

The authors would like to acknowledge the support of the staff in the Tasmanian Health Service (THS) rural hospitals and the support received from the staff of the National Antimicrobial Prescribing Survey (NAPS) in the success of this surveillance program



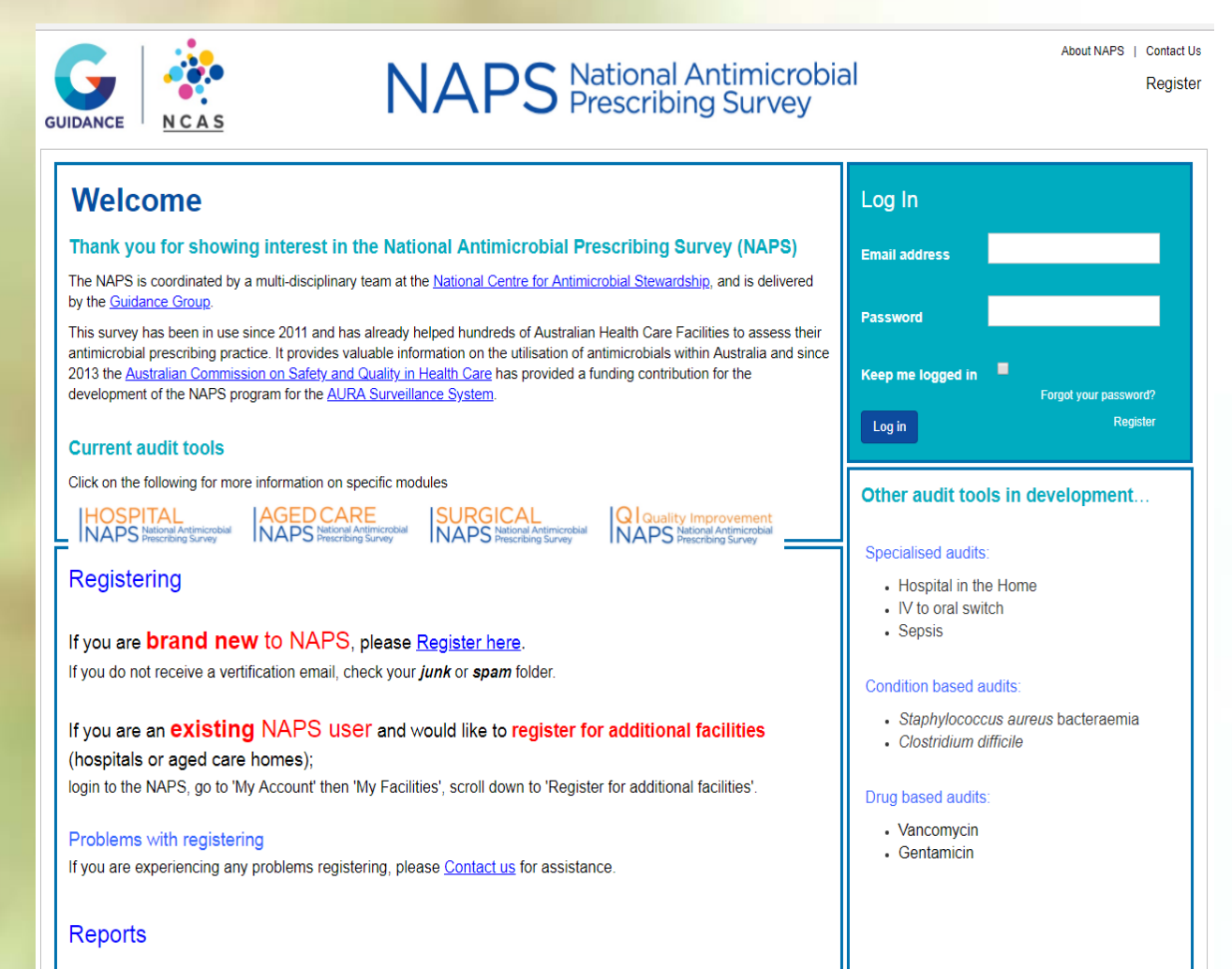
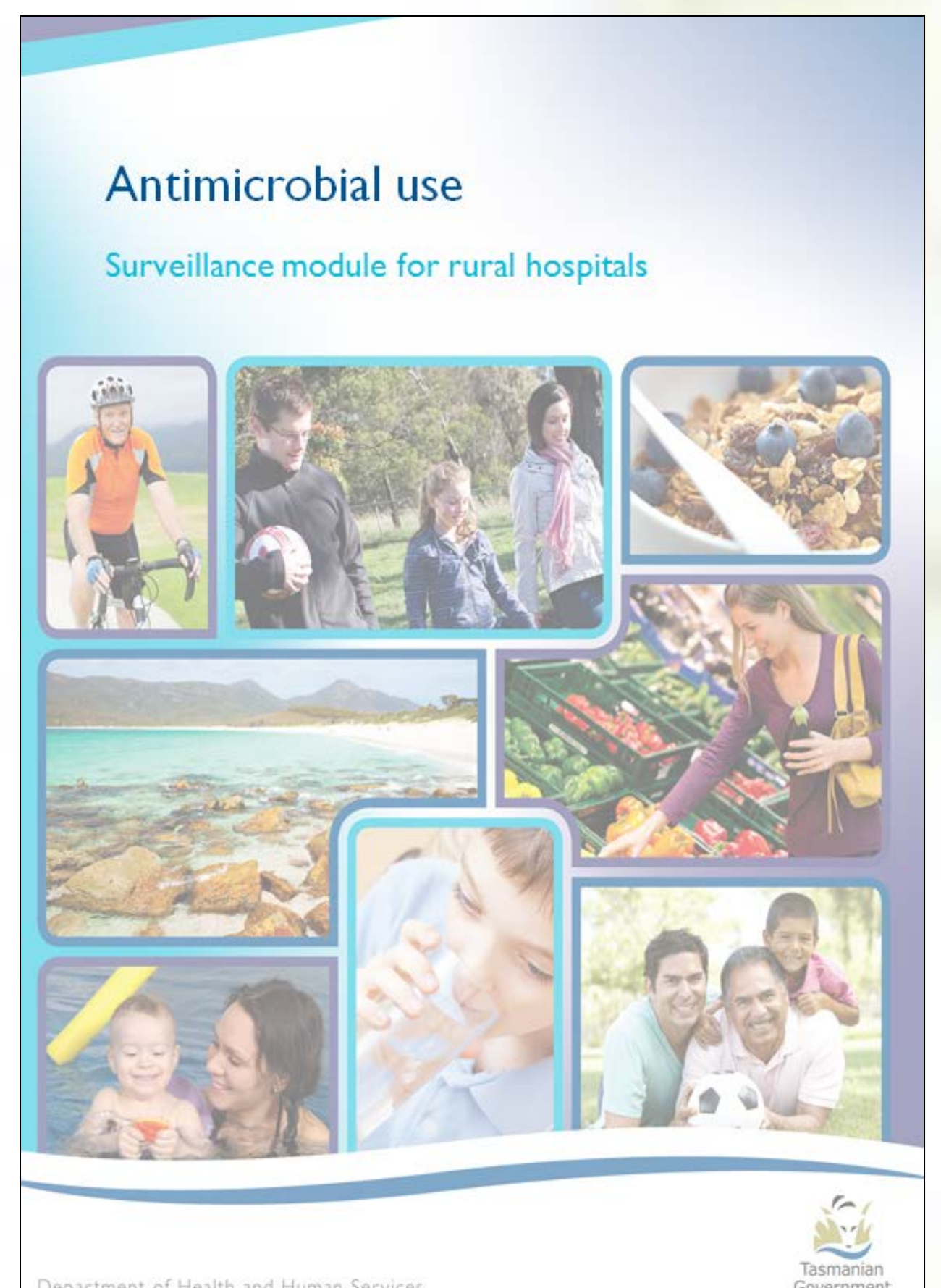
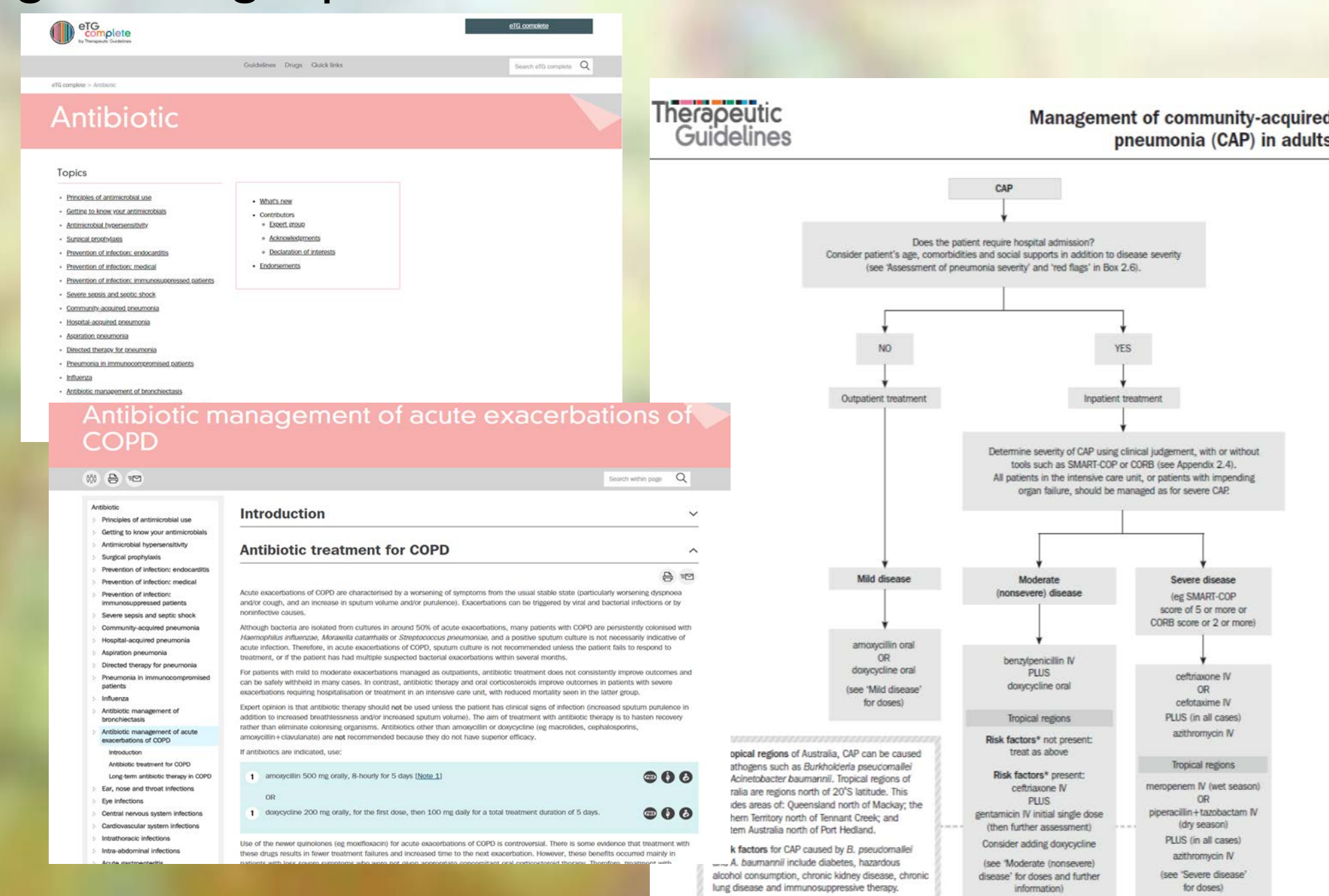
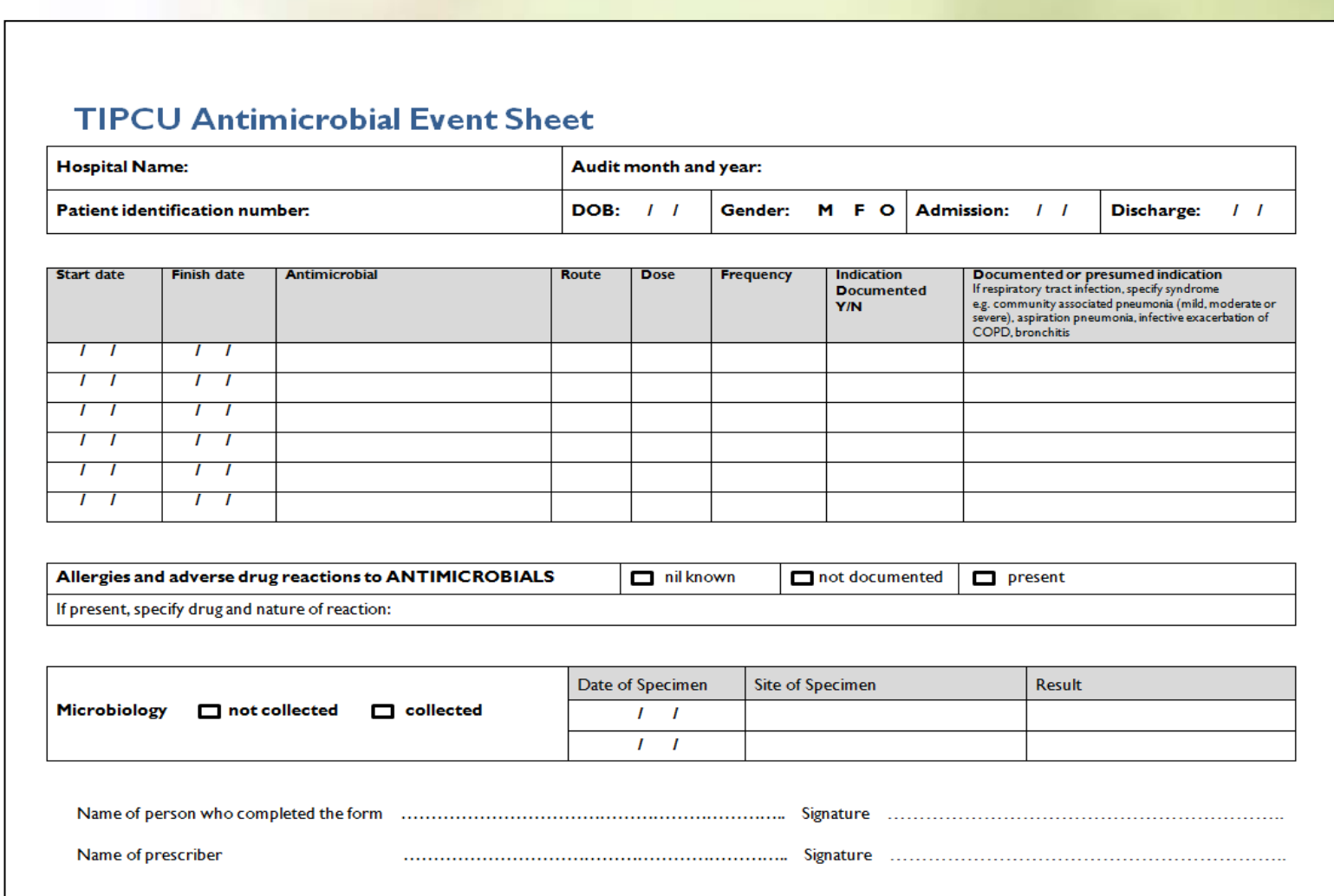
Antimicrobial use surveillance can provide data to assess usage to allow for targeted interventions to improve appropriate antimicrobial use.

- To quantify antimicrobial use in Tasmanian rural hospitals.
- To assess appropriateness of antimicrobial use in accordance with ‘*Therapeutic Guidelines:Antibiotic.*’
- To identify areas for targeted interventions to prescribers and other staff
- To identify changes in usage and appropriateness over time particularly in response to targeted interventions

From 2015 - all 13 Tasmanian rural hospitals have agreed to participate in an annual antimicrobial use surveillance program.

Data collection 1st to 30th September on all patients who are prescribed antimicrobial treatment and are an inpatient in an acute bed in a Tasmanian rural hospital. Data collected by rural hospital nursing staff. Completed forms sent to TIPCU.

Data entered in to the National Antimicrobial Prescribing (NAPS) portal to facilitate data collation and generating reports.



Feedback via individual site reports



Survey of prescribers

10. Are you aware of the Antimicrobial Use Surveillance Program undertaken in Tasmanian Rural Facilities in 2015?

☐ Yes

11. Antimicrobial therapy prescribed in Rural Facilities was reviewed in August 2015 in Tasmania. 82% of the antimicrobials prescribed were for the 3 types of infection. What were they?

☐ Urinary tract

☐ Skin/soft tissue

☐ Respiratory tract

☐ All of these

12. When compared with the Therapeutic Guidelines Antibiotic, how appropriate were the courses of antimicrobial therapy in Tasmanian Rural Facilities in August 2015 when considering all components of prescribing?

☐ 0%

☐ 25%

☐ 50%

☐ 75%

☐ 100% of cases

15. Have you been involved in the management of a patient who has experienced any of the following?

☐ Sepsis with a high degree of clinical suspicion on admission, WBC $>10^9$

☐ Metastatic disease

☐ Unusually frequently, multiple or unusual sites

☐ Unusually resistant organisms

☐ None of these

16. Do you think that your antimicrobial prescribing could improve?

☐ Yes

17. In accordance with the Therapeutic Guidelines Antibiotic, oral cefixime 500 mg twice daily is appropriate empiric therapy for the following indications:

☐ 18. In accordance with the Therapeutic Guidelines Antibiotic, oral cefixime 500 mg daily is appropriate therapy for the following indications:

☐ Urinary tract

☐ Skin/soft tissue

☐ Respiratory tract

☐ All of these

19. In accordance with the Therapeutic Guidelines Antibiotic, intravenous ceftriaxone 1 gram daily is appropriate empiric therapy for the following indications:

☐ Community acquired pneumonia of moderate severity in the absence of penicillin hypersensitivity

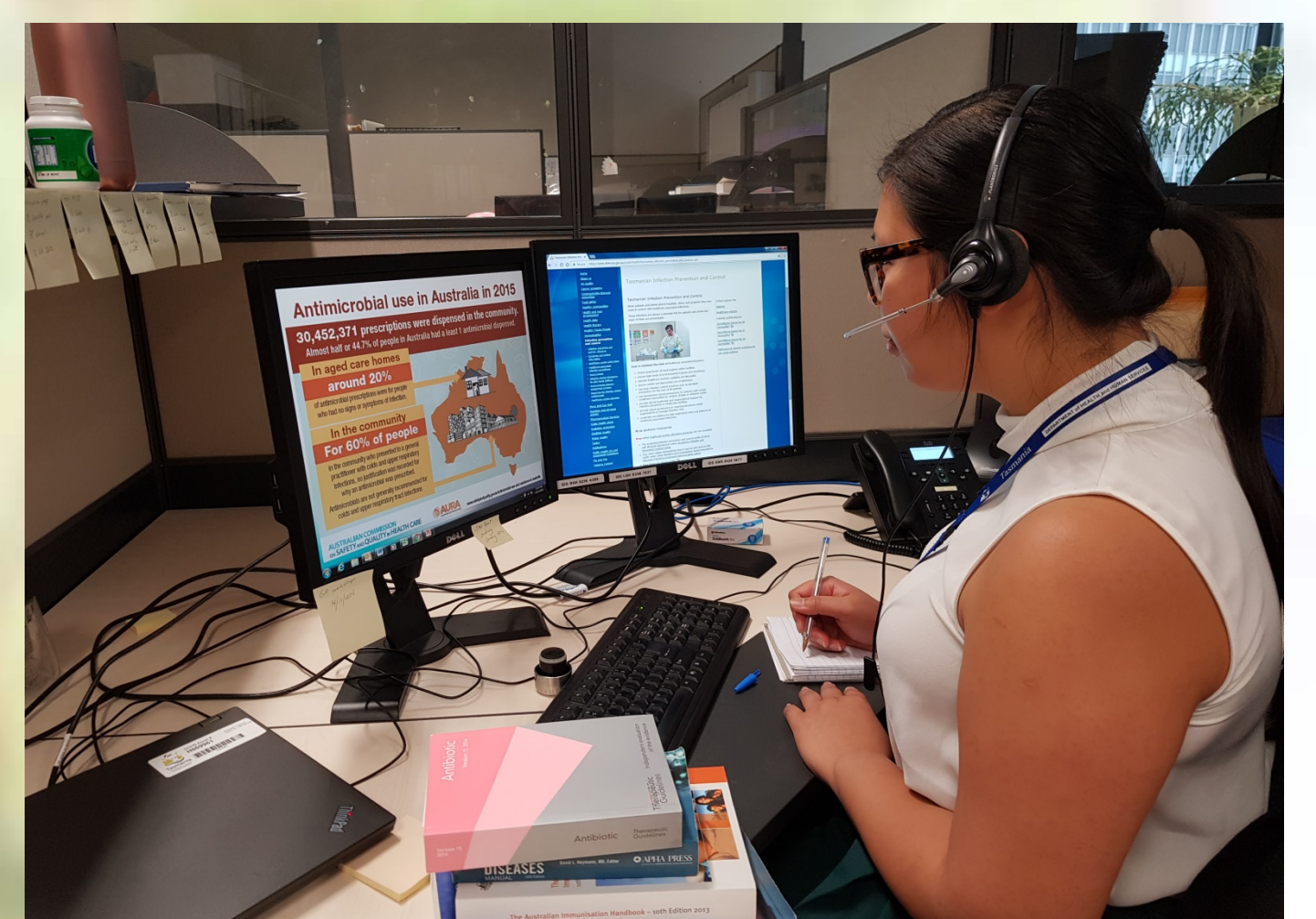
☐ Septicemia of recent onset

☐ Severe community acquired pneumonia

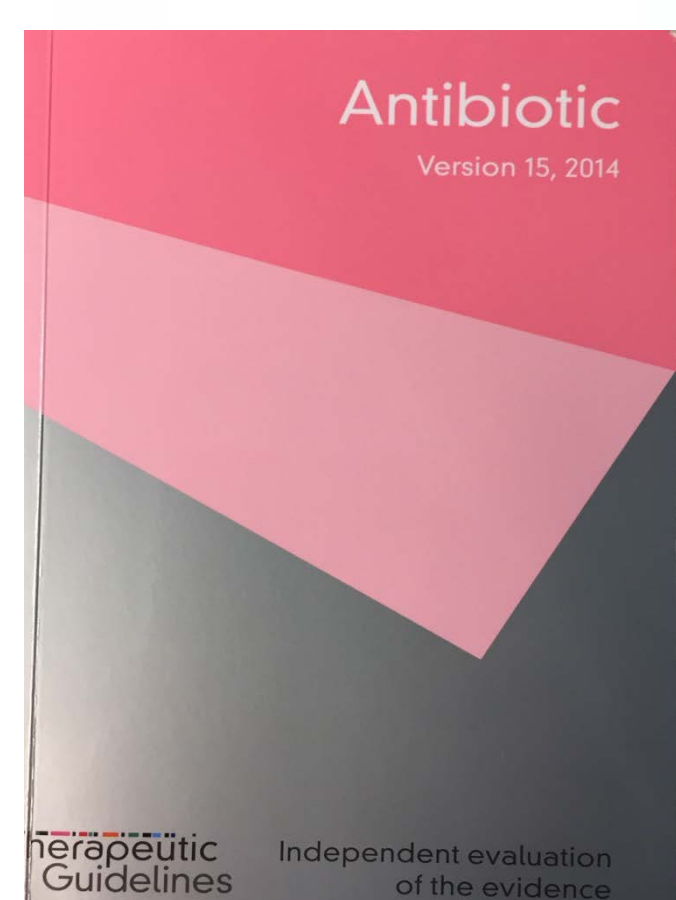
☐ Empiric therapy for severe community acquired pneumonia

☐ None and not known infection

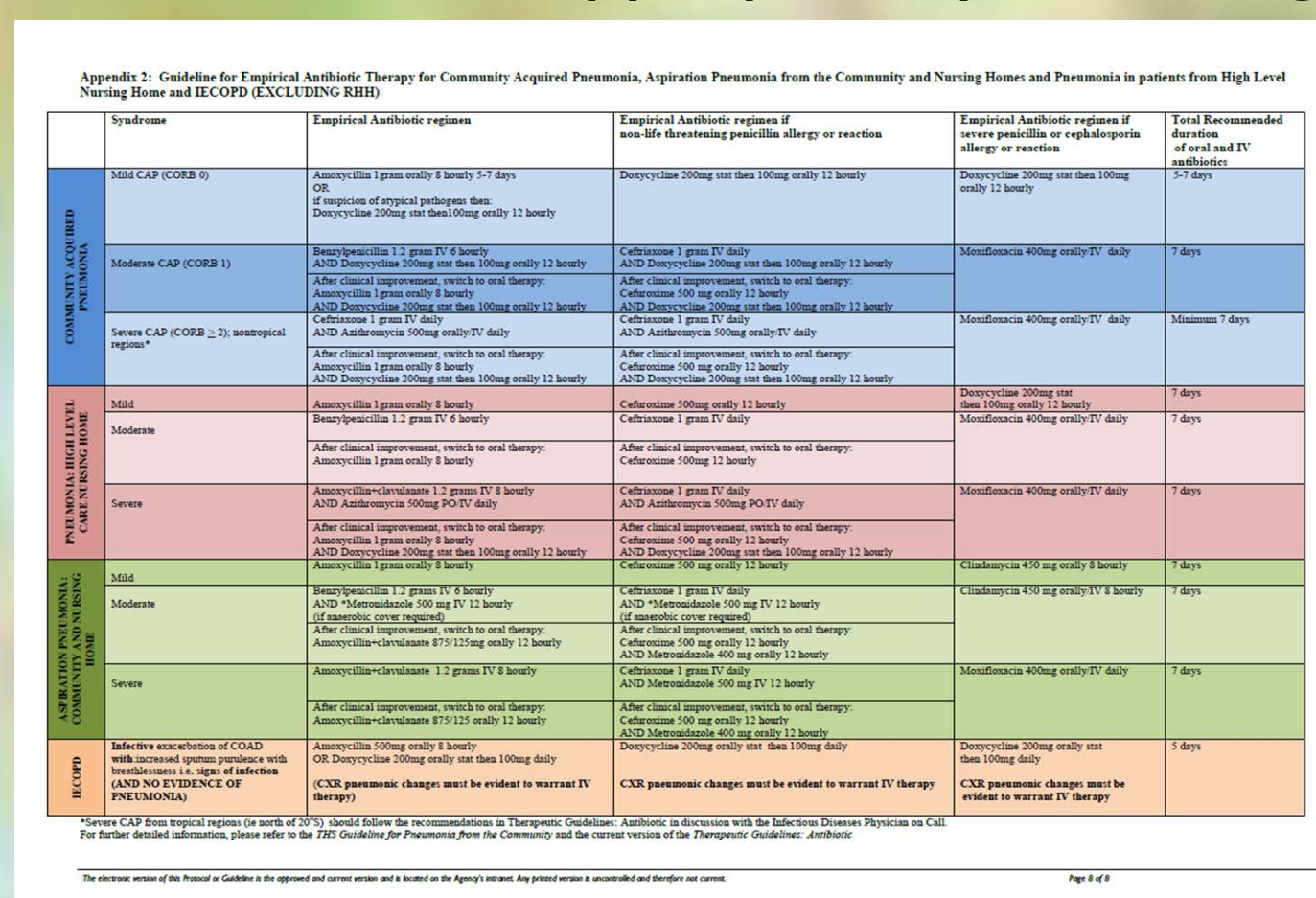
Education via webinar



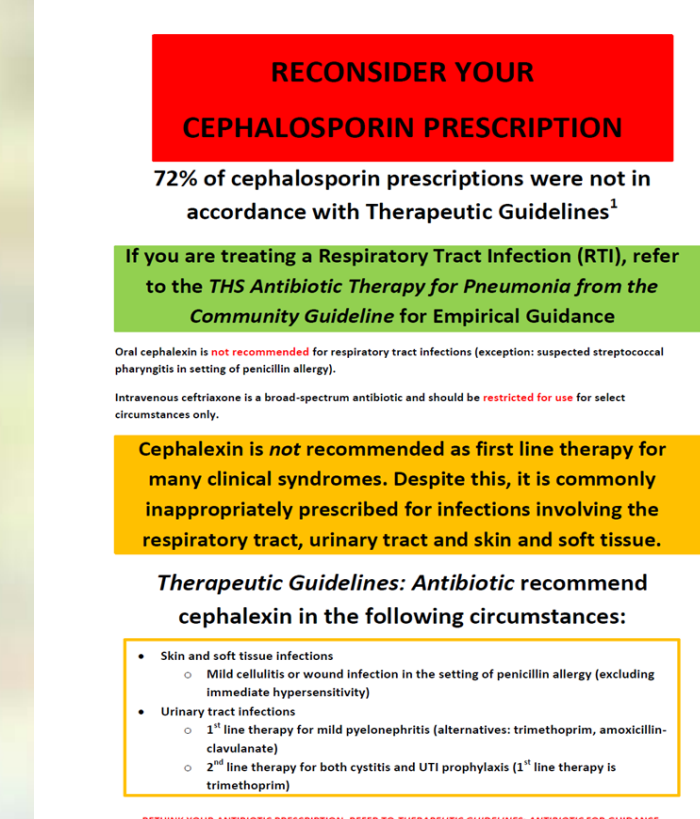
Provide copy of 'Therapeutic Guidelines: Antibiotic' to each Tasmanian rural hospital



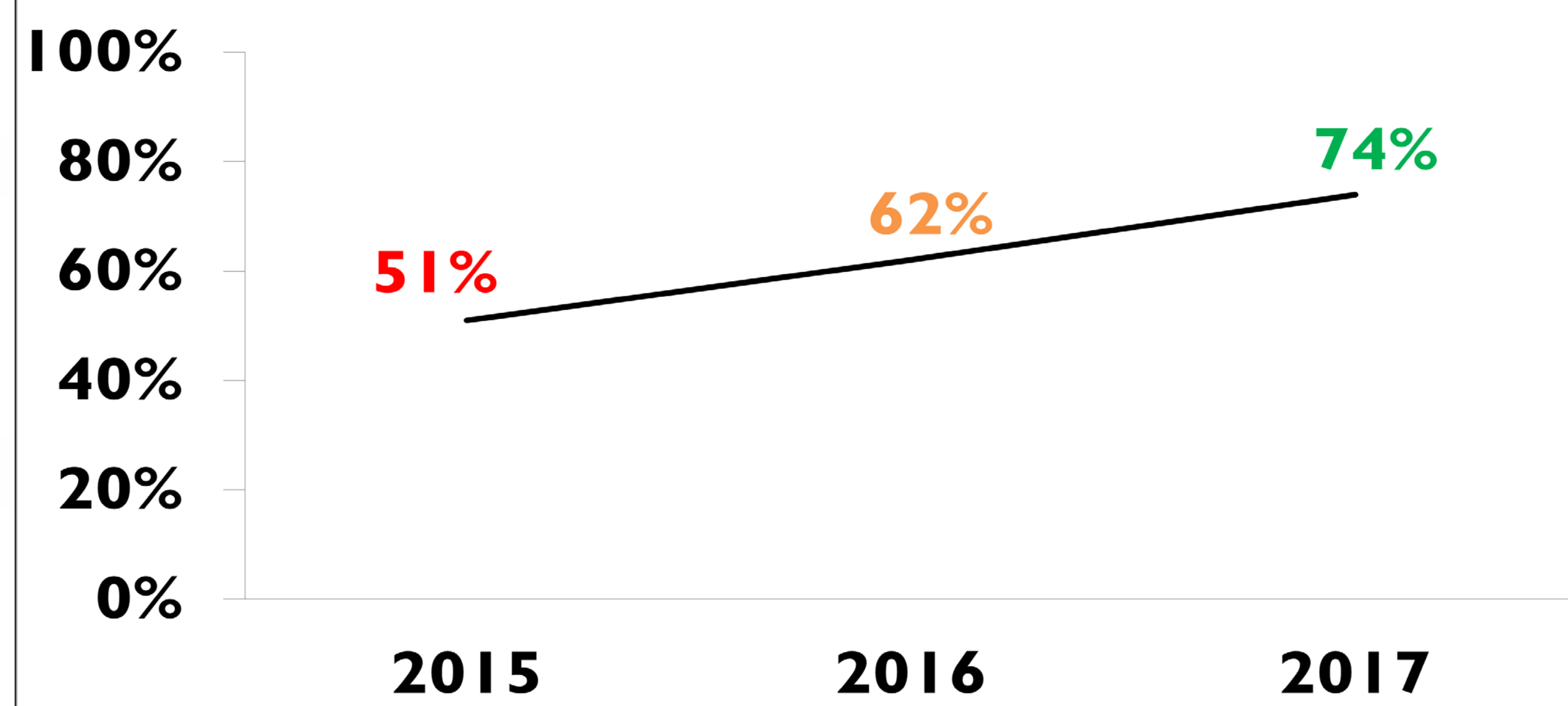
Provide Tasmanian Health Service (THS) state-wide community onset pneumonia treatment guideline to assist appropriate prescribing



Provide cephalosporin prescribing poster to prescribers and Tasmanian rural hospitals



Appropriateness of prescription



Since commencing the program:

- The top three indications for use have remained unchanged - respiratory tract infection, skin and soft tissue infection and urinary tract infection.
- Appropriateness of antimicrobial prescribing has increased.
 - Ceftriaxone use has decreased appropriately
 - Amoxicillin use has increased appropriately
 - Doxycycline use has increased appropriately