



Malta

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In Malta we have 3 acute-care hospitals: one tertiary hospital; one district hospital and one small private hospital. I work at the Teaching hospital within the Infection Prevention Team rather than the Pharmacy Department. Our hospital participated in 3 ESAC PPS's (2006,

2008, 2009), 2 ECDC PPSs (2010, 2012 [2017 later]) and; the Global-PPS (2015 [2017 later]). In the ESAC 2006 and 2008 PPS I was involved only at the local level and got a great collaboration from the Pharmacy Department. For the remaining PPSs I was also involved with the central Management Team apart from local organisation. For the ECDC PPS our Epidemiology expert is involved with logistics organization as all 3 hospitals participate.

Outcomes:

Through the various PPS's we identified various issues with key quality indicators namely:

1. Lack of documentation of indications for antibiotic use in patients' files
2. Lack of guideline awareness (and compliance)
3. Excessive duration of Surgical Prophylaxis (beyond 1 day)

We also confirmed what our longitudinal data tell us about the high (not necessarily excessive) use of broad spectrum antimicrobial agents. So it is also important to put PPS data into context and compare to the (Pharmacy) longitudinal data as we do not have electronic prescribing where one would know the indication and duration of treatment. In this respect an increased control of some key antibiotics (e.g. carbapenems) have been put in place.

With respect to documentation we have not seen much improvement as this is an issue beyond antibiotic prescribing. However with duration of surgical prophylaxis and guideline awareness (compliance) there have been positive sustained outcomes to different extent depending on Departments and/or firms.

The Global-PPS has the added benefit that one can get a global perspective and realise that different regions of the world have different issues that could be identified with respect to Antimicrobial Stewardship.