

Clinical care standard indicators: antimicrobial stewardship 2020

Exported from METEOR (AIHW's Metadata Online Registry)

© Australian Institute of Health and Welfare 2024

This product, excluding the AIHW logo, Commonwealth Coat of Arms and any material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 4.0 (CC BY 4.0) licence. Excluded material owned by third parties may include, for example, design and layout, images obtained under licence from third parties and signatures. We have made all reasonable efforts to identify and label material owned by third parties.

You may distribute, remix and build on this website's material but must attribute the AIHW as the copyright holder, in line with our attribution policy. The full terms and conditions of this licence are available at <https://creativecommons.org/licenses/by/4.0/>.

Enquiries relating to copyright should be addressed to info@aihw.gov.au.

Enquiries or comments on the METEOR metadata or download should be directed to the METEOR team at meteor@aihw.gov.au.

Clinical care standard indicators: antimicrobial stewardship 2020

Identifying and definitional attributes

Metadata item type:	Indicator Set
Indicator set type:	Other
METEOR identifier:	736878
Registration status:	Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020

Description:

The Australian Commission on Safety and Quality in Health Care has produced the Antimicrobial Stewardship (AMS) Clinical Care Standard indicators to assist with local implementation of the AMS Clinical Care Standard. The AMS Clinical Care Standard provides guidance to clinicians and health service managers on delivering appropriate care when prescribing antimicrobials. It was first published in 2014 and was updated in 2020 following a review of current evidence and consultation with clinical experts and key organisations.

The goals of the AMS Clinical Care Standard are to ensure:

- The appropriate use and review of antimicrobials to optimise patient outcomes, lessen the harms of adverse effects and reduce the emergence of antimicrobial resistance
- That a patient receives optimal antimicrobial therapy for the treatment or prevention of an infection, including assurance when an antimicrobial is not needed. This means using the right antimicrobial to treat the condition, at the right dose, at the right frequency, by the right route of administration, at the right time and for the right duration, based on accurate assessment and timely review.

The quality statements that are included in the AMS Clinical Care Standard are as follows:

1. **Life-threatening conditions-** A patient with a life-threatening condition due to a suspected infection receives an appropriate antimicrobial immediately, without waiting for the results of investigations.
2. **Use of guidelines-** When a patient is prescribed an antimicrobial, this is done in accordance with the current *Therapeutic Guidelines* or evidence-based, locally endorsed guidelines and the antimicrobial formulary.
3. **Adverse reactions to antimicrobials-** When an adverse reaction (including an allergy) to an antimicrobial is reported by a patient or recorded in their healthcare record, the active ingredient(s), date, nature and severity of the reaction are assessed and documented. This enables the most appropriate antimicrobial to be used when required.
4. **Microbiological testing-** A patient with a suspected infection has appropriate samples taken for microbiology testing as clinically indicated, preferably before starting antimicrobial therapy.
5. **Patient information and shared decision making-** A patient with an infection, or at risk of an infection, is provided with information about their condition and treatment options in a way that they can understand. If antimicrobials are prescribed, information on how to use them, when to stop, potential side effects and a review plan is discussed with the patient.
6. **Documentation-** When a patient is prescribed an antimicrobial, the indication, active ingredient, dose, frequency and route of administration, and the intended duration or review plan are documented in the patient's healthcare record.
7. **Review of therapy-** A patient prescribed an antimicrobial has regular clinical review of their therapy, with the frequency of review dependent on patient acuity and risk factors. The need for ongoing antimicrobial use, appropriate microbial spectrum of activity, dose, frequency and route of administration are assessed and adjusted accordingly. Investigation results are reviewed promptly when they are reported.
8. **Surgical and procedural prophylaxis-** A patient having surgery or a procedure is prescribed antimicrobial prophylaxis in accordance with the current *Therapeutic Guidelines* or evidence-based, locally endorsed guidelines. This includes recommendations about the need for prophylaxis, choice of antimicrobial, dose, route and timing of administration, and duration.

Relational attributes

Related metadata references:

Supersedes [Clinical care standard indicators: antimicrobial stewardship Australian Commission on Safety and Quality in Health Care, Retired 25/01/2022 Health!](#), Standard 12/09/2016

**Indicators linked to this
Indicator set:**

[Antimicrobial stewardship: 2a-The proportion of antimicrobial prescriptions that are in accordance with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

[Antimicrobial stewardship: 2b-The proportion of prescriptions for restricted antimicrobials that are in accordance with the locally endorsed approval policy](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

[Antimicrobial stewardship: 3a-The proportion of patients with an adverse reaction to an antimicrobial with comprehensive documentation of the reaction in their healthcare record](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

[Antimicrobial stewardship: 6a-The proportion of prescriptions for which the indication for prescribing the antimicrobial is documented](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

[Antimicrobial stewardship: 6b-The proportion of prescriptions for which the duration, stop date or review date for the antimicrobial is documented](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

[Antimicrobial stewardship: 7a-The proportion of prescriptions for which an antimicrobial review and updated treatment decision is documented within 48 hours from the first prescription](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

[Antimicrobial stewardship: 8a-The proportion of patients for whom the perioperative prophylactic antimicrobial is prescribed in accordance with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

[Antimicrobial stewardship: 8b-The proportion of patients for whom the perioperative prophylactic antimicrobial dose is prescribed in accordance with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

[Antimicrobial stewardship: 8c-The proportion of patients who are administered prophylactic antimicrobials within the recommended time perioperatively](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

[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](#)

[Australian Commission on Safety and Quality in Health Care, Standard 24/12/2020](#)

Collection and usage attributes

National reporting arrangement:

This indicator specification has been developed to assist with the local implementation of the AMS Clinical Care Standard (ACSQHC 2020). There are no benchmarks set for any of the indicators in this specification. For all indicators, health service providers using the indicators can monitor their own results over time or compare them with those from other providers, with whom they have made such arrangements.

Implementing the AMS Clinical Care Standard is a requirement for all health service organisations assessed against the National Safety and Quality Health Service Standards.

Under the Preventing and Controlling Healthcare-Associated Infection Standard, health service organisations are expected to implement systems for the safe and appropriate prescribing and use of antimicrobials as part of an AMS program. Specifically, health service organisations are expected to have an AMS program that incorporates core elements, recommendations and principles from the current AMS Clinical Care Standard ([Action 3.15d](#)), and review antimicrobial prescribing and use ([Action 3.16a](#)).

Comments:

There are a number of existing audit tools where samples of medication charts are assessed for appropriateness and compliance of antimicrobial prescribing against the *Therapeutic Guidelines*. These include:

- The National Antimicrobial Prescribing Survey (NAPS) – a component of the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System, conducted by the National Centre for Antimicrobial Stewardship (a Centre of Research Excellence) using a point-prevalence survey
- Audits of GP prescribing administered by the National Prescribing Service (NPS) MedicineWise. These include, but are not confined to, antimicrobial prescribing.

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.