

**Aim**

To improve patient care by increasing appropriate surgical antibiotic prophylaxis to above 95% within 12 months in nominated surgical department

**Primary Drivers**

Improve knowledge & confidence in antibiotic prophylaxis prescribing

Standardise the process of prescribing antibiotic prophylaxis

Improve communication before and after surgery between staff

Improve accuracy of attitudes and beliefs about appropriate antibiotic prophylaxis

**Secondary Drivers**

Increase access to ID/Micro/other experts in antibiotic use

Increase awareness of existing guidelines

Increase collaboration between surgeons, anaesthetists and ID for antibiotic prescribing

Increase education on appropriate antibiotic use

Improve screening for MRO at pre-admission

Improve the identification of those who require antibiotic prophylaxis

Increase the rate of appropriate antibiotic administration time, dosing & duration

Increase the rate of appropriate antibiotic choice for the specific procedure

Improve documentation of antibiotic choice, dose, duration and any reasons for non-compliance

Improve review process of antibiotic order

Increase agreement with guidelines to promote relevance to practice

Change entrenched habits of previous suboptimal practice

Promote and support a culture of appropriate antibiotic use

Deconstruct myths that antibiotics are harmless medicines

**Change ideas**

AMS-surgical rounds

Poster campaign to promote principles of good prescribing

Academic detailing with surgeons anaesthetists and by AMS team

In-services by AMS team on appropriate antibiotic use to surgeons and anaesthetists

Develop evidence based guidelines in consultation with surgeons/anaesthetists

Display guidelines in theatres - poster

Include antibiotics in "time-out" phase or checklist

Stock operating theatre with antibiotics only recommended by guidelines

Monitor adherence with guidelines and provide feedback – compare specialty's performance to others and report to relevant committees

Incorporate prompts for antibiotic stop within the operating report

Post operative checklist with documented plan that includes antibiotic review

AMS champions in the surgical team

Gain support of hospital Executive

Feedback of 30 day morbidity and mortality results to treating teams

