COMMUNITY AND HOSPITAL-ACQUIRED INFECTIONS: A COMPREHENSIVE APPROACH TO STRENGHTEN THE NATIONAL RESISTANCE SURVEILLANCE SYSTEM — A PILOT STUDY IN ZIRCALOY TRAVELING LAB (ZTAL) IN THE CZECH REPUBLIC

Methods: A cross-sectional study of 12 hospitals in the Czech Republic was conducted in September 2013. Antibiotic resistance was defined as the percentage of isolates resistant to at least one antibiotic. The primary endpoints were the overall rate of resistance and the rate of resistance to specific antibiotics. The study also evaluated the impact of antibiotic stewardship interventions on resistance rates.

Results: The overall rate of resistance was 28.3%, with the highest rates of resistance observed for extended-spectrum beta-lactamases (ESBL) and carbapenemases. The rate of resistance to specific antibiotics was highest for ciprofloxacin (41.7%) and ceftazidime (37.2%). The study found that antibiotic stewardship interventions led to a significant decrease in the rate of resistance.

Conclusions: The results of this study emphasize the need for strict antibiotic stewardship guidelines and regular surveillance of resistance patterns to prevent the spread of resistant organisms. Further research is needed to develop effective strategies for combating antibiotic resistance.

PHARMACISTS IN PUBLIC PHARMACIES IN RELATION TO PATIENTS WITH MULTIPLE CHRONIC CONDITIONS

Methods: A cross-sectional study was conducted in 2015 among pharmacists in public pharmacies in the Czech Republic. The study evaluated the pharmacists' knowledge and practices related to managing patients with multiple chronic conditions. The primary outcome measure was the pharmacists' ability to identify patients with multiple chronic conditions and to provide appropriate medication management.

Results: The study found that pharmacists had a limited understanding of the complexity of managing patients with multiple chronic conditions. Only 42% of pharmacists correctly identified patients with multiple chronic conditions. The pharmacists' knowledge and practices were significantly improved after a training program on the management of multiple chronic conditions.

Conclusions: The results of this study highlight the need for pharmacists to receive training on the management of patients with multiple chronic conditions to improve their ability to effectively manage these patients.

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OBJECTIVES: The study aimed to evaluate the impact of hospital-acquired infections on the overall costs of hospitalization and to identify factors associated with increased hospitalization costs. The study analyzed data from a national database of hospitalizations in the Czech Republic.

Methods: A retrospective cohort study was conducted using data from the Czech National Hospital Registry. Multivariable regression analysis was used to identify factors associated with increased hospitalization costs.

Results: The study found that hospital-acquired infections were associated with increased hospitalization costs, with the highest costs observed for infections with multidrug-resistant organisms. The study also identified factors such as age, comorbidities, and hospital-acquired infections as significant predictors of increased hospitalization costs.

Conclusions: The results of this study highlight the importance of implementing strategies to prevent hospital-acquired infections to reduce hospitalization costs.

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