

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Antimicrobial Stewardship
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director Clinical Governance and Medical Services
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KEY TERMS	Antimicrobial, Antibiotic, Stewardship, Restrictions
SUMMARY	This document provides guidelines for the prescription and management of antimicrobial agents.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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1. POLICY STATEMENT

The appropriate use of antimicrobials is critical to the effective delivery of care for patients and is a key factor in the management of antimicrobial resistance.

2. BACKGROUND

Healthcare Associated Infection (HAI) programs have been nominated as one of the National and NSW priority areas in health. Included in the priority area for HAI is the establishment of effective antimicrobial stewardship at the national, state, institutional and community levels. A requirement for antimicrobial stewardship is included in the National Safety and Quality Health Service Standards in Standard 3: Preventing and Controlling Health Care Associated Infections.

3. AIMS

- Improve the prescription and management of antimicrobial agents
- Promote [GuidanceMS](#), computerised decision support system where it is available as a tool for antimicrobial stewardship
- Minimise selection of resistance through effective antimicrobial stewardship
- To ensure organisational compliance with Standard 3.18 and 3.19 National Safety and Quality Health Service Standards.

4. RESPONSIBILITIES

- Every hospital within the Local Health District must have an Antimicrobial Stewardship Procedure in place for antimicrobials that have complex prescribing issues, have significant resistance potential or are expensive and for managing GuidanceMS.
- Medical staff, Pharmacists and Nurse Prescribers will follow the principles of use of antimicrobials as per the current version of [Therapeutic Guidelines: Antibiotic](#) and follow appropriate local procedures for each antimicrobial agent.
- Clinical Streams will ensure clinical guidelines and practices utilising antimicrobials are consistent with the current version of *Therapeutic Guidelines: Antibiotic*.
- Local antimicrobial prescribing procedures must be approved by the local Antimicrobial Stewardship and/or Safe Use of Medicines Committee.
- Drug and Therapeutic Committees or Antimicrobial Stewardship Committees must review and recommend any alterations to restrictions, audit antimicrobial use and oversee related education.
- The SESLHD Quality Use of Medicines Committee will approve and publish antimicrobial restrictions.
- Pharmacy departments will provide antimicrobial usage data for surveillance, audit and departmental feedback purposes.
- Health ICT will provide support for prescribing decision and authorisation support programs (software) and surveillance/auditing capabilities required for Antimicrobial Stewardship.
- Facilities will provide resources to implement antimicrobial stewardship procedures and maintain effective antimicrobial stewardship.

5. DEFINITIONS

Antimicrobial Stewardship:

An ongoing effort by a health-care facility to optimise antimicrobial use in patients in order to improve patient outcomes, ensure cost-effective therapy and reduce adverse sequelae of antimicrobial use (including antimicrobial resistance). Antimicrobial stewardship aims to direct antimicrobial prescribing to reduce unnecessary use and promote the use of agents less likely to select resistant bacteria, consistent with Guidelines and demonstrated prevalence of antimicrobial resistant organisms (Australian Commission on Safety and Quality in Health Care, 2016).

Antimicrobial Restriction:

Limiting selection of available antimicrobials for use within defined criteria aims to minimise selection of resistant organisms and promote safe, effective and economical prescribing.

Current antimicrobial restrictions are published with the [LHD drug formulary](#).

Drug Usage Evaluation (DUE):

DUE is a systematic review of drug use and remedial measures ensuring quality use of medicine compared to specific standards, improved patient outcomes and cost effectiveness.

6. PROCEDURE

- Local procedures will be in place to ensure clinicians are aware of and follow accepted antibiotic guidelines. This will be overseen and managed by ID physician, clinical microbiologist and/or pharmacist.
- Network and hospital procedures are consistent with LHD guidelines within available resources.
- Approval is required to prescribe restricted antimicrobials prior to commencing treatment.
- Documentation will include the indication, antibiotic, dose, duration of treatment, route of administration and approval code in medical record and/or the medication chart.

7. DOCUMENTATION

- National Inpatient Medication Chart (NIMC)
- Medical Record including electronic medical record
- Electronic Medication Management (eMM) System
- Electronic record for Intensive Care (eRIC)

8. AUDIT

- Annual snapshot audits e.g. National Antimicrobial Prescribing Survey (NAPS) and Surgical National Antimicrobial Prescribing Survey (SNAPS)
- DUE for targeted antimicrobials.
- Antimicrobial use data regularly collated and compared to national benchmarks e.g. National Antimicrobial Utilisation Surveillance Program (NAUSP)

- Clinical Care Standard for Antimicrobial Stewardship (from the Australian Commission on Safety and Quality in Health Care)
- Health service organisations should ensure surgical prophylaxis is included and addressed as part of their AMS program (per Advisory AS18/08 from the Australian Commission for Safety and Quality in Healthcare).

9. REFERENCES

Australian Commission in Quality and Safety in Health Care. Antimicrobial Stewardship in Australian Health Care, 2018 <https://www.safetyandquality.gov.au/our-work/antimicrobial-stewardship/antimicrobial-stewardship-australian-health-care-2018>

National Therapeutic Guidelines: Antibiotic <http://www.tg.org.au/>

10. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
July 2009	0	Antimicrobial Stewardship Working Group
November 2010	1	Antimicrobial Stewardship Working Group
December 2010	1	Approved Area Drug Committee
December 2010	1	Approved AIPCC
September 2011	2	Rebadged in SESLHD Template
September 2011	2	SESLHD Clinical and Quality Council requested change to the policy in responsibilities section
October 2011	3	Change made as requested by Kate Clezy
13 October 2011	4	Minor typographical revisions and approved by SESLHD Drug & Quality Use of Medicines Committee
26 October 2011	4	Approved by SESLHD Clinical and Quality Council
July 2014	5	Guidance Management Committee, SESLHD
August 2014	5	Approved - SESLHD Drug & QUM committee (D&QUMC)
September 2014	5	Approved – SESLHD Clinical and Quality Council
April 2016	6	Minor updates – Endorsed by Executive Sponsor
December 2017	7	Updates endorsed by Executive Sponsor
July 2020	8	Updated references, standards and links. Antimicrobial Stewardship Clinical Application Advisory Group.
December 2020	9	Approved out of session – IPCC and Executive Sponsor
December 2021	10	Updated references, standards and links. Antimicrobial Stewardship Clinical Application Advisory Group. Approved by SESLHD Quality Use of Medicines Committee
February 2022	10	Risk rating revised to medium. Approved by Executive Sponsor. Processed and published by SESLHD Policy.