

KESSEL-PAMS

How to make a change



What AMS activities are you already doing?

What barriers did you face?

How did you engage people?

How did you overcome them?



This service evaluation aims to highlight strengths and areas for improvement in AMS programmes across the region. This can be used to celebrate strengths and share learning, alongside a benchmarking tool to guide further development and support funding applications. Questions are based on those similarly used by Public Health England evaluating AMS programmes(1), alongside recommendations from a recent multinational consensus (2) and NICE guidance (3).

One form should be completed for each hospital, with responses agreed by members of the local infection team. This focuses on paediatric AMS but recognises that many programmes cover adult services also. Unless specified, please answer the following questions in regards to activity within the children's services of your trust.
Thank you for your time and contribution.

Paediatric AMS Programme Service Evaluation



Each “infection team” to complete service evaluation for their hospital

BEHAVIOUR CHANGE

But how do we use any of this
“knowledge” to change
“behaviour”?

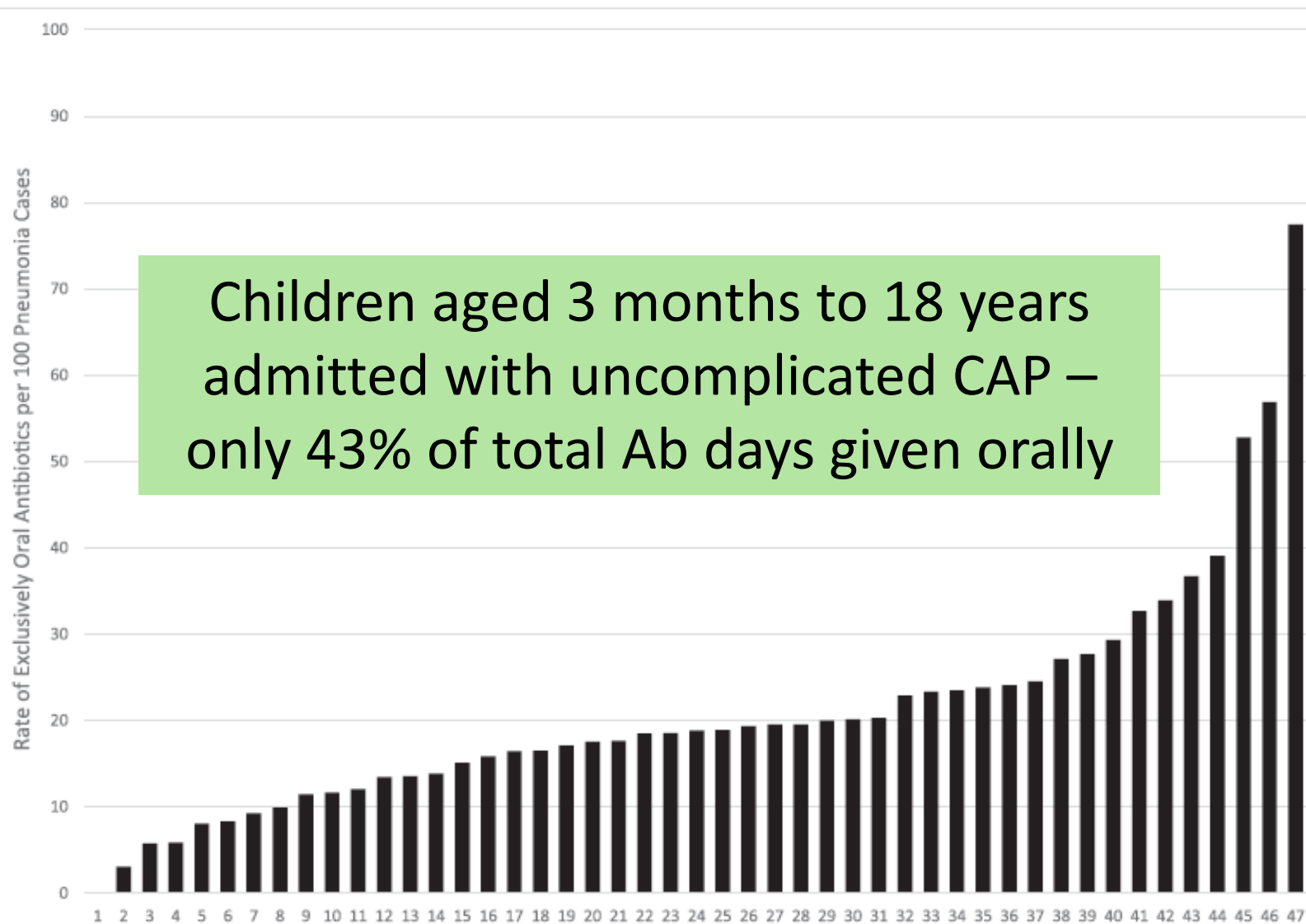
Bridging the implementation gap

Knowledge

Behaviour



What is the “unique selling point” (USP) of clinicians in the world of AI?



Kronman, M. P. et al. Getting Over Our Inpatient Oral Antibiotic Aversion. *Pediatrics* 2018, 142(6)

Generic principles of behaviour change

Make the process easy

- Provide resources to 'improve' antimicrobial prescribing
- Use existing infrastructure

Empathise with the 'audience'

- Align your narrative with their priorities
- Empathise with their emotions
 - *risk aversion / conformism; change averse; competitive*
- Make the narrative personal
 - *relevant to their patients and based on their data*
- Actively engage them in the 'change' process

Running an AMS intervention

Planning phase

Start simple; focus on specific infectious syndrome or sub-population

Must be in collaboration with stakeholders

Measurement phase

Internal benchmarking vs external benchmarking

Use data to support narrative

Implementation phase

In-person meeting with key players

Simple strategies (be realistic)

Show results

Celebrating wins increases engagement

Complete the cycle

Results to inform next steps

Have plan for sustainability

Summary

- AMR is a rising problem in children
- Unnecessary use of antibiotics drives resistance
- Antimicrobial stewardship benefits the patient plus the population
- The network model is a collaborative approach to improving paediatric antimicrobial use across the region
- Collaboration is crucial
 - **Winning hearts and minds**
- Simple interventions are effective
 - **Small steps as opposed to big leaps**



The network model – South Yorkshire

Improving AMS programmes for paediatric services via a shared post working collaboratively across five hospital trusts

Fuller C ¹, Leavesley N ¹, Joslin F ¹, Kurain M ², Shackley F ¹, Hinds L ¹, Kerrison C ¹
on behalf of the South Yorkshire Paediatric AMS Group

1. Sheffield Children's NHS Foundation Trust, Sheffield. 2. Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, Doncaster

South Yorkshire
Integrated Care System



Aim to embed AMS principles and practices into the routine care of children accessing paediatric services in South Yorkshire

Service evaluation

Benchmarking
against AMS
quality indicators

- No dedicated financial support for paediatric AMS in DGHs
- Minimal paediatric representation for AMS committee (1 DGH only)
- Staff shortages in microbiologists in all DGHs
- No staff capacity to provide routine AMS team contact with ward areas (adults or paediatrics)



South Yorkshire and Bassetlaw
Integrated Care System



73% of AMS quality indicators met in adult inpatient services versus 53% in paediatrics

Barrier = staff time



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Regional AMS network created

Microbiologists
Paediatricians
Pharmacists

- Met bi-monthly
- Co-designed regional interventions

Guideline development

Monitoring (PPS)&
Feedback

Education
Programme

Promoting QI
initiatives



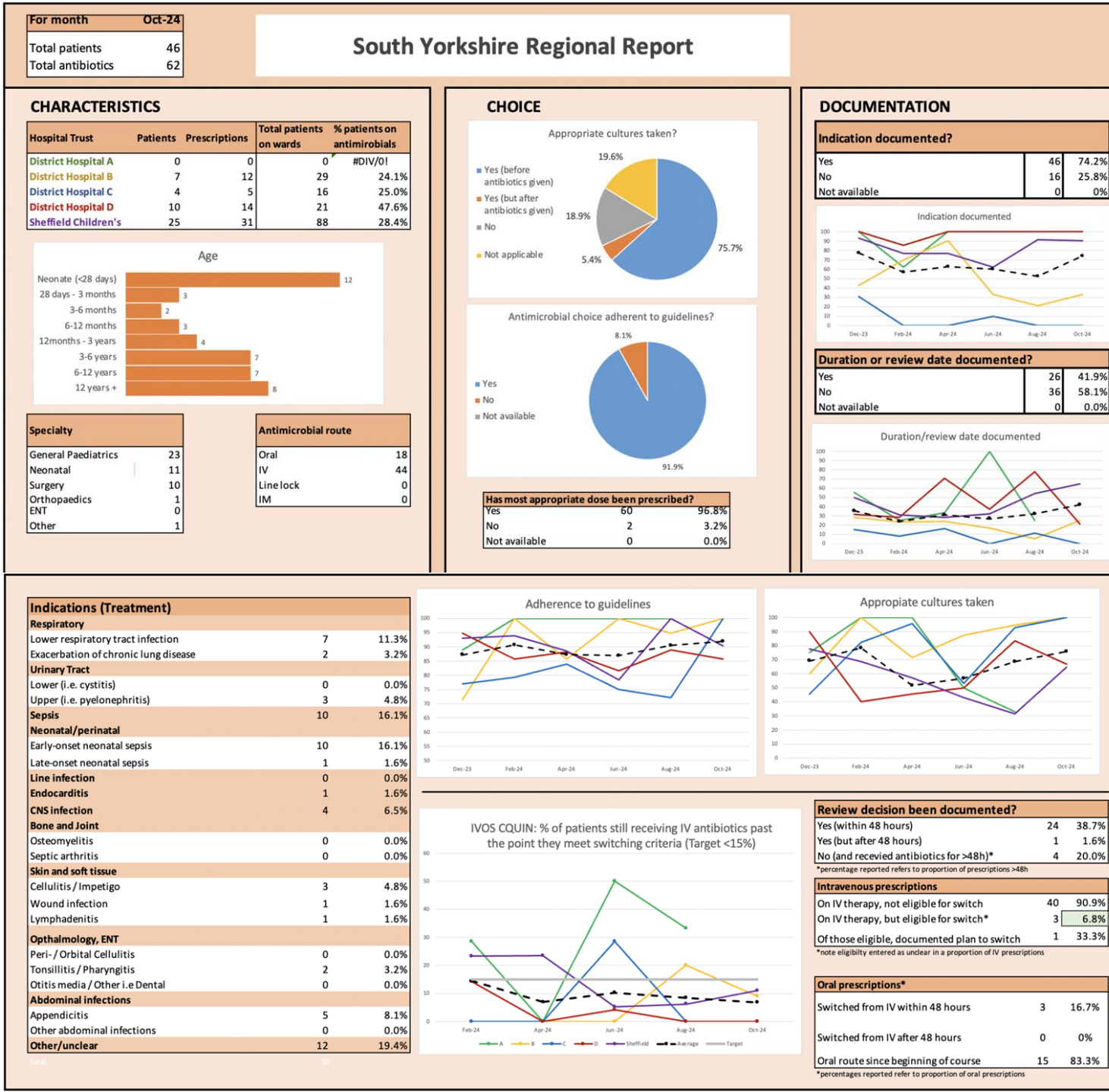
South Yorkshire and Bassetlaw
Integrated Care System



Monitoring & Feedback

Bi-monthly pharmacy-led data collection on paediatric and neonatal wards

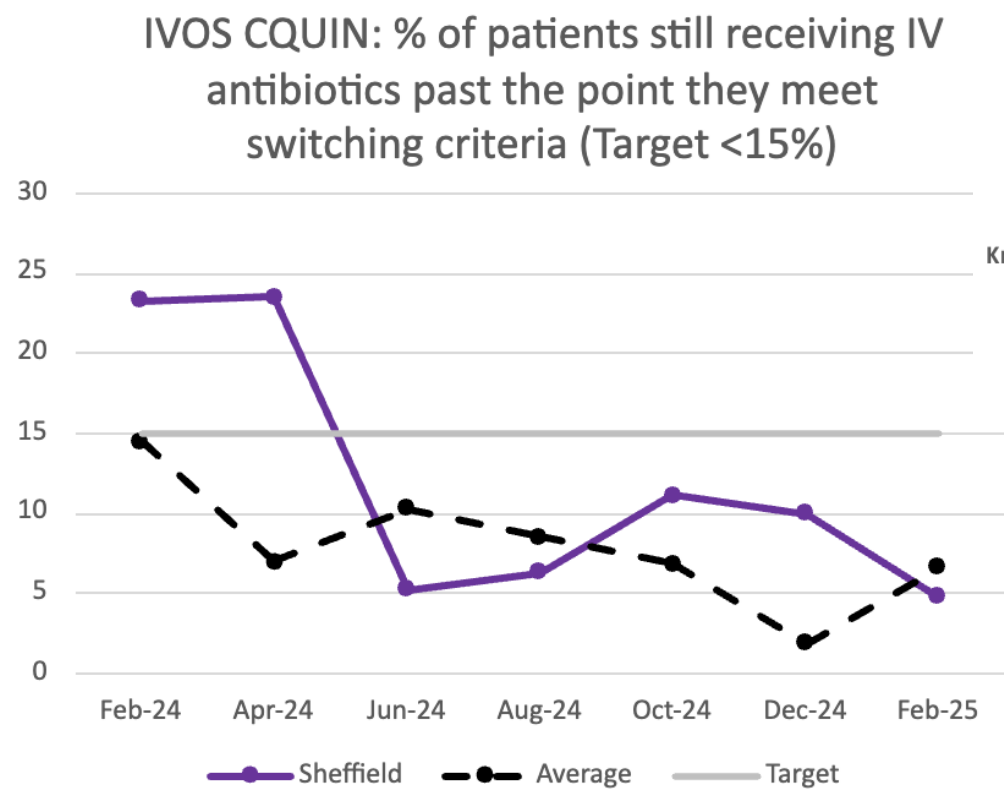
Centralised analysis and reporting / benchmarking



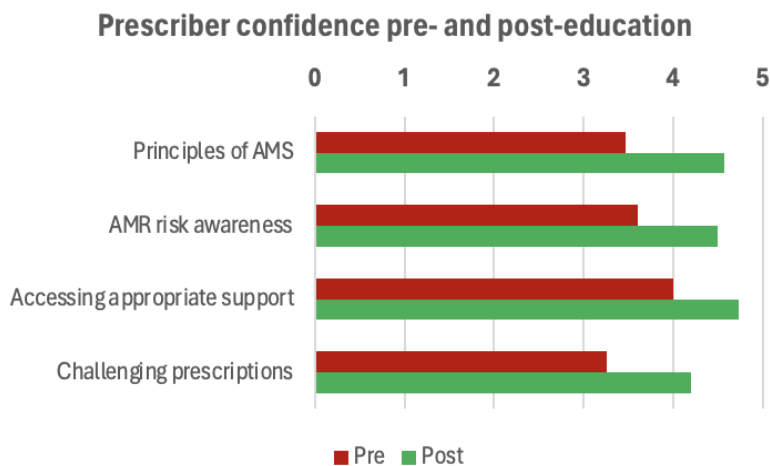
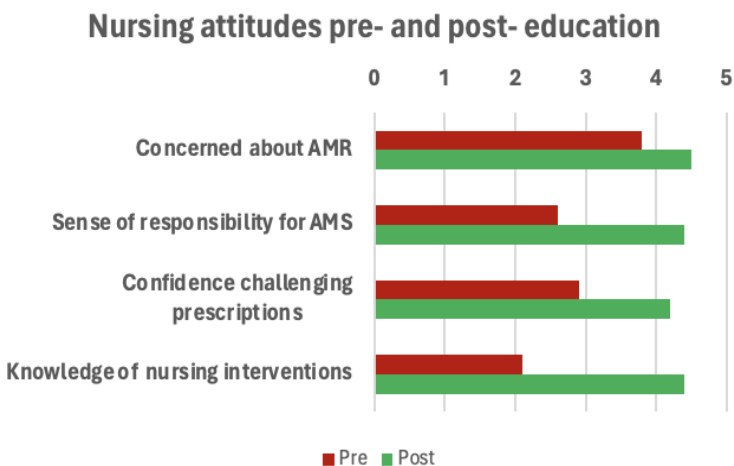
Impact of South Yorkshire pAMS pilot network

Quantitative (IVOS)

Inappropriate IV Abs reduced from 14.5% to 6.6% over 12 months.



Qualitative (confidence & quality)



Quality Indicator	December 2023	February 2025	%age change
Indication documented	77.4%	88.5%	↑ 14.3%
Duration or review date documented	35.5%	56.3%	↑ 58.6%
Appropriate cultures taken before antibiotics	43.5%	77.0%	↑ 77%
Adherence to guidelines	87.1%	86.5%	↓ 0.7%

Impact of South Yorkshire pAMS network - service evaluation

Process metrics - increase in % of AMS quality indicators met

Leadership support and accountability	AMS programme support	Policy to improve antimicrobial prescribing	Strategies to improve antimicrobial use	Infection-specific interventions	Pharmacy-driven interventions	Monitoring	Feedback to prescribers	Education
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[illegible]

53%

Pre

65%

Post

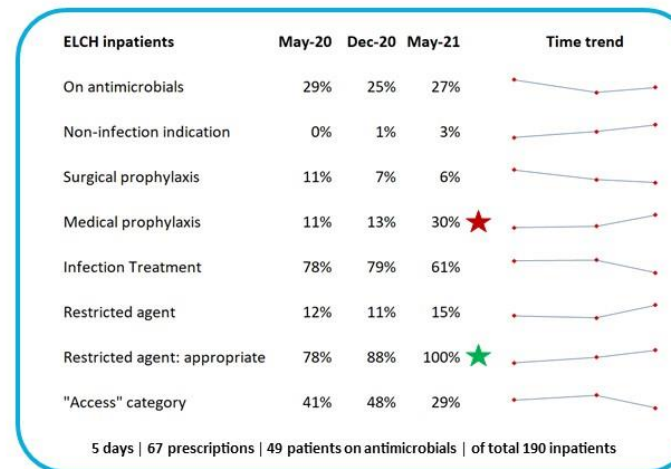
Experiences in South Yorkshire - staff morale

“The network has cultivated a more **collaborative and proactive culture**, encouraging open dialogue across departments around antibiotic prescribing practices across site for neonate and children....**strengthened communication and fostered closer working relationships** not only between microbiology, pharmacy, and clinical teams within our trust, but also with neighbouring trusts and Sheffield Children’s Hospital... has helped drive clinical engagement and encourage a **cultural shift towards stewardship as a collective responsibility... fostering a sense of community, shared purpose, and continuous improvement.**”

- Dr Yee Pang. Consultant Microbiology Barnsley Hospital NHS Foundation Trust.



Paediatric Antimicrobial Stewardship Prescribing Monitoring April 2021



Well done... 🙌 100% of restricted antimicrobial usage was appropriate

Watch out... 👁️ Rise in proportion of prescriptions for medical prophylaxis

Did you document...?



Concordant with guidelines?



Prepared by Evelina Children's Hospital Antimicrobial Stewardship Team July 2021

Thoughts and reflections?

- What do you want to do?
 - In your hospital?
 - As a regional network?

Next steps for KESSEL-PAMS

1. Own it and take it home!
2. Discuss with colleagues (we will share slides)
3. Benchmark your current AMS activities in the survey
4. Complete baseline point prevalence survey (links to be sent)
5. Think about local QI projects
6. Come to virtual sessions

