

Antimicrobial Utilisation Surveillance in Australian Hospitals

New South Wales Statewide benchmarking report – Emergency Department July 2023 – December 2023

Antibacterial utilisation rates provided in this report are calculated using the number of defined daily doses (DDDs) of the antibacterial class consumed each month per 1,000 Emergency Department presentations.

Contributing hospitals are assigned according to Australian Institute for health and Welfare (AIHW) defined peer groups.¹ Deidentified contributor codes can be located via the 'Maintain My Hospital' drop-down menu in the NAUSP Portal.

DDD values for each antimicrobial are assigned by the World Health Organization based on the "assumed average maintenance dose per day for the main indication in adults". DDDs are reviewed annually by the WHO as dosing recommendations change over time. For more information refer to: https://www.whocc.no/atc_ddd_methodology/purpose_of_the_atc_ddd_system/

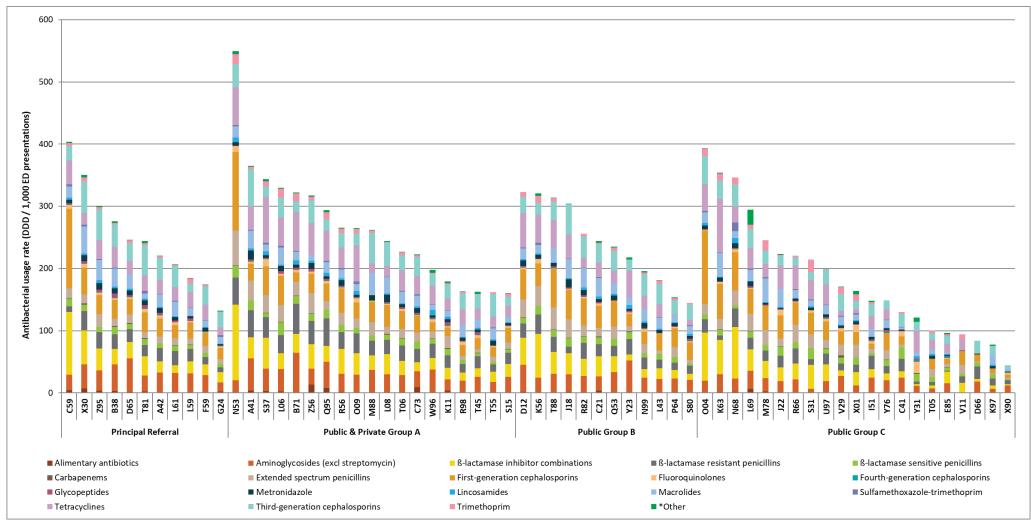
The charts below present aggregated antibacterial usage data in the Emergency Department for the respective contributing hospitals over the six-month period from 1 July 2023 to 31 December 2023. The same data are presented in both charts with outlier hospital(s) removed from Chart 1b.

[Note: Not all NAUSP contributors are able to provide stratified data for the Emergency Department].

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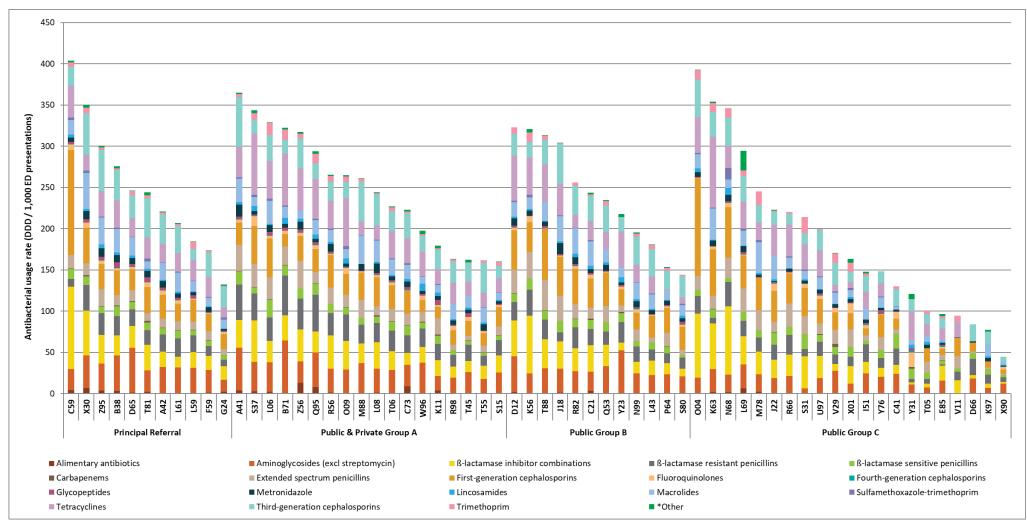
¹ AIHW. *Hospital resources 2017-18: Australian hospital statistics*. Available from https://www.aihw.gov.au/reports/hospitals/hospital-resources-2017-18-ahs/data

Chart 1a: Emergency Department antibacterial usage rates (DDD/1000 emergency presentations) in NAUSP contributor hospitals, by peer group, New South Wales, July-December 2023



[Alimentary antibiotics = rifaximin, fidaxomicin, paromomycin. Other = amphenicols, antimycotics, combinations for eradication of Helicobacter pylori, monobactams, nitrofurans, linezolid, daptomycin, other cephalosporins, polymyxins, rifamycins, second-generation cephalosporins, steroids, streptogramins and streptomycin.

Chart 1b: Emergency Department antibacterial usage rates (DDD/1000 emergency presentations) in NAUSP contributor hospitals, by peer group, New South Wales, July-December 2023



[Alimentary antibiotics = rifaximin, fidaxomicin, paromomycin. Other = amphenicols, antimycobacterial antibiotics, monobactams, nitrofurans, linezolid, daptomycin, other cephalosporins and penems, polymyxins, second-generation cephalosporins, steroids, streptogramins and streptomycin]

^{*}Note: One outlier hospital removed (Hospital N53)

This report includes data from the following 63 hospitals in NSW:

Armidale Hospital Auburn Hospital Bankstown Hospital

Batemans Bay District Hospital

Bathurst Base Hospital

Bellinger River District Hospital

Belmont Hospital
Blacktown Hospital

Blue Mountains Hospital

Bowral Hospital

Broken Hill Base Hospital Campbelltown Hospital Canterbury Hospital

Cessnock District Hospital Coffs Harbour Hospital

Concord Hospital
Cooma Hospital
Dubbo Base Hospital
Fairfield Hospital

Glen Innes District Hospital

Gloucester Soldiers' Memorial Hospital

Gosford Hospital

Goulburn Base Hospital Griffith Base Hospital Gunnedah Hospital

Hornsby Ku-Ring-Gai Hospital

Inverell District Hospital John Hunter Hospital Kurri Kurri Hospital Lithgow Hospital Liverpool Hospital

Macksville District Hospital

Maitland Hospital

Manning Base Hospital Milton-Ulladulla Hospital Mona Vale Hospital

Moree Hospital Moruya Hospital Mt Druitt Hospital

Muswellbrook Hospital

Narrabri Hospital Nepean Hospital Newcastle Mater

Northern Beaches Hospital Orange Health Service Prince Of Wales Hospital Queanbeyan Hospital

Royal North Shore Hospital Royal Prince Alfred Hospital

Ryde Hospital

Scott Memorial Hospital
Shellharbour Hospital
Shoalhaven Hospital
Singleton District Hospital
South East Regional Hospital

St George Hospital

St Vincent's Hospital Sydney

Sutherland Hospital Tamworth Hospital

Wagga Wagga Base Hospital

Westmead Hospital Wollongong Hospital Wyong Hospital

Disclaimer: Data presented in this report were correct at the time of publication. As additional hospitals join NAUSP, retrospective data are included. Data may change when quality assurance processes identify the need for data updates.

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	fidaxomicin	Lineaceuri de e	clindamycin
Alimentary antibiotics	paromomycin	Lincosamides	lincomycin
	rifaximin		azithromycin
Aminoglycosides	amikacin		clarithromycin
	gentamycin	Macrolides	erythromycin
	neomycin		roxithromycin
	tobramycin		spiramycin
ß-lactamase inhibitor combinations	amoxicillin - clavulanate	Monobactams	aztreonam
	piperacillin - tazobactam	Nitrofuran derivatives	nitrofurantoin
ß-lactamase resistant penicillins	dicloxacillin	Polymyxins	colistin
	flucloxacillin		polymyxin B
ß-lactamase sensitive penicillins	benzathine benzylpenicillin	Second-generation cephalosporins	cefaclor
	benzylpenicillin		cefamandole
	phenoxymethylpenicillin		cefotetan
	procaine benzylpenicillin		cefoxitin
Carbapenems	doripenem		cefuroxime
	ertapenem	Steroid antibacterials	fusidic acid
	imipenem - cilastatin	Streptogramins	pristinamycin
	meropenem	Streptomycins	streptomycin
	meropenem - vaborbactam	Sulfonamide- trimethoprim combinations	sulfamethoxazole - trimethoprim
Extended-spectrum penicillins	amoxicillin	Tetracyclines	doxycycline
	ampicillin		minocycline
	pivmecillinam		tetracycline
	temocillin		tigecycline
First-generation cephalosporins	cefalexin	Third-generation cephalosporins	cefixime
	cefalotin		cefotaxime
	cefazolin		ceftazidime
Fluoroquinolones	ciprofloxacin		ceftazidime - avibactam
	levofloxacin		ceftriaxone
	moxifloxacin	Trimethoprim	trimethoprim
	norfloxacin		ceftaroline fosamil
Fourth-generation cephalosporins	cefepime		ceftolozane - tazobactam
	cefpirome	Other (including	daptomycin
Glycopeptides	dalbavancin	other cephalosporins and penems)	faropenem
	oritavancin		fosfomycin
	teicoplanin		linezolid
	vancomycin		rifampicin
Imidazole derivatives	metronidazole		tedizolid
Intermediate-acting sulfonamides	sulfadiazine		