

# Similarities and differences in antimicrobial prescribing between Australian major-city hospitals and Australian regional and remote hospitals

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## Background

- An Antimicrobial Stewardship (AMS) program is a ‘coherent set of actions which promote using antimicrobials responsibly’
- Regional and remote hospitals are often without specialist services that usually support AMS programs in major-city hospitals

## Aim

- To determine similarities and differences in antimicrobial prescribing between Australian major-city hospitals and Australian regional and remote hospitals

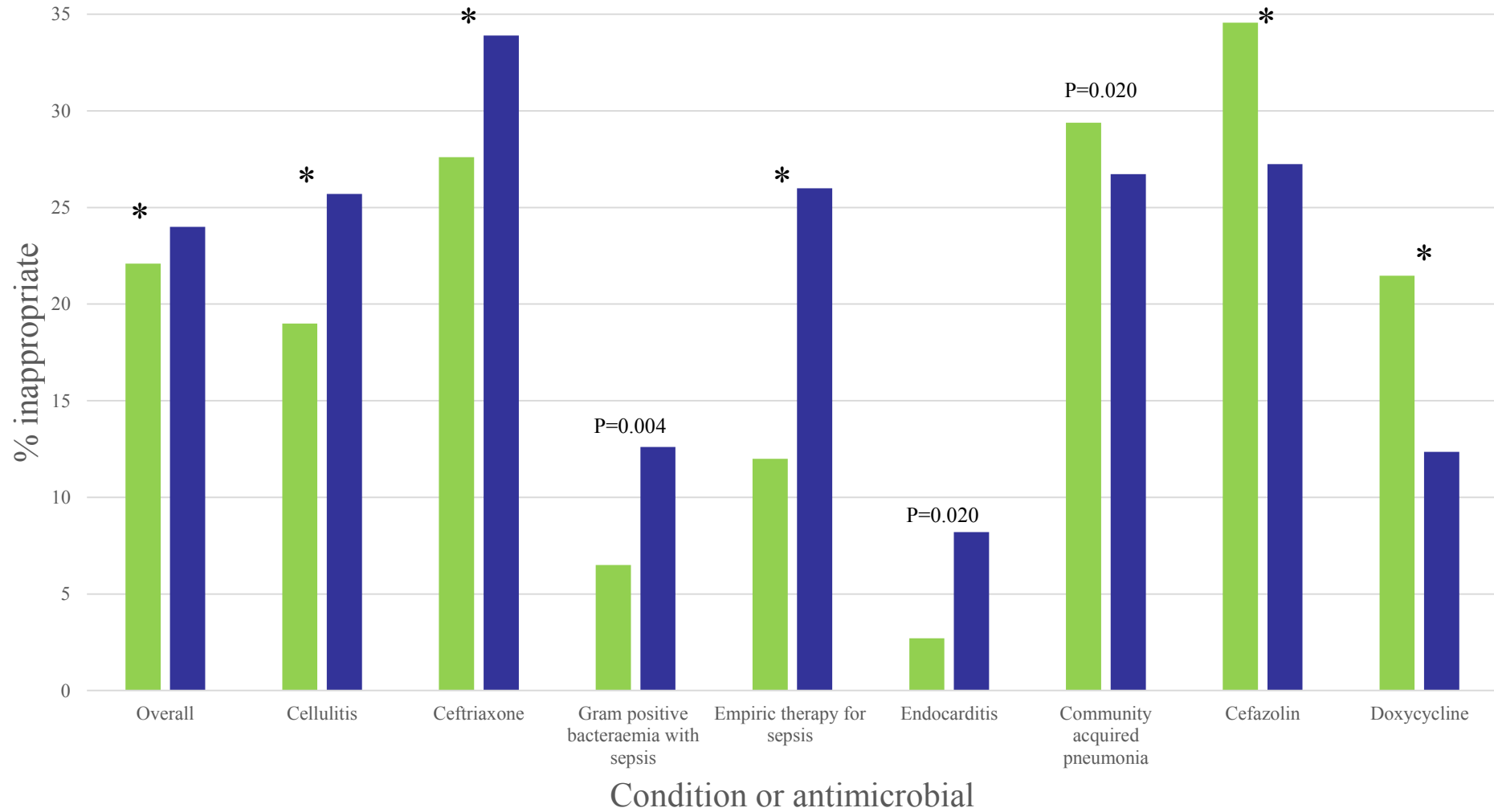
## Method

- 2014, 2015 & 2016 hospital National Antimicrobial Prescribing Survey (NAPS) data
- Two groups based on Australian Statistical Geography Standard Remoteness Area classifications
  - major-city
  - RRH (incorporating inner regional, outer regional, remote and very remote).
- Pearson chi-square test ( $\chi^2$  tests) performed in SAS

## Results

- 47,876 antimicrobial prescriptions analysed

# % inappropriate prescriptions



\* = P<0.001

■ Major-city ■ RRH

# Where to from here?

## Project: a novel bundle approach to cellulitis management

**Can a cellulitis bundle improve antibiotic prescribing for cellulitis?**

- Bundle is a package of independent evidence-based activities that must be undertaken for every patient every time
- BHS is the lead site (two other hospitals subject to funding)
- Bundle development commencing January 2019

## Publication in press

- Bishop JL, Schulz TR, Kong DCM, et al. Similarities and differences in antimicrobial prescribing between Australian major-city hospitals and regional and remote hospitals. Int J Antimicrob Agents.

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