5x5 Antimicrobial Audit

<ABC Hospital, Month YYYY>

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Introduction

The 5x5 Antimicrobial Audit is based on prescribing indicators developed by the Scottish Antimicrobial Prescribing Group and adapted for use in NSW hospitals by the Clinical Excellence Commission. Audit indicators specifically focus on indication documentation and concordance with prescribing guidelines in patients receiving empirical antimicrobial therapy.

This report has been generated for <ABC Hospital> by <Name, Title>. For more information about the 5x5 Antimicrobial Audit at this facility, please contact:

**<Name>** <Preferred Contact Details>

<Month> Results Summary

Data Collection Date Range: **dd mmm to dd mmm yyyy** (# days)

|  |
| --- |
| **Indicator 1:** Percentage of patients receiving empirical antimicrobial therapy had an indication clearly documented in the notes, chart or electronic medical record |
| **Audit Population** | **No. of Patients Audited** | **Result** |
| <E.g. Medical Ward A> | # | **##%\*** |

|  |
| --- |
| **Indicator 2:** Percentage of patients receiving empirical antimicrobial therapy that was either guideline concordant OR guideline non-concordant with a documented reason |
| **Audit Population** | **No. of Patients Audited** | **Result** |
| <E.g. Medical Ward A> | # | **##%\*** |

IF NEEDED \*Data collection for <ABC Hospital> during <Month YYYY> did not reach the target of at least 20 patients per sample population, per month. Please keep this small sample size in mind when interpreting results.

INDICATOR 1: Indication Documentation

Documentation of an indication requires that a reason or rationale for antimicrobial therapy is provided in the patient’s notes, chart or electronic medical record, with enough precision and clarity that it may be matched to a diagnosis or diagnostic related group in the relevant antimicrobial prescribing guidelines.

<LINE CHART HERE>

INDICATOR 2 (Guideline Concordance and Reason Documentation)

Therapy is considered concordant with guidelines when the choice of antimicrobial agent(s) matches what is recommended in locally-endorsed guidelines (or if these are not available, *Therapeutic Guidelines: Antibiotic*). Where therapy is deemed non-concordant, a clinical reason for diverging from guidelines should be documented in the patient’s notes, chart or electronic medical record.

<LINE CHART HERE>

<STACKED COLUMN GRAPH HERE>

(If your sample size is small, it is more appropriate to use a stacked column graph by number of patients rather than by proportion of 100%)

Emerging Trends

“This report covers only the initial period of data collection therefore analysis of trends is not applicable at this time.”

OR

*For the <month> to <month> audit period:*

* Results for Indicator 1 (Indication Documentation)… <insert details>
* Results for Indicator 2 (Guideline Concordance and Reason Documentation)… <insert details>
* Other trends worth noting…

Other Results of Interest

* **#% of audit records for <Audit Population>** achieved both indicators, (i.e. patient had a documented indication AND received antimicrobial therapy that was either concordant with guidelines or non-concordant with a documented reason.)
* **#% of audit records for <Audit Population>** did not achieve either indicator, (i.e. patient did NOT have the indication documented, did NOT receive antimicrobial therapy that was concordant with guidelines and did NOT have a documented reason for diversion from the guidelines.)
* **#% of audit records for <Audit Population>** received antimicrobial therapy that was NOT concordant with guidelines. A reason for non-concordance was documented in **#%** of these cases.
* Other statistics… e.g. intervention rates

Report prepared <dd mmm YYYY>.

For general enquiries regarding NSW antimicrobial stewardship initiatives, please contact the Clinical Excellence Commission (Email: CEC-AMS@health.nsw.gov.au)