What was done?
We have described the sequential steps for the establishment of multidisciplinary Antibiotic Stewardship Team (AST) in Greek hospitals and prepared training material to increase involvement of hospital pharmacists.

Why was it done?
The term of AST has been introduced in Greek legislation since 2014 and should become the driving force to optimize antimicrobial therapy, especially for the protected antibiotics (PAs): carbapenems, colistin and tigecycline. Southern Europe has higher levels of antimicrobial resistance and unfortunately Greece ranks first in Europe in the consumption of the mentioned PAs in hospitals, consequently the activation of AST constitutes a national priority. The existing Greek legal framework defines that AST consists of four key member physicians (experienced in infectious diseases) plus the hospital pharmacist as coordinator of the group (the composition of the AST is shown in Figure 1). As the number of serving pharmacists in Greece remains critically low, very few hospitals have actually activated the AST. The Panhellenic Association of Hospital Pharmacists (P.E.F.N.I.) decided to organize regional meetings to help towards the creation of a national network for hospitals will help towards the creation of a national network for hospitals.

How was it done?
We combined the strategies and procedures implemented in three hospitals (with defined teams for stewardship procedures at least for one semester), in a flowchart presenting the establishment, activation and feedback of the AST (Figure 2, 3). We have developed an ASP for hospitals, with initial target to minimize the use of predetermined PAs based on each hospital’s antibiotic resistance surveillance data. Functional options in each step have been described, making it flexible for the colleagues to selectively implement them in their hospitals. We also created specific educational material to use in regional meetings that P.E.F.N.I. organized in collaboration with relevant scientific societies (Greek Society for Infection Control and Hellenic Society for Chemotherapy). The material consisted of a set of hand-outs and presentations, regarding explanation and analysis of ASP procedures, the importance of hospital administration support, training on specific computational tool to measure antibiotic consumption in Defined Daily Doses (DDDs)/100 patient-days, discussion on case-studies and sharing of knowledge from EAHP Academy Antibiotic Stewardship Seminar Greece) and several regional meetings have been organized, as an attempt of P.E.F.N.I. to increase the engagement of colleagues in ASPs.

What has been achieved?
Two large scale seminars (the first addressed to hospital pharmacists of metropolitan area of Athens and Piraeus and the second those of Northern Greece) and several regional meetings have been organized, as an attempt of P.E.F.N.I. to increase the engagement of colleagues in ASPs. Through these educational initiatives, P.E.F.N.I. organized in collaboration with relevant scientific societies (Greek Society for Infection Control and Hellenic Society for Chemotherapy). The material consisted of a set of hand-outs and presentations, regarding explanation and analysis of ASP procedures, the importance of hospital administration support, training on specific computational tool to measure antibiotic consumption in Defined Daily Doses (DDDs)/100 patient-days, discussion on case-studies and sharing of knowledge from EAHP Academy Antibiotic Stewardship Seminar Greece).

What next?
- The basic flowchart can be broadened to include subsequent stewardship activities such as reporting proper surveillance of more classes of antibiotics, assessment of antimicrobial surgical prophylaxis and antifungal pharmacotherapy.
- Connection of local ASP reports and DDDs/100 patient-days consumption data to a national network for hospitals will help towards the creation of a real-time automated database in Greece.
- Central assessment of ASPs established in Greek hospitals must be performed using specific indices such as microbial resistance, cost savings and reduction of incidence of hospital infections.

Acknowledgement of the critical role of pharmacists by other healthcare professionals is strongly suggested.

Increased involvement of hospital pharmacists
Safer antimicrobial management practice
Economy on restricted pharmacotherapy budgets
Aknowledgement of the critical role of pharmacists by other healthcare professionals.