

France experience towards AMR in hospitals

JM Azanowsky, General Health
Directorate, France, 5th conference
on Patient Safety, Madrid, June 2010

Contents

- The fight against nosocomial infections:
 - > Structures,
 - > Guidelines,
 - > Indicators, the scoreboard.
- Better in-hospital antibiotic use:
 - > Structures, special staff in hospitals,
 - > Guidelines.
- Results : antibiotic consumption, antimicrobial resistance.

The fight against nosocomial infections (1): operational structures

- At the Hospital level:
 - > local infection care control committee (1988),
 - > infection control team.
- At the Interregional level:
 - > interregional coordinating centers on nosocomial infections- CClin (1992).
- At the National level:
 - > National expert committee (1992),
 - > Advisory committee for the National program.

Guidelines to avoid the hospital spread of multi-drug-resistant (MDR) bacteria (1999/2009)

- Standard hygienic practices (hand-washing, gloves, masks, trashes).
- Information on multi-resistant bacteria.
- Where are these bacteria, how they spread.
- Identification of patients with multi-resistant bacteria.
- Isolation recommendations.
- Detection of patients at risk.
- How to organize it in hospital's units.

The fight against nosocomial infections (2): 5 indicators for monitoring and public reporting

- **Global indicator on Hospital Infection prevention policy:** 100 points score, related to organization, resources and activities.
- **Consumption of hydro-alcoholic solutions:** number of liters in front of an theoretical objective for each type of hospital ward.
- **Surveillance of surgical site infections (SSI):** number of surgical teams who actually performed this survey.
- **Antibiotic policy and antibiotic use:** composite indicator related to organization, resources and activities.
- **MRSA control and incidence:** indicator still pending, because of a large part out of control of hospitals.

The fight against nosocomial infections (3): the Scoreboard on Healthcare-associated infections

- Based on the above-mentioned indicators.
- Declarative data reporting: 99.5% respondents, 0% missing data.
- Control of 10% hospitals each year.
- Presentation of annual results at a Press conference by the Minister of Health.

Evolution of results 2004- 2007

% of hospitals in the « A » class

A Class	ICALIN	ICSHA	ICATB	SURVISO	Aggregate Score
2007	67,40%	12,80%	28,00%	84,5%	15.3 %
2006	56,10%	5,20%	12,90%	71,5%	4,80%
2005	32,50%	3,00%	-	59,7%	-
2004	11,6%	-	-	-	-

Http://www.icalin.sante.gouv.fr/




Tableau de bord des Infections Nosocomiales Résultats 2007

[Accueil](#)

[Score agrégé](#) | [ICALIN](#) | [ICSHA](#) | [SURVISO](#) | [ICATB](#) | [SARM](#)

Hopital Local D' Ax Les Thermes

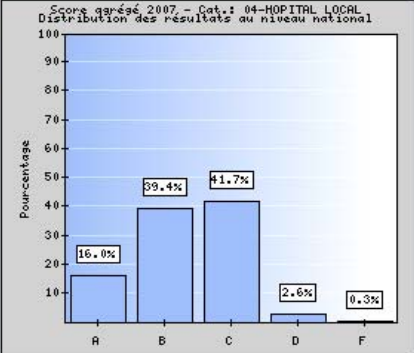
PI Du Breilh- N° finess: 090000019
09110 **Ax Les Thermes** Catégorie: 04-HOPITAL LOCAL


Les années suivies d'une *, les déclarations ont été validées par l'administration.

Score agrégé


Score agrégé du Tableau de bord des Infections Nosocomiales


	2005	2006	2007
Score agrégé	-	78.76	77.12
Classe	-	A	A





 [\[Retour en haut de page\]](#)


Recherche d'établissements



Pour obtenir de l'aide, cliquer sur l'icône . Vous pouvez saisir une partie d'un mot ou d'une phrase dans les champs du moteur de recherche, celui-ci affichera les résultats contenant votre saisie.

Nom de l'établissement: 

Nom de la commune: 

Département: 

ou Région: 

Catégorie de l'établissement:  

Résultats de la recherche

6 établissements

- [Hopital Local D' Ax Les Thermes Ax](#)

Good antibiotic practice (1)/ structures: antibiotic committee (2002)

- Infectious diseases (ID) specialists, pharmacist, microbiologist.
- Coordinating actions towards an improved antibiotic use (follow-up of antibiotic prescription and consumption).
- Writing local guidelines taking into account both national recommendations and local informations.
- Antibiotic hospital formulary.
- Surveillance (antibiotic consumption), evaluation.

Good antibiotic practice (2)/structures: physician dedicated to antibiotics (2002)

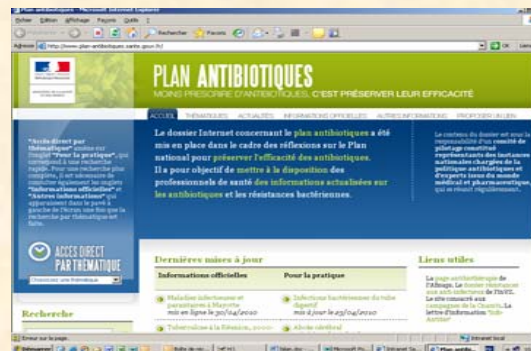
- A physician who has a good knowledge of antibiotics and infectious diseases.
- Promotion of actions towards a better use of antibiotics.
- He is an advisor for the clinicians who need help for diagnosis and therapy.
- Educational actions focused on new physicians.
- Implementation of local guidelines.

Good hospital antibiotic practice (3): guidelines

- Guidelines on the management of infectious diseases by Health authorities and scientific bodies.
- 2002, all the hospitals must organize themselves to improve the quality of prescribing.
- 2006: the hospitals must record antibiotic consumption by the same way.

Good hospital antibiotic practice (4): guidelines

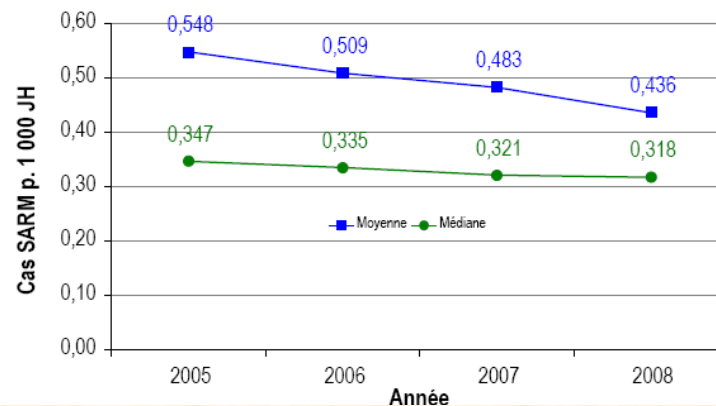
- Numerous guidelines coming from official authorities and scientific bodies working on infectious diseases.
- Difficulty: these guidelines are scattered
- A website gathering links towards these guidelines was established by the Ministry of Health.



Results (1): incidence of MRSA/1000 H. days (information by InVS)

Résultats : Incidences SARM annuelles

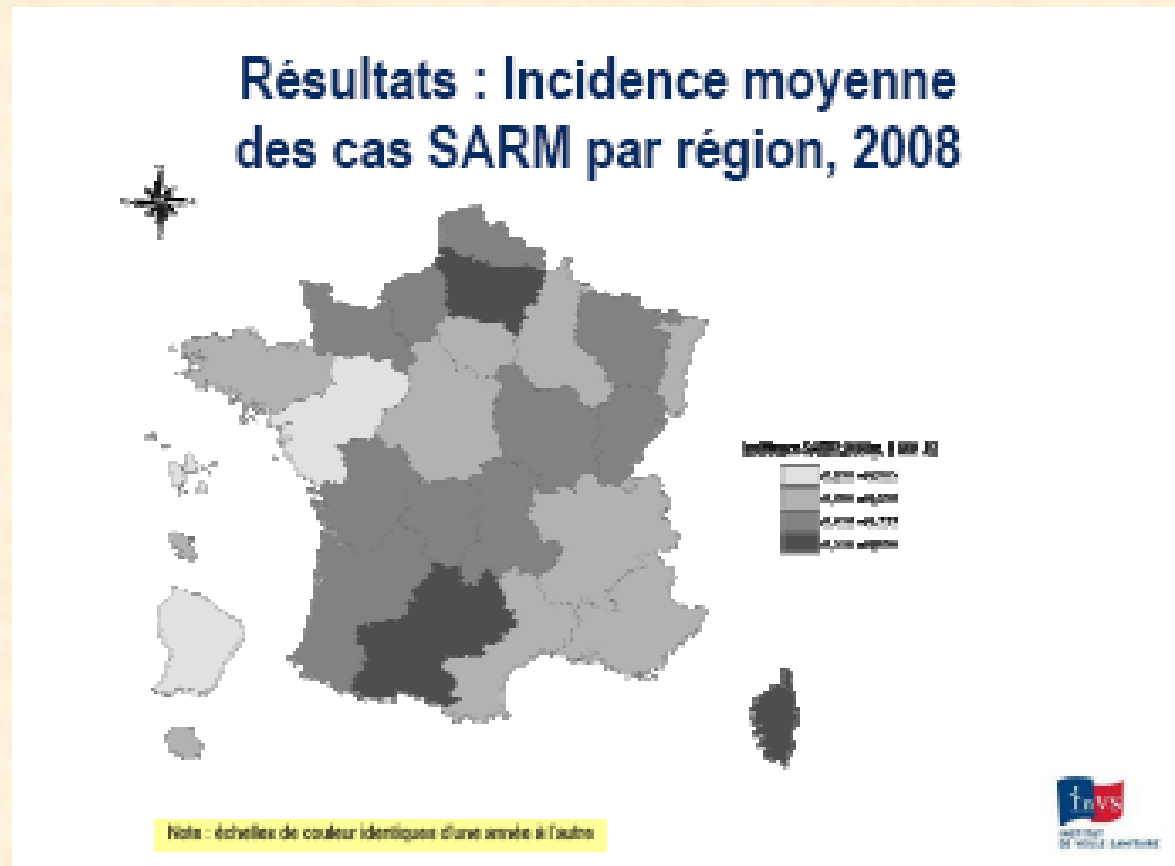
Année	ES (N)	JH (N)	SARM (n)	Incidence SARM p. 1 000 JH							
				Moy	Min	P10	P25	Med	P75	P90	Max
2005	1 686	105 673 208	57 900	0,548	0,000	0,060	0,153	0,347	0,614	0,943	3,526
2006	1 844	106 347 760	54 154	0,509	0,000	0,042	0,137	0,335	0,589	0,897	4,960
2007	2 012	115 417 484	55 733	0,483	0,000	0,043	0,146	0,321	0,546	0,851	4,583
2008	1 976	113 762 770	49 574	0,436	0,000	0,041	0,140	0,318	0,528	0,798	4,888
Total	7 518	441 201 222	217 361	0,493	0,000	0,045	0,145	0,327	0,563	0,871	4,960



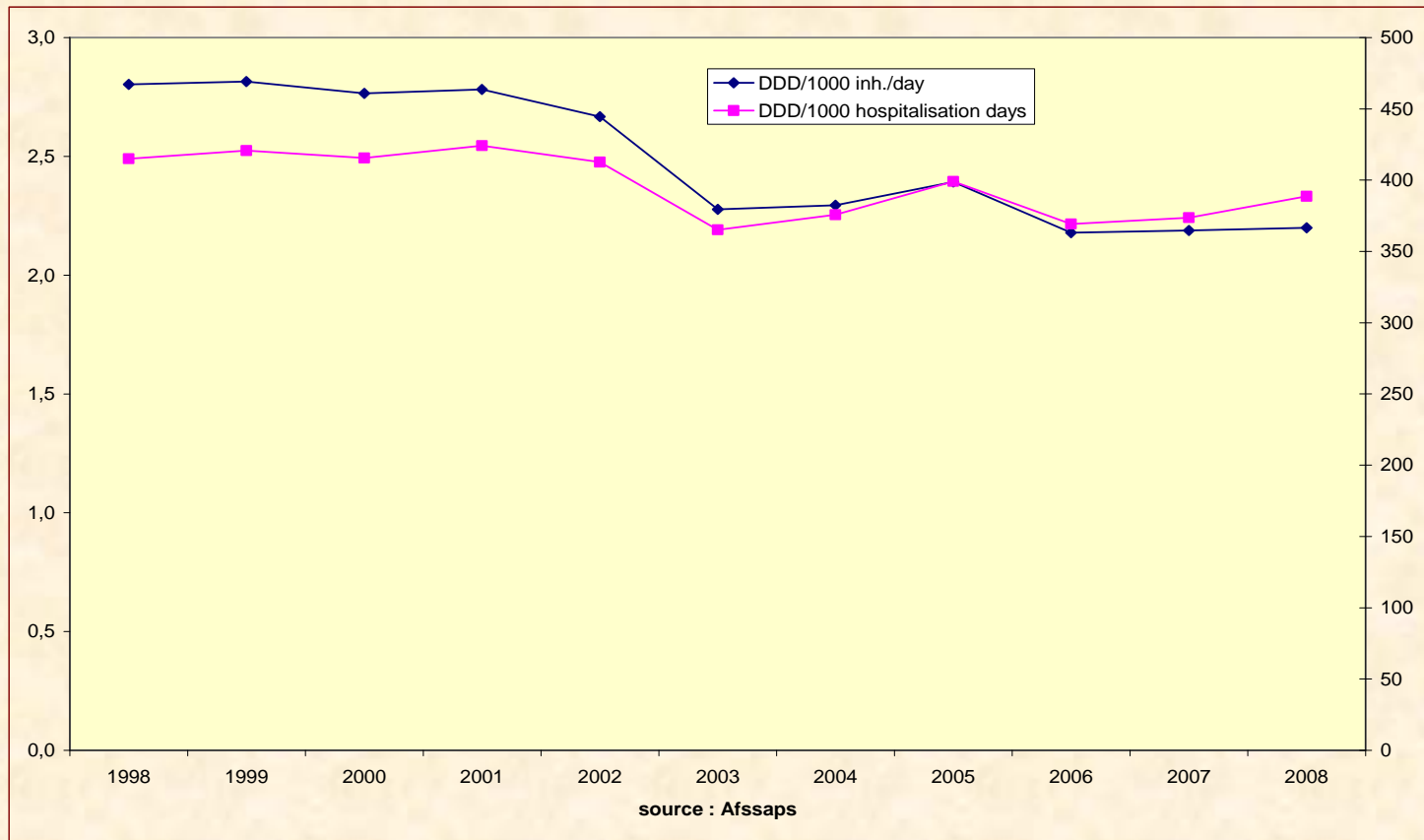
Comments

- 12% decrease in MRSA incidence between 2005 and 2008 (4%/year).
- Prevalence: 0.39 p.100 patients in 2006 (44% drop between 2001 and 2006).
- Resistant strains 33% (2001) to 24% (2008).
- A success of the National program against nosocomial infections.

Differences in MRSA regional incidence in 2008: why? (information by InVS)



Results (2): antibiotic hospital consumption (information by Afssaps)



Comments

Two years with a bigger decrease in antibiotic consumption: 2003, 2006. How can it be explained?

- Public campaigns for outpatients also useful towards hospitals.
- National plan « Keep Antibiotics Working ».
- Guidelines on antibiotic use.
- 2002 memorandum for hospitals on antibiotic committees and the physician dedicated to antibiotics.

But currently no information on regional hospital antibiotic use (further thought needed).

Suggestions for future

- Assessment of how antibiotics are prescribed : guidelines and repositories.
- Improvement of antibiotic prescription.
- Follow up of antibiotic consumption in hospitals.
- Follow up of antibiotic resistance in hospitals.
- Guidelines to help teams:
 - > to read their results in front of those of other hospitals.
 - > To read their results on antibiotic consumption versus resistance.

Conclusion

- Some successes, especially due to taking into account AMR by two ways: fight against healthcare associated infections, better use of antibiotics in hospitals. The most important:
 - > Guidelines on the fight against multiresistant bacteria and towards improved hospital antibiotic use, special “antibiotic team”.
 - > Scoreboard on healthcare associated infections which is published each year, with ranking of hospitals : a tool for improvement.
- AMR in hospitals is a global problem for all facilities: it’s necessary to take into account patients transferred to other health-care facilities and to nursing homes.

Thanks to:

- All the members of the French national Committee “Keep Antibiotics Working” and the working groups.
- Especially to its President, Benoît Schlemmer, Vice-president, Anne-Claude Crémieux, and the heads of working groups: Patrick Choutet, Pierre Dellamonica, Robert Cohen, Didier Guillemot, Serge Alfandari for their help.
- The representatives of our Official partners: Institut National de la Santé et de la Recherche Médicale, Agence Française de Sécurité Sanitaire des Aliments, Institut de Veille Sanitaire, Direction Générale de l’Offre de Soins, Haute Autorité de la Santé, Fédération Nationale de la Mutualité Française, Institut National de Prévention et d’Education pour la Santé, Direction de la Sécurité Sociale, Agence Française de Sécurité Sanitaire des Produits de Santé, Caisse Nationale d’Assurance Maladie des Travailleurs Salariés.