

Antimicrobial stewardship: 8d-The proportion of patients who were prescribed prolonged antimicrobials following a surgery or procedure that is discordant with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	8d-The proportion of patients who were prescribed prolonged antimicrobials following a surgery or procedure that is discordant with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines
METEOR identifier:	736900
Registration status:	Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020
Description:	The proportion of patients who were prescribed prolonged antimicrobials following a surgery or procedure that is discordant with the current <i>Therapeutic Guidelines</i> or evidence-based, locally endorsed guidelines.
Indicator set:	Clinical care standard indicators: antimicrobial stewardship 2020 Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020

Collection and usage attributes

Computation description:	The numerator and denominator exclude patients undergoing surgery or a procedure for which there are no documented guidelines for the administration of prophylactic antimicrobials or where prophylaxis is not indicated due to the patient's current antimicrobial therapy. The numerator and denominator also exclude patients who have not received antimicrobials perioperatively. Presented as a percentage.
Computation:	$(\text{Numerator} \div \text{Denominator}) \times 100$
Numerator:	Number of patients who receive prophylactic antimicrobial prior to surgery or a procedure whose antimicrobial is continued following surgery against recommendations in the current <i>Therapeutic Guidelines</i> or evidence-based, locally endorsed guidelines.
Denominator:	Number of patients undergoing surgery or a procedure for which there are documented guidelines on the use of prophylactic antimicrobials.

Comments: As per the *Antimicrobial Stewardship Clinical Care Standard* (ACSQHC 2020), the term 'locally endorsed guidelines' should meet the following specific requirements:

Therapeutic Guidelines: Antibiotic provides national, evidence-based guidelines for antimicrobial use in Australia. However, in some cases, evidence-based and formally endorsed local adaptations may be more relevant to local patterns of antimicrobial resistance or specific patient populations requiring a localised approach or with highly specialised diagnoses out of the scope of *Therapeutic Guidelines*. Ensure that local adaptations of guidelines are based on *Therapeutic Guidelines* and, where they deviate, a clear rationale based on published clinical evidence and local epidemiology is documented and endorsed by a governing body. Endorsing bodies may include peer review at a drug and therapeutics, antimicrobial stewardship or medicines advisory committee, or equivalent.

See the *Antimicrobial Stewardship Clinical Care Standard* (ACSQHC 2020) for key considerations to optimise the use of antimicrobials in surgical prophylaxis.

Services may select specific procedures to focus on as part of the audit process, based on their mix of patients and priorities.

Representational attributes

Representation class: Percentage

Data type: Real

Unit of measure: Service event

Format: N[NN]

Accountability attributes

Other issues caveats: Applicable settings:

All hospital settings, including public and private hospitals, subacute facilities, outpatient and day procedure services

General practice and other community and primary healthcare settings such as Hospital in the Home, Aboriginal community controlled health services, dental practices and community pharmacies

Residential aged care services.

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care

Reference documents: Australian Commission on Safety and Quality in Health Care. Antimicrobial Stewardship Clinical Care Standard. Sydney: ACSQHC; 2020.