

The 2016 Aged Care National Antimicrobial Prescribing Survey (acNAPS) confirmed the 2015 pilot survey results. Key issues that can promote antimicrobial resistance (AMR) were identified (See box below). AMR is a natural phenomenon but an accumulation of factors, including **poor infection control practices excessive and inappropriate antimicrobial use** has transformed AMR into a serious worldwide threat to public health.

2016 acNAPS Results

- 251 Aged Care Homes (ACHs) participated
- 13,447 permanent, respite or transitional care residents were reviewed
- Most ACHs were located in Victoria (64.1%), classified as inner regional (41.4%) and State Government operated (62.5%).
- On the survey day, the prevalence of residents with signs and/or symptoms of infection was 3.1%.
- 1590 residents were being prescribed 1867 antimicrobials.
- The prevalence of residents prescribed at least one antimicrobial was 9.7%. If all topical antimicrobials were excluded the prevalence was 7.1%.
- Respiratory tract (34.5%), skin or soft tissue (29.3%) and urinary tract (14.8%) infections were the three most common indications for prescribing antimicrobials.
- Cephalexin (21.7%) was the most commonly prescribed antimicrobial.

Issues targeted for quality improvement interventions included:

The prescription of antimicrobials for 'unconfirmed' infections

- About one third (32.4%) of the antimicrobials were prescribed for residents with no signs and/or symptoms of infection in the one week prior to the antimicrobial start date.
- For those prescriptions where signs and/or symptoms of infection were recorded, 67.2% did not meet the McGeer *et al* criteria (a set of widely referenced, internationally recognised infection definitions that have been specifically developed for use in long term care facilities).

Prolonged duration of antimicrobial prescriptions

- The antimicrobial start date was greater than six months prior to the survey date for 23.3% of prescriptions.

Widespread use of topical antimicrobials

- About one quarter (26.9%) of antimicrobial prescriptions was for topical use.
- The second most commonly prescribed antimicrobial was clotrimazole (13.3%).

Incomplete documentation of key prescribing elements

- The antimicrobial start date was unknown for 3.2% prescriptions
- The indication for the antimicrobial was not documented for 22.1% prescriptions
- The review or stop date was not documented for 49.9% prescriptions

In 2016, participating ACHs conducted a single day survey between June and September. On the survey day, nurses, pharmacists and infection control practitioners collected data about residents who had signs and symptoms of infection and/or who were prescribed an antimicrobial. To increase their sample size, some also chose to collect data about the antimicrobial courses prescribed and completed in the month prior to the survey day. Data were collected from different sources such as resident histories and medication charts and were submitted to the National Centre for Antimicrobial Stewardship via the online data entry portal.

Participating ACHs have been encouraged to report their results and any follow-up action to residents and their carers, administrative and clinical staff, off-site General Practitioners and pharmacists. On completing their data entry, each ACH can generate customised reports and examine their local issues. The underlying assumption is that these reports act as a platform to educate ACH residents and staff about appropriate antimicrobial use. They also provide an incentive to make clinical policy and practice changes and can be presented to accreditation organisations as evidence of quality improvement initiatives. Considered together, these approaches are anticipated to yield better outcomes for residents.

The acNAPS project team support ACHs to address the issues identified in their surveys by producing readily available information sheets and giving presentations at workshops and conferences. This education is provided as part of an extensive national antimicrobial stewardship program. Importantly, the group also advocate for change at a national level. A report that details analyses of the acNAPS aggregate data has been widely distributed to senior management of key stakeholder groups. This includes organisations representing older Australians, aged care providers and professional groups such as General Practitioners, nurses and pharmacists.

All Australian ACHs are strongly encouraged to participate in the 2017 acNAPS that is to take place between 19th June and 1st September 2017. Optional online training sessions will commence mid-June.

For further details or to register for the Aged Care National Antimicrobial Prescribing Survey visit naps.org.au, email support@naps.org.au or phone (03) 9342 9415.

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