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REVERSE News



With the issue #4 of REVERSE Newsletter, we would like to look back on 2023, a fruitful year for REVERSE! We thank everyone for being part of this project and send you our best season's greetings! We look forward to an exciting year of 2024.

◀ IPC Intervention

The REVERSE IPC Intervention is set for two years for each hospital, starting at different time points for different cohorts. In order to equip the hospitals with

the necessary knowledge and tools to start the intervention, in-person IPC implementation workshops were offered to all hospitals. All four workshops for 24 hospitals finished in 2023. It was every time a great opportunity for meaningful exchange, fruitful discussion and strong team building.



◀ 1. Point Prevalence Surveys (PPS1)

The first Point Prevalence Surveys were done in all 24 hospitals. This task was led by UMCU team. Both UMCU and all the hospitals put great effort in completing the PPS1. The results are very interesting. More information about REVERSE PPS1 will be published next year. Stay tuned!

◀ 1. Round of site visits

The REVERSE Implementation team (WP5) completed their site visits on the topic of IPC. They conducted interviews with the relevant stakeholders to understand the different context for IPC implement in different hospitals.



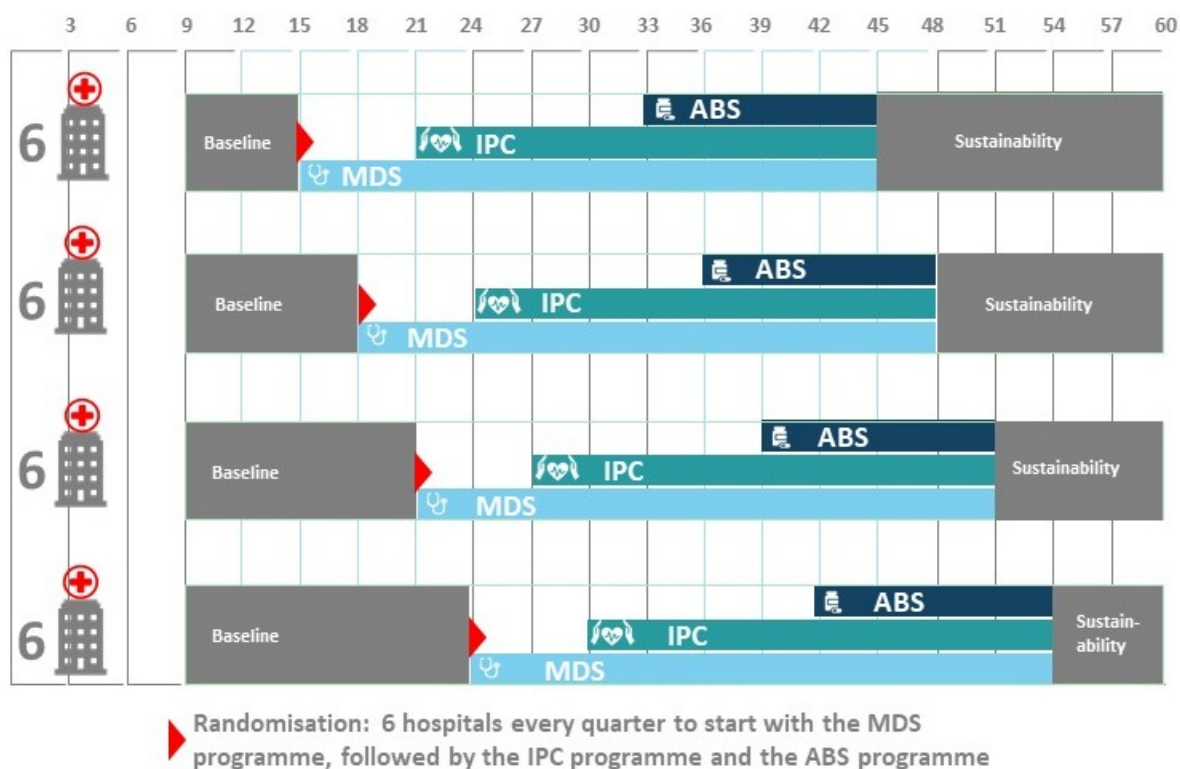
Work package spotlight

Work Package 4: Antibiotic Stewardship Programme (ABS)

This work package has the following objectives:

1. Develop evidence based antibiotic stewardship interventions to be implemented in the clinical study in work package 1.
2. Asses the effectiveness of antibiotic stewardship interventions based on patient case mix and most prevalent antimicrobial-resistant pathogens.
3. Test the integration of antibiotic stewardship recommendations with measures implemented in the infection prevention and control and microbiology and diagnostic stewardship availability.
4. Develop recommendations for clinical management strategies of severe infections caused by antimicrobial-resistant bacteria.
5. Provide clinical and epidemiological data to inform cost modelling to define the effectiveness of the stewardship modules by hospital setting and available resources, and define transferability including low-and-middle-income

countries.



REVERSE at a glance

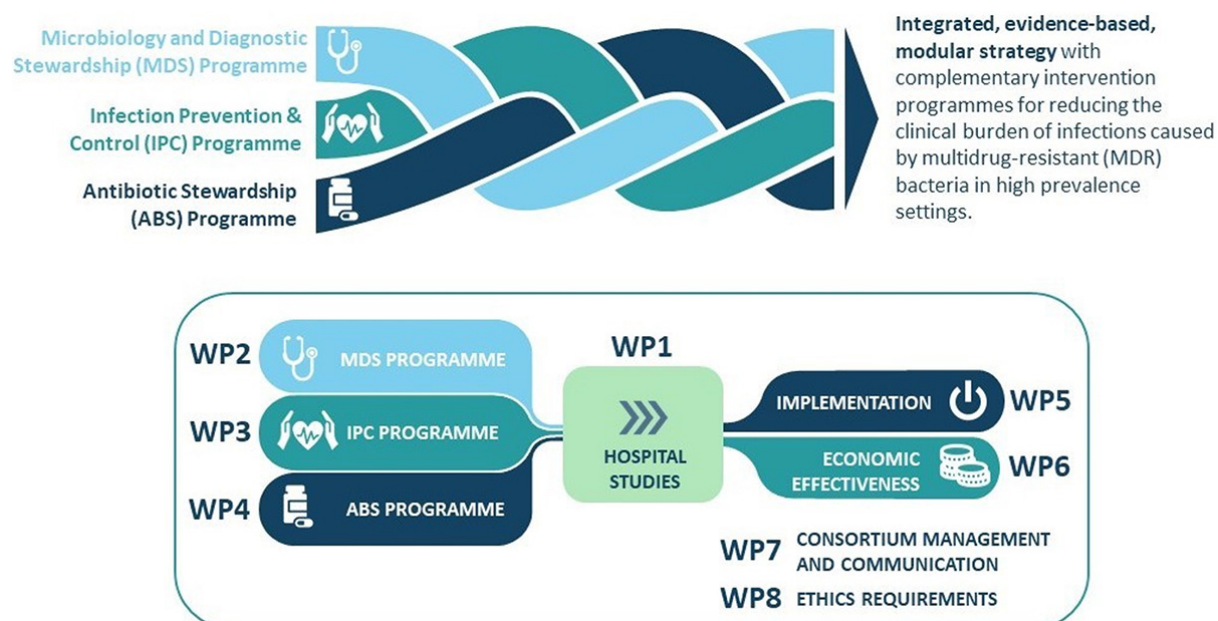
REVERSE (pREvention and management tools for rEducing antibiotic Resistance in high prevalence SETtings) is an EU Horizon 2020 project running from July 2021 for 5 years.

Emerging antibiotic resistance has become a serious problem not only in Europe but globally. The development and implementation of **effective prevention and control strategies** are a crucial component in combatting **antimicrobial resistance (AMR)**. Rather than in separate studies, the goal of reducing AMR in acute care hospitals can only be optimally achieved in a **collaborative approach** where various activities interact together in a large clinical trial that is sufficiently powered to provide actionable outcomes.

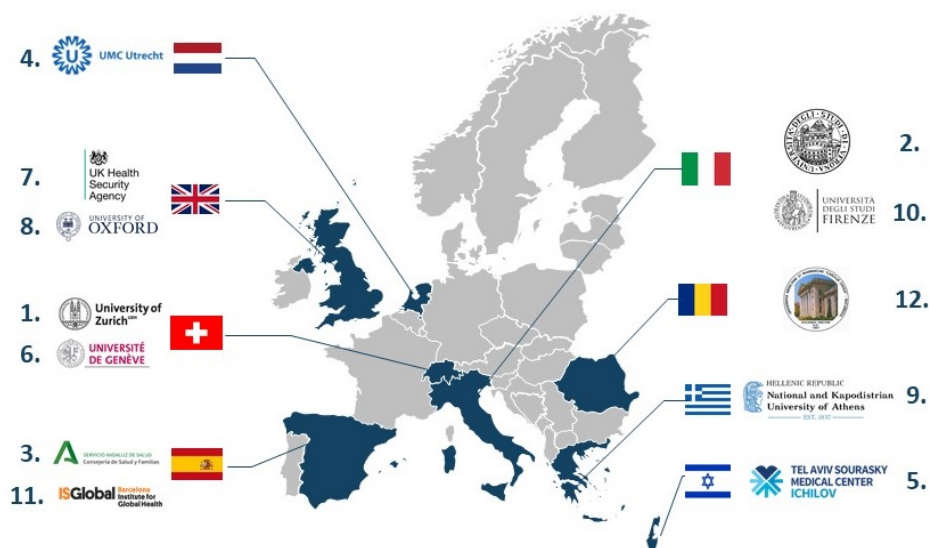
REVERSE focusses on AMR in acute care hospitals in **Greece, Italy, Romania and Spain**. It uses a **mixed-methods approach** combining quantitative research with implementation science and economic analysis. In a sufficiently

powered clinical trial, REVERSE will answer the question about the real-life effectiveness of infection prevention and control programmes in combination with antibiotic stewardship on healthcare-associated infections due to multidrug-resistant microorganisms: an implementation study that has not been done at this level and scope before.

To achieve this goal, REVERSE is supported by a strong consortium from academia, healthcare organisations and governmental bodies, including **12 beneficiaries** from Greece, Israel, Italy, the Netherlands, Romania, Spain, Switzerland and the United Kingdom, as well as a total of **24 acute care hospitals** in the four southern European countries. REVERSE is led by the coordinating entity **University of Zurich** (Switzerland), with **PD Dr Walter Zingg** as the coordinator.



Project Consortium



REVERSE has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 965265. The content on this newsletter reflects only the author's view and the European Commission is not responsible for any use that may be made of the information it contains.

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