

# Critical Care and ID Physicians Value Transdisciplinary Collaborations on AMS in the ICU



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[Guillamet MCV, Burnham JP, Pérez M, Kollef MH, Manthous CA, Jeffe DB. Antimicrobial stewardship for sepsis in the intensive care unit: Survey of critical care and infectious diseases physicians. \*Infect Control Hosp Epidemiol.\* 2022;1-7. doi:10.1017/ice.2021.389](#)

**A cross-sectional, web-based survey assessed the attitudes of attending physicians in infectious disease (ID), pulmonary, and critical care medicine toward antimicrobial stewardship (AMS) for sepsis and collaboration in the Intensive Care Unit (ICU).**

Intensive care units are often incubators for drug-resistant pathogens and frequently use broad-spectrum antimicrobials. However, AMS guidelines do not specify recommendations for antimicrobial stewards in ICUs. Implementing antimicrobial stewardship programs (ASPs) in ICUs reduces drug-resistant pathogen infections, broad-spectrum antimicrobial use, and antimicrobial costs, without increasing mortality. To be successful, these programs must have support and participation among the treating physicians. However, behavioral and social barriers often complicate collaborations between ID and critical care physicians.

This anonymous survey completed between March to November 2017 included 372 respondents (72% attendings, 28% fellows, 62% specialists, and 37% critical care specialists) located predominantly in the United States (91.7%), followed by Canada (3.8%), Asia (2.5%), Latin America (1.3%), Europe (0.3%), and Australia (0.3%). On average, participants had >17-year medical experience and 95.6% reported that their institution had an active antimicrobial stewardship program.

The survey found that critical care physicians are less likely to think they should be antimicrobial stewards of sepsis in the ICU than ID physicians. Furthermore, ID physicians prefer ID physicians to be antimicrobial stewards. Overall, both groups value transdisciplinary collaborations in the ICU.

Physicians who were more uncomfortable with uncertain diagnoses indicated a preference for ID physicians to coordinate ASPs in the ICU, but also placed less value on ICU collaborations. This may indicate some level of fear and risk averseness, particularly among critical care physicians, which had already been demonstrated to drive inappropriate antimicrobial use in other studies.



***“Recognition of the willingness of critical care physicians to implement ID-led antimicrobial stewardship in the ICU may increase the decision-making security of ID physicians and facilitate open communication and collaboration, which is a cornerstone of caring for critically ill patients,” concluded the study authors.***