

Adapting the 5 x 5 Audits

- The 5x5 Antimicrobial Audit is used to collect information on empirical antimicrobial prescribing practices
- The audit questions focus on whether or not an indication for antimicrobial therapy has been documented, and if the choice of agent is concordant with either local or national antimicrobial prescribing
 quidelines.

ATTENTION DOCTORS

This ward supports best practice antimicrobial prescribing!

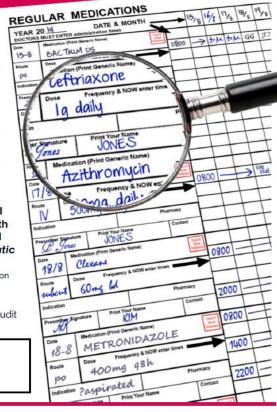
We are currently monitoring antimicrobial prescribing practices through use of the 5x5 Antimicrobial Audit.

For patients receiving empirical antimicrobial therapy, trained auditors will be looking for:

- A clearly documented indication for therapy AND
- 2 Choice of antimicrobial therapy concordant with either locally-endorsed guidelines or Therapeutic Guidelines: Antibiotic

(OR a clearly documented reason for diverging from guidelines)

For more information on this audit activity, please contact:







ATTENTION DOCTORS!

Antimicrobial prescribing is monitored on this ward...

The 5x5 Antimicrobial Audit encourages and supports best practice antimicrobial prescribing.

For patients receiving empirical antimicrobial therapy, trained auditors will be looking for:

- A clearly documented indication for therapy

 AND
- Choice of antimicrobial therapy concordant with either locally-endorsed guidelines or Therapeutic Guidelines: Antibiotic

(OR a clearly documented reason for diverging from guidelines)

For more information on this audit activity, please contact:









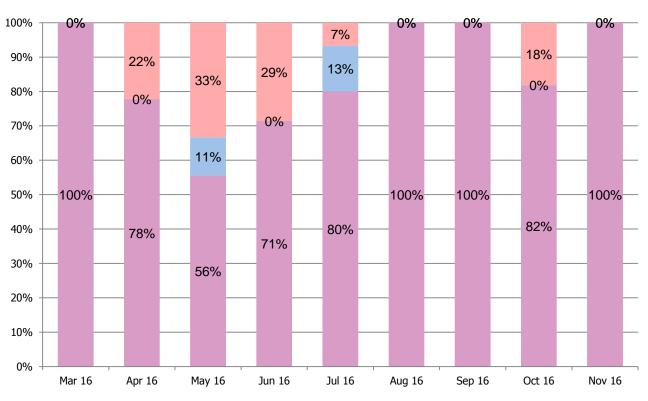


Guideline Concordance Vs Non-Concordance (by Percentage)

Results for 01-Mar-16 to 31-Jan-17

- Guideline Non-Concordant, No Reason Documented (%)
- Guideline Non-Concordant, Reason Documented (%)
- Guideline Concordant





Susannah Ford CNE & IP & C Condobolin Health Service August 2017

Western NSW LHD Lachlan Health Service

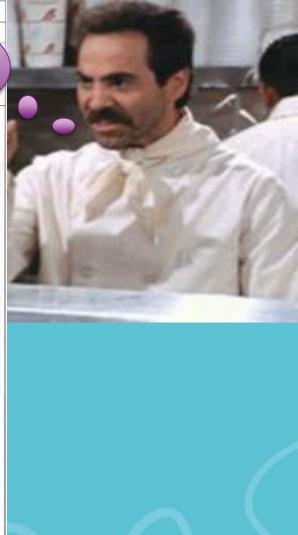
ANTIBIOTIC CONTROL FORM

MRN Surname NO ANTIBIOTICS Other Name DOB / Sex FOR YOU!!! Ward / VMO

The following antibiotics are			
		ropenem	
		xifloxacin	
	* 0	coplanin	
		ecycline	
		riconazoie	
36 000 350 (Northern Se			
	Concurren	t Antibiotics	
µmol/l eGFR	ml/min		
Guided Therapy			
Results	Nil Micro Requested		
es (Antibiotics) 2014 edi	tion or later?	No	
	Phone		
	Phone		
	proval needed if guidelines Lincomycin Norfloxacin Tazocin Timentin Rifampicin Vancomeyin Vancomeyin Tick: James Branl 58 660 550 (Northern Se	pproval needed if guidelines Lincomycin Amikacin Me Norfloxacin Caspofungin Tei Timentin Cefepime Tig Rifampicin Ciprofloxacin (IV) Voncomcyin Linezolid tick: James Branley 0414 518 491 (Southern Sc 58 660 550 (Northern Sector); Tom Solano 042253 Concurrent pmol/l eGFR ml/min Guided Therapy Results Nil Micro Requested	



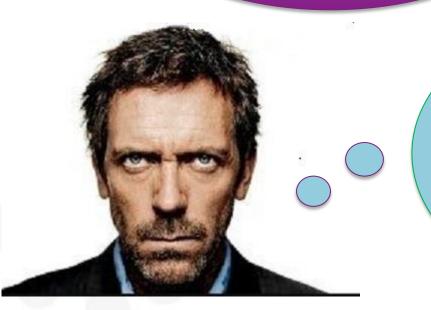
Fax completed form to pharmacy: 6863 4097
Thank you for assisting in the management of Multi-Resistant Organisms in our health service



Feedback and Intervention

"Oh Dr House, I noticed your patient is on 5 different antibiotics for a sore throat. I am new to Antimicrobial Stewardship and was wondering if you could explain which guidelines you are using?



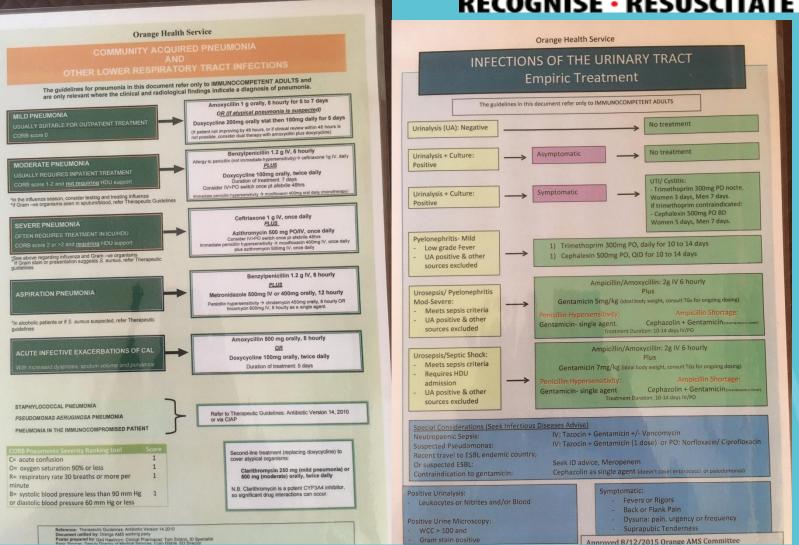


"Oh silly me! There is no reason he should be on antibiotics! Lets just cancel those crazy orders!! Thanks for the feedback Sister "

Engaging Nursing Staff



RECOGNISE • RESUSCITATE • REFER



Outcomes and Looking Forward

- 91.4% of all patients had a documented indication for antibiotics.
- 84.2% received antimicrobial therapy that was concordant with the guidelines or non concordant with a documented reason.
- 17.7% overall compliance increase.





- Australian Bureau of Statistics. 2011. Lachlan (A) (LGA) NSW. [ONLINE] Available at: http://stat.abs.gov.au/itt/r.jsp?Regional Summary®ion=14600&dataset=ABS Regional [Accessed 10.03.2017]
- Cains, K. Cheng, A. Cotta, M. Roberts, J 2015, 'Antimicrobial Stewardship in Australian Hospitals and Other Settings', *Infection Diseases*, vol. 28, pp. S27-38.
- Cairns, K. Jenney, A. Abbott, I. Skinner, M. Doyle, J. Dooley, M. Cheng, A. 2013, 'Prescribing trends before and after implementation of an antimicrobial stewardship program', *MJA*, vol 198, pp262-266.
- Rawson, T. Moore, L. Tivey, A, Tsao, A. Gilchrist, M. Charani, E. Holmes, A. 2017, 'Behaviour change interventions to influence antimicrobial prescribing: a cross-sectional analysis of reports from UK state-of-the-art scientific conferences', *Antimicrobial Resistance and infection Control*, vol. 6:11, pp. 1-8.
- Storr, J. Twyman, A. Zingg, W. Damani, N. Kilpatrick, C. Reilly, J, Lesley, P. Egger, M. Grayson, L. Kelley, E. Allegranzi, B. and the WHO Guidelines Development Group. 2017, 'Core components for effective infection prevention and control programmes: new WHO evidence-based recommendations', *Antimicrobial Resistance and infection Control*, vol. 6:6, pp.1-18.
- The 5 x 5 Antimicrobial Audit, 2015. Clinical Excellence Commission [ONLINE] Available at: http://www.cec.health.nsw.gov.au/patient-safety-programs/antimicrobial-stewardship/quah/antimicrobial-audit. [Accessed 10.03.2017].
- Western NSW Local Health District, 2015, Antimicrobial Stewardship, (procedure), Policies and Guidelines, WN_PD2015_005
- Western NSW Local Health District, Strategic Plan 2016-2020.

