Background and importance Hospital at home (HaH) units provide hospital level care at home to patients who would otherwise remain hospitalised. This hospitalisation model is growing as it saves costs, reducing hospital stay and complications such as nosocomial infections. Antibiotic stewardship programmes demonstrated success in conventional hospitalisation, and these interventions might be extended to HaH units. At the beginning of 2019, the antibiotic stewardship programme (ASP) made two interventions in the HaH unit: to prescribe fluoroquinolones only to patients with no safer alternatives based on the restriction made by the Spanish Agency of Medicines and Medical Devices (AEMPS) in 2018, and to reduce the prescribed dose of cefixime from 400 mg/12 hours to 400 mg/24 hours.

Aim and objectives The aim of the present study was to analyse the influence of the ASP interventions in a HaH unit.

Material and methods An observational, descriptive, cross-sectional study was carried out. Antibiotic consumption data from January 2017 to December 2019 were analysed. Defined daily dose (DDD) per 100 bed days was used as the indicator to measure antibiotic consumption, and increases or decreases in consumption were expressed in absolute terms. Data analysis was carried out using Microsoft Excel 2013.

Results Global antibiotic consumption was reduced progressively since 2018: 133.85 DDD/100 bed days (2017); 127.02 DDD/100 bed days (2018) and 101.95 DDD/100 bed days (2019). Fluoroquinolone consumption was 26.18 DDD/100 bed days in 2017. Since the recommendation made by the AEMPS, a more rationale use was observed in 2018 (21.62 DDD/100 bed days). After the ASP recommendations, its consumption fell to 15.16 DDD/100 bed days in 2019 (14.40% reduction 2018–2019). Cefixime consumption was 24.91 DDD/100 bed days in 2017 and increased to 26.62 DDD/100 bed days in 2018. After the ASP intervention, it was reduced to 11.12 DDD/100 bed days in 2019 (7.13% reduction 2018–2019).

Conclusion and relevance Antibiotic stewardship programme interventions were effective in reducing antibiotic consumption in the HaH unit. Prescription restrictions related to fluoroquinolones due to their safety profile and cefixime dosing intervention were effective and reflected a reduction in consumption. HaH units could potentially benefit from the positive effects of antibiotic stewardship teams as conventional hospitalisation units.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest