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### OP13

#### Improving antibiotic stewardship in an acute medical unit

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#### Abstract

Antibiotic resistance is related to the incorrect/inappropriate use of antibiotics. In 2019, there were nearly 5 million deaths associated with bacterial antimicrobial resistance across 204 countries. There has been an increase in antibiotic prescription within secondary care by about 4.8% since the COVID-19 pandemic. Appropriate use of antibiotics reduces the risk of antibiotic resistance and attendant morbidity and mortality. The aim was to improve compliance with trust guidelines when prescribing antibiotics as well as documentation of antibiotic indication and review date.

A retrospective study was conducted for patients admitted to AMU in October '22 who had been prescribed antibiotics as part of their management. Clinical information regarding the appropriateness of the antibiotic and documentation of the indication and review by date was obtained. Interventions used were one-on-one teaching, group teaching, as well as posters put up throughout the department. We worked with trust pharmacy and QI department and then completed the Plan-Do-Study-Act cycle.

Post intervention, 12% of the patients admitted had received antibiotics for non-infectious illness compared with 26% in the 1st cycle, 48% had antibiotics prescribed according to micro-guide, compared with 41.6% pre-intervention, and 5% had indications documented on EPMA, compared with none previously. These were published at the trust Shared Learning Bulletin. Overall, there has been a positive change in attitude towards the prescription of antibiotics, with more attention paid to indication and review-by date.