

Original article

Antibiolor, the Lorraine antibiology network: Update on 7 years of activity

Antibiolor, réseau lorrain d'antibiologie : bilan après sept ans de fonctionnement

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Abstract

Objective. – The objective of the study was to assess the activity of the Antibiolor network, created in 2003, to promote antibiotic stewardship in Lorraine, and comply with the French Ministry guidelines issued in May 2002.

Methods. – The authors described the objectives and structure of the network, actions implemented with physicians, pharmacists, community or hospital biologists, and evaluation.

Results. – The network is made up of five committees supervised by a pilot committee. Over the previous 7 years, various actions were undertaken such as the drafting of guidelines for the hospitals and general practitioners, the creation of a hotline for advice on antibiotic treatment, the creation of a website, and giving information on infectious diseases via a quarterly letter sent to healthcare professionals. The network participated in continuous medical education for practitioners and organized the evaluation of professional practice in Lorraine hospitals. It also helped set up a network of community private laboratories for the study of resistance in the most frequently isolated bacteria, and implemented the monitoring of antibiotic consumption in hospitals.

Conclusion. – After 7 years, the Lorraine antibiology network has proved its beneficial role in terms of communication and scientific information for antibiotic stewardship. The Antibiolor network would like to follow other indicators in the future, such as the evolution of community antibiotic consumption in partnership with the public healthcare insurance.

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Keywords: Network; Antibiotics; Bacterial resistance

Résumé

Objectif. – Bilan des actions du réseau Antibiolor, créé en 2003, pour promouvoir le bon usage des antibiotiques en Lorraine conformément à la circulaire ministérielle de mai 2002.

Méthode. – Description des objectifs du réseau, de ses modalités de fonctionnement, de ses actions auprès des médecins, pharmaciens, biologistes de ville ou d'établissements de soins et de son évaluation.

Résultats. – Le réseau est structuré en cinq commissions supervisées par un comité de pilotage. En sept ans, de nombreuses actions ont été menées telles que la rédaction de référentiels à destination des établissements de soins et des médecins de ville, la création d'un numéro de téléphone pour des conseils en antibiologie et d'un site Internet, la diffusion d'informations en antibiothérapie par l'intermédiaire d'une lettre trimestrielle diffusée largement aux professionnels de santé. Le réseau a participé aux actions de FMC pour les praticiens de ville et a organisé une action d'EPP dans les établissements de soins lorrains. Il a aussi permis la structuration d'un réseau de laboratoires d'analyses de biologie de ville, pour étudier l'évolution des résistances des bactéries isolées le plus fréquemment, et la mise en place d'une surveillance de la consommation des antibiotiques dans les établissements.

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¹ On behalf of the Réseau Antibiolor.

Conclusion. – Après sept années d’existence, le réseau lorrain d’antibiologie a démontré son rôle bénéfique en termes de communication et d’information scientifique sur le bon usage des antibiotiques. À l’avenir, le réseau Antibiolor souhaite suivre d’autres indicateurs, comme l’évolution des consommations d’antibiotiques en ville, en partenariat avec l’Assurance maladie.

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Mots clés : Réseau ; Antibiotiques ; Résistance bactérienne

1. Introduction

The Antibiolor network, network including healthcare personnel, physicians, biologists and pharmacists practicing in healthcare institutions or in the community, has for objective to promote antibiotic stewardship in the Lorraine region. It was created at the end of 2003, as a regional response to the French Ministry guidelines 2002DHOS/E2-DGS/SD5A no. 2002-277 issued on May 2, 2002 concerning antibiotic stewardship in healthcare institutions and the experimental implementation of centers for antibiotherapy advice for private practitioners [1]. It was created along with a campaign for the global population initiated by the Healthcare Insurance on antibiotic stewardship between 2002 and 2007.

The Healthcare Insurance has just launched a new campaign for antibiotic use with a new slogan “Antibiotics if misused will become less efficient”. On this occasion, we present a review of Antibiolor network activity over the previous 7 years.

2. Objectives of the Antibiolor network

The main objective of the Antibiolor network was to offer prescribers and institutions help for antibiotic stewardship. The following goals were determined:

- draft, validate, spread and use regional guidelines, resulting from a collective consensus, for private practice and hospitals;
- develop evaluation habits including an audit for antibiotic stewardship in healthcare institutions as well as in private practice; determine the gap between practice and recommendations; suggest corrective actions and assess their impact;
- contribute to the continuous education of network members in antibiotic stewardship;
- group referents in antibiotherapy practicing in healthcare institutions; participate in their recruitment (prerequisites, etc.); ensure their continuous education;
- set up a hotline for antibiotherapy open during office hours, with permanent access to a referent in antibiotherapy;
- implement computer based systems allowing creating clinical, microbiological, and pharmaceutical interfaces;
- contribute to the development of new communication and information technologies facilitating exchanges between network members (sharing data, on-line availability and update of guidelines, sharing locoregional data (bacterial resistance, warnings, prophylaxis, etc.);
- contribute to the development of clinical and epidemiological research for antibiotic stewardship.

3. Network structure

The network is supported by a non-profit association (according to French Law 1901); during the first general assembly, the network voted an administrative council including 40 members representing the various colleges and a board of eight members.

The network includes:

- a specialized center for the management of infected patients: the Infectious and Tropical Diseases unit in the Nancy teaching hospital;
- public or private, health care or long-stay institutions: median and long stay hospitals and clinics, medicalized retirement homes requiring network membership; in 2010, 58 institutions were network members;
- community practice anti-infectious drug prescribers, pharmacists, biologists, hygienists, requiring individual network membership; in 2010, 189 practitioners were network members.

The network is supervised by a steering committee including elected representatives for various professionals participating in the network. Its role is to guide network actions, to analyze evaluation results and to identify improvement strategies.

Five commissions were created in the network, working independently but also in collaboration depending on missions:

- clinical, microbiology, pharmacy, software, information, and training commissions. Each was headed by two practitioners, one working in a healthcare institution and the other outside of healthcare institutions and each had to implement actions proposed by the steering committee;
- and an evaluation committee in charge of assessing network actions.

4. Network tasks undertaken to reach previously mentioned objectives

4.1. Writing out guidelines

Antibiolor allowed elaborating and sustainability of two types of guidelines: a guideline for hospital prescribers called “Antibioguide” and a guideline for community prescribers called, “Antibiovillage”:

- Antibioguide was based on guidelines drafted in 1995 at the Nancy teaching hospital. It is updated every 2 years and includes national recommendations issued by expert societies (SPILF, etc.), and agencies (Afssaps or HAS). The 6th edition

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