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BACKGROUND

Hospital antimicrobial stewardship programs (ASP) involve a continuous effort by health institutions to monitor and optimize the use of antimicrobials.

In this study, we aimed to explore barriers and opportunities in the implementation of ASP perceived by personnel of Mexican hospitals, as well as their views on the impact of COVID-19 on ASP activities.

METHODS

An online survey was applied to representatives of ASP teams or leaders in a purposive sample of 40 hospitals that perform regular antimicrobial stewardship activities in Mexico, during the last trimester of 2021.

Participants were asked to enlist all the factors that affected ASP implementation in their hospitals. The questionnaire included both pre-selected items and open-ended questions. It was informed by the literature on ASP implementation, as well as a previous pilot study.

RESULTS

Private
37.5%

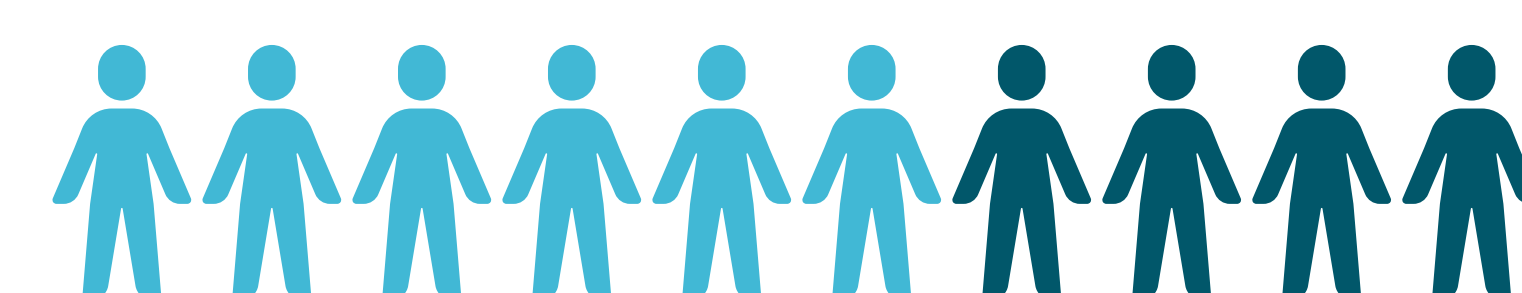


Public
62.5%

Participant hospitals
n=40



INFORMANT CHARACTERISTICS



- 83% specialty physicians (ID specialists, epidemiologists, etc)
- 5% Pharmacists
- 5% Chemists or microbiologists.

PERCEPTION OF BARRIERS

- Overload of activities (73%)
- Hospital reconversion due to COVID-19 (65%)
- Scarcity of human resources (63%)
- Resistance of personnel to new procedures (63%)
- Medicines stockouts (38%)



PERCEPTION OF FACILITATORS

- 60% Support by hospital authorities.
- 48% Commitment by the ASP team and health professionals
- 40% Certification standards
- 15% Support by health authorities or other hospitals

CHANGES ON ASP DUE TO COVID-19

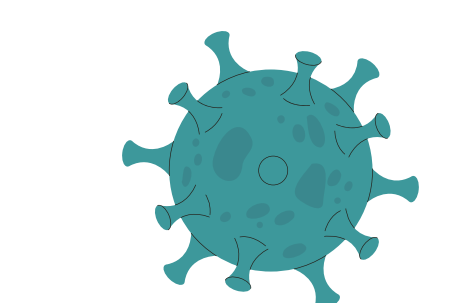
Temporary suspension of ASP activities (60%)

Greater workload due to increased prescription of antimicrobials (33%)

Implementation of new protocols in pharmacy (44%) and microbiology laboratory (51%)

Involvement in interventions (such as education and guidelines) directed to improve antimicrobial use in COVID-19 patients (18%)

Reported no changes in ASP (18%)



CONCLUSION

Implementation of ASP in Mexican Hospitals could be strengthened by the inclusion of sufficient human resources with protected time for ASP activities, the active involvement of hospital authorities, as well as encouraging the training and leadership of ASP teams. The impact of COVID-19 was two-way: the stagnation of the program in some hospitals, as well as the active participation in the response to the emergency, in other hospitals.

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