Antimicrobial stewardship: 7a-Review of patients prescribed broad-spectrum antibiotics

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# Antimicrobial stewardship: 7a-Review of patients prescribed broad-spectrum antibiotics

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| Identifying and definitional attributes | |
| Metadata item type: | Indicator |
| Indicator type: | Indicator |
| Short name: | Indicator 7a-Review of patients prescribed broad-spectrum antibiotics |
| METEOR identifier: | 612226 |
| Registration status: | [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 12/09/2016  [Australian Commission on Safety and Quality in Health Care](https://meteor-uat.aihw.gov.au/RegistrationAuthority/2), Retired 25/01/2022 |
| Description: | Proportion of admitted patients who were prescribed a broad-spectrum antibiotic and for whom a medical review is documented within 48 hours from the first prescription. |
| Rationale: | Unnecessary continuation of broad-spectrum antibiotics is associated with antimicrobial resistance.  Culture results, including identification and antibiotic susceptibility test results, are usually available 24–48 hours after specimen collection. The results of these tests should be used to reassess the appropriateness of the initial therapy prescribed, along with the patient’s clinical progress and other investigation results (ACSQHC 2014a). |
| Indicator set: | [Clinical care standard indicators: antimicrobial stewardship](https://meteor-uat.aihw.gov.au/content/612216)  [Australian Commission on Safety and Quality in Health Care](https://meteor-uat.aihw.gov.au/RegistrationAuthority/2), Retired 25/01/2022  [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 12/09/2016 |
| Outcome area: | [Use of broad-spectrum antibiotics](https://meteor-uat.aihw.gov.au/content/624357)  [Health!](https://meteor-uat.aihw.gov.au/RegistrationAuthority/14), Standard 12/09/2016 |

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| Collection and usage attributes | |
| Computation description: | For the numerator, ‘reviewed’ means that the clinician initials the microbiology result report (or in an electronic environment, there is evidence that the clinician has reviewed the result), and a treatment decision is documented within 48 hours from the first prescription. For the purposes of this indicator, ‘documented’ means there is a note about the treatment decision in the patient's prescription or medical record, which may be paper-based or electronic.  For the numerator and denominator ‘broad-spectrum antibiotics’ refers to antibiotics that are active against a wide range of organisms (ACSQHC 2014b) and includes one or more of: meropenem, vancomycin, ciprofloxacin, ceftriaxone or piperacillin and tazobactam.  Presented as a percentage. |
| Computation: | (Numerator ÷ denominator) x 100 |
| Numerator: | Number of admitted patients for whom one or more broad-spectrum antibiotics were prescribed and for whom the microbiology results were reviewed. |
| Denominator: | Number of admitted patients for whom one or more broad-spectrum antibiotics were prescribed. |
| Representational attributes | |
| Representation class: | Percentage |
| Data type: | Real |
| Unit of measure: | Service event |
| Format: | N[NN] |
| Source and reference attributes | |
| Submitting organisation: | Australian Commission on Safety and Quality in Health Care |
| Reference documents: | ACSQHC (Australian Commission on Safety and Quality in Health Care) 2014a. Action 4: Review and assess antibiotics at 48 hours–Fact sheet. Sydney: ACSQHC.  ACSQHC (Australian Commission on Safety and Quality in Health Care) 2014b. Antimicrobial Stewardship Clinical Care Standard. Sydney: ACSQHC. |