

'Bad Bugs No Drugs' Promoted in the Best Care...Always Campaign



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Antibiotic stewardship is an issue of global importance. In November 2009, US President Barack Obama met European Union leaders to establish a transatlantic task force that would focus on the appropriate therapeutic use of antimicrobial drugs in the medical and veterinary communities, prevention of healthcare- and community-associated drug-resistant infections, and strategies for improving the pipeline of new antimicrobial drugs.

The phrase 'bad bugs, no drugs' summarises the situation. Antibiotic resistance threatens to return us to the pre-antibiotic era in which bacterial infections were common causes of mortality in both previously healthy and at-risk patients. There are only 15 antibacterial drugs in development with potential benefit over existing antibacterial drugs and only five of these have progressed to clinical trials. Unfortunately, based on past experience, we know that few of these drugs are likely to make it to market.



Response to resistance

In SA, we have the distinction of having evolved some world champion pan-drug-resistant, gram-negative organisms. Despite more restrictive formularies in the public sector, this problem is seen in both private and public hospitals, along with resistant *Staphylococcus aureus*, enterococci and other organisms. Resistant mycobacteria (that cause TB) are a specific, major public health problem.

So what should the South African response be? Who 'owns' the problem? Who is doing anything practical about it on a systematic basis?

Some liken the problem of antibiotic resistance to that of climate change - a crisis that affects all but where it is often hard to motivate appropriate behaviour change among individuals.

The antimicrobial resistance crisis requires multiple approaches, including the reduction of inappropriate drug use, data collection, research, and prevention and control strategies that are currently being explored and/or promoted by various national and international organisations.

Get involved

The South African Best Care...Always! (BCA) campaign seeks to bring together willing, multi-stakeholder participants to develop practical strategies at a hospital level that demonstrably work. BCA is developing and testing tools, tactics and measures that support stewardship of our precious, shared antibiotic resource. Participants in the BCA initiative include hospitals, medical practitioners, infection control specialists, microbiologists, infectious disease specialists and funders.

BCA's antibiotic stewardship initiative is synergistic with the infection control interventions promoted by the campaign but differs in

that there are fewer proven models on which to base practice. We seek simple, effective and measurable best practices to implement, using a defined improvement methodology.

Without measurement we cannot improve. Antibiotic stewardship measurements include local antibiotic sensitivity patterns, overuse such as extended prophylaxis or prolonged therapy, failure to de-escalate, double or triple cover and, obviously, inappropriate agent selection.

Tools include daily reports documenting antibiotic usage at patient and practitioner level,

tied to microbiology results. Tactics include education, antimicrobial ward rounds, governance structures and practitioner feedback, as well as designing clinical workflow to facilitate early and appropriate diagnosis of infection, with correct dosing.

Some authorities have called for strongly enforced restriction on antibiotic choice.

Those tactics may become necessary but BCA prefers to engage practitioners in evidence-based, measurement-driven tests of change in a collaborative fashion. These ex-

periments are taking place in BCA 'pilot' hospitals such as Milpark and Glynnwood. We look forward to seeing the results, which we will report in this and other forums.

To participate in BCA, please email info@bestcare.org.za or visit the BCA website at www.bestcare.org.za



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