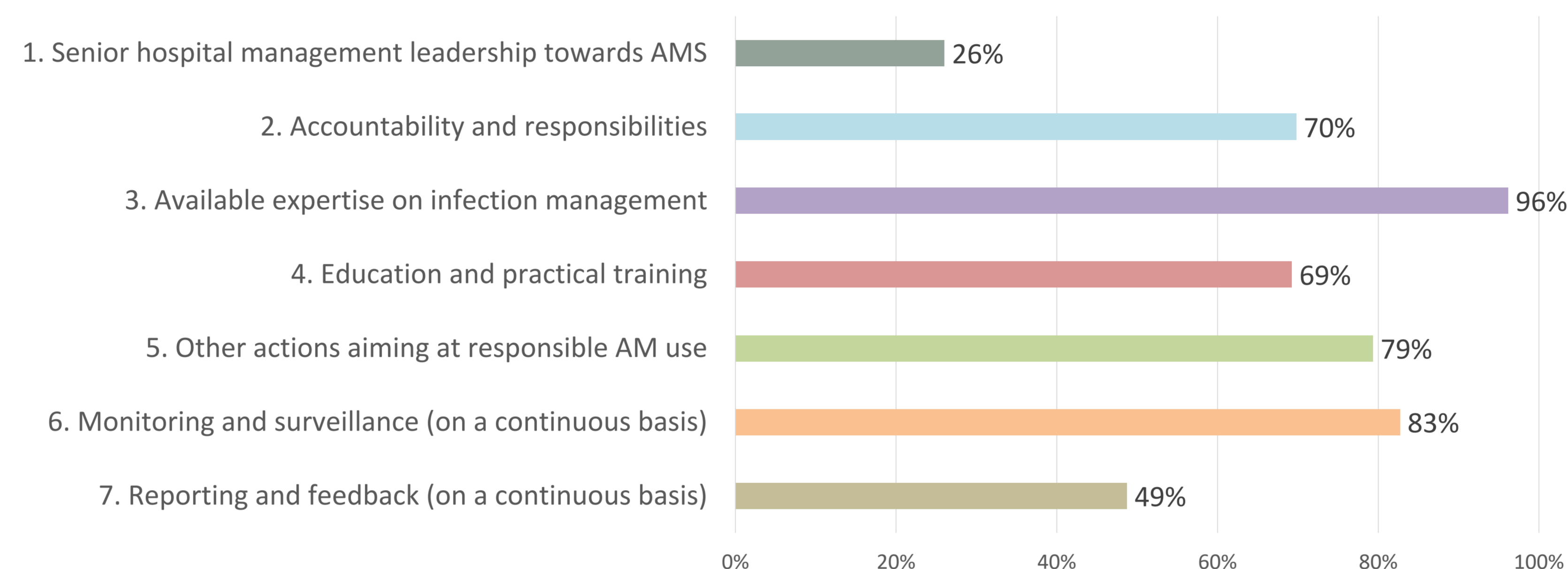
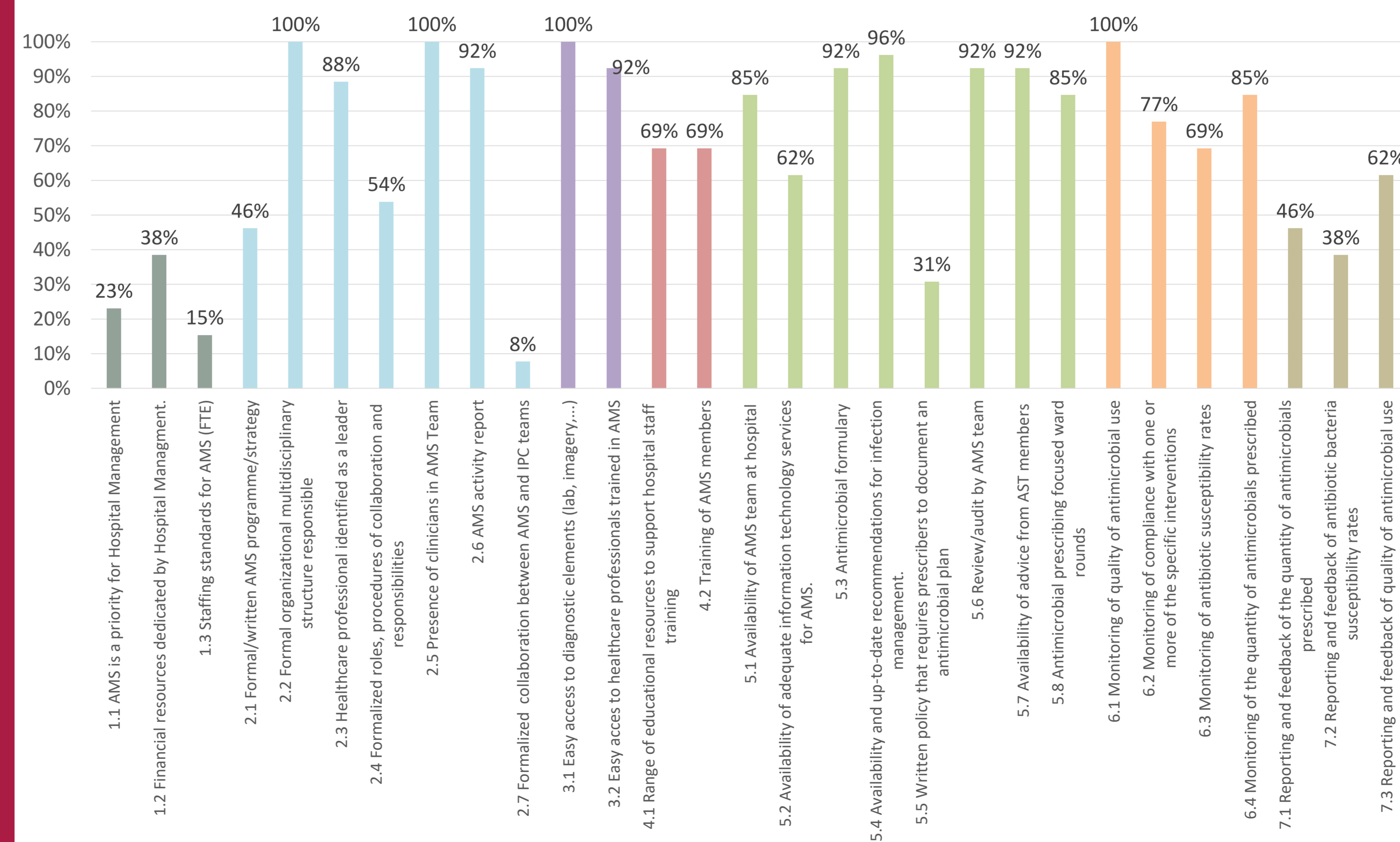
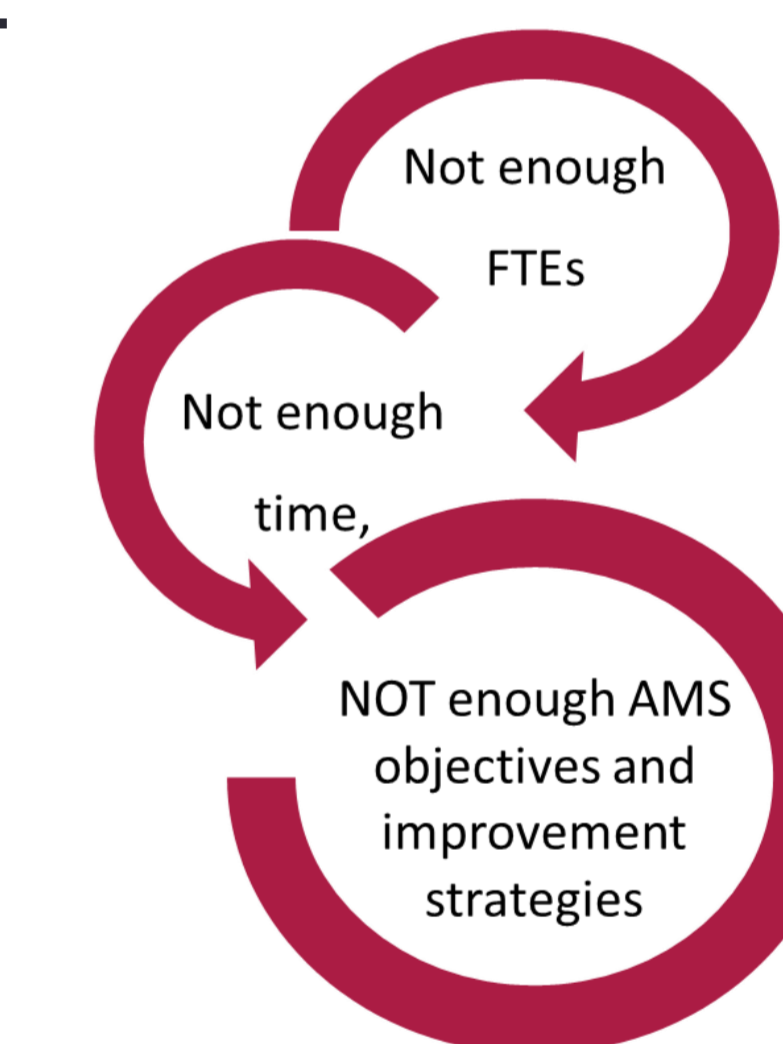


Figure 2 : 7 core elements and the related 29 check list items



SUMMARY / CONCLUSION

- Core element 1 won the worst score. AMS isn't a priority for hospital management. Hospital managers are not sufficiently empowered to operate their AMS.
- The Belgian Royal Decree regarding AMS doesn't provide the minimum number of full time equivalents (FTEs) by profession in order to support for antimicrobial stewardship activities. There are consequences on the activities themselves of AMS.



- A written formalization of roles, functions and responsibilities were lacking.
- In Belgium, the Infectious disease physicians have just been recognized in 2020. But their number is still insufficient.

This survey confirmed on the ground what is reflected in the ECDC and KCE reports: the effectiveness of the Belgian AMS teams could be improved. This survey could help BAPCOC to easily underline which core elements need improvement.