Abstract citation ID: ckac129.598 Information technology systems to support antimicrobial stewardship programs Veronica Gallinoro

V Gallinoro¹, M Grazzini², D Paolini², B Dannaoui³, A Farese⁴, E Mantengoli⁴, A Ipponi⁵, F Pieralli⁶, G Bonaccorsi⁷, F Niccolini² ¹School of Specialization in Public Health, University of Florence, Florence, Italy

²Health Direction, Careggi University Hospital, Florence, Italy ³Computerization of Healthcare Processes Unit, Careggi University Hospital, Florence, Italy

⁴Infectious and Tropical Diseases Unit, Careggi University Hospital, Florence, Italy

⁵Pharmacy Department, Careggi University Hospital, Florence, Italy ⁶High Intensity Internal Medicine Unit, Careggi University Hospital, Florence, Italy

⁷Department of Health Sciences, University of Florence, Florence, Italy Contact: vgallinoro@gmail.com

Problem:

Inappropriate antibiotic use contributes to the emergence and spread of multidrug-resistant organisms that are responsible for life-threatening infections. Furthermore, overprescription of antibiotics is associated with an increased risk of adverse effects and higher costs.

Description of the problem:

Careggi is a tertiary care teaching hospital in Italy, with nearly 1,200-bed units, involved since 2015 in antimicrobial stewardship (AMS) programs. Despite implementation programs, carbapenems (CAR) consumption rates remained higher than the national average; for this reason, the AMS hospital team started a project aimed at improving the appropriateness of this type of drug.

Results:

The project started in October 2021 and involved 10 hospital Units selected as the major prescribers of CAR. The strategies were planned by a multi-professional and multi-disciplinary team of experts in AMS and were set in place by a multimodal approach focused on information technology (IT) functions implemented in the electronic medical record such as:

- time-out alerts at 72 hours inviting physicians to evaluate if the prescribed antimicrobial is still warranted or effective against the identified organism(s);
- interactive and customizable prescribing algorithms to support physicians in empirical and targeted therapies;
- electronic dashboards viewable by physicians and the AMS team to daily monitor and review CAR prescriptions.

These functions were complemented by a series of training sessions for prescribing physicians aimed to promote a more rational and appropriate antimicrobials use. Six months after the project began, an overall reduction in the prescription of CAR was observed: from 6.2 DDD/100 patient-days to 4.9 DDD/100 patient-days.

Lessons:

AMS programs use different interventions to influence the behavior of prescribers toward more appropriate use of antimicrobials. IT functions represent complementary and useful tools to promote antimicrobial stewardship programs. **Key messages:**

Antimicrobial stewardship programs aim at optimizing antibiotic use and reducing inappropriate antibiotic

prescriptions.Information technology systems represent useful tools within AMS programs.