Principal Referral* and Other Acute Specialised hospitals

ANTIFUNGAL USAGE – BENCHMARKING REPORT

July – December 2022

Antifungal utilisation rates provided in this report are calculated using the number of defined daily doses (DDDs) of the antimicrobial class consumed per 1,000 occupied bed days (OBD). Usage rates represent total inpatient usage in the acute hospital setting, excluding emergency departments and operating theatres.

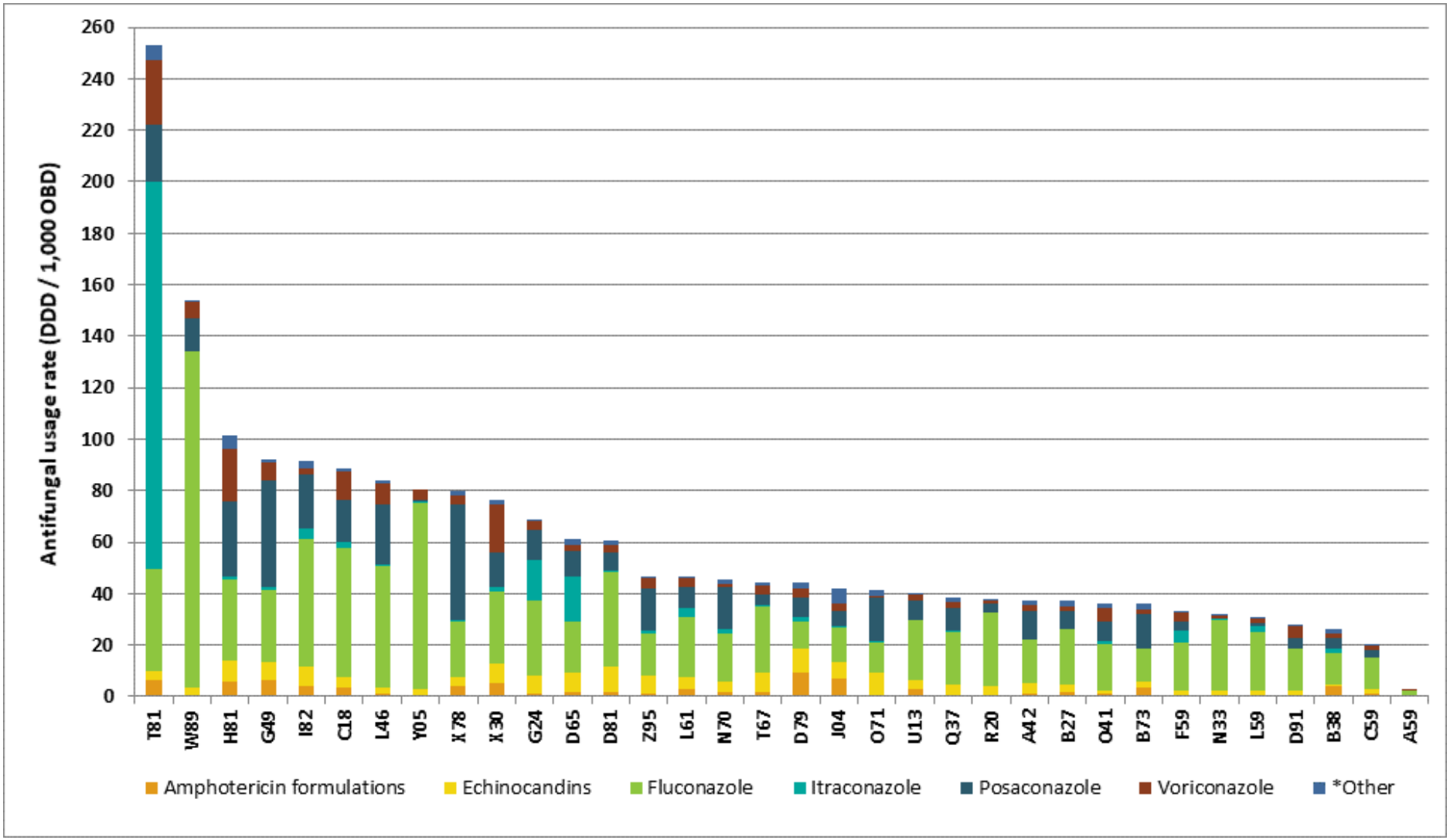
Contributing hospitals can find their de-identifying code via the NAUSP Portal 'Maintain My Hospital' drop-down menu. Contributing hospitals included in this report are classified by the Australian Institute for Health and Welfare (AIHW)[1] as Principal Referral or Other Acute Specialised hospitals. [*In addition, 4 large private hospitals with similar acuity and casemix to public Principal Referral hospitals have been included].

Usage rates for antifungal agents are highly dependent on the casemix of the hospital, including whether the hospital provides transplant or haematology/oncology services. Usage of systemic antifungals is typically highest in Principal Referral or specialised oncology hospitals. Usage rates reflect the quantity of antimicrobials dispensed from pharmacy and not actual consumption at patient level.

DDD values for each antimicrobial are assigned by the World Health Organization (WHO) 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/

Chart 1 below presents aggregated antifungal data for the six-month period from 1 July 2022 to 31 December 2022.

Chart 1: **Total acute hospital antifungal usage rates (DDD/1000 OBD) in NAUSP contributor hospitals, Principal Referral[#] and Other Acute Specialised hospitals, Jul-Dec 2022 (excluding emergency and theatre)**



*Other = flucytosine, griseofulvin, isavuconazole, ketoconazole and terbinafine.
Note: Liposomal amphotericin does not have a WHO-assigned DDD, and is assigned by NAUSP as 0.21g.
[#]Includes 4 large private hospitals with similar acuity and casemix to public Principal Referral hospitals

This report includes data from 29 Principal Referral hospital, 1 Other Acute Specialised hospital and 4 large private hospitals:

Alfred Hospital (VIC)
Austin Hospital (VIC)
Cabrini Hospital Malvern (VIC)
Concord Hospital (NSW)
Fiona Stanley Hospital (WA)
Flinders Medical Centre (SA)
Geelong Hospital (VIC)
Gold Coast University Hospital (QLD)
John Hunter Hospital (NSW)
Liverpool Hospital (NSW)
Mater Private Hospital Brisbane (QLD)
Monash Medical Centre Clayton (VIC)
Nepean Hospital (NSW)
Peter Maccallum Cancer Centre (VIC)
Prince Of Wales Hospital (NSW)
Royal Adelaide Hospital (SA)
Royal Brisbane And Women's Hospital (QLD)
Royal Darwin Hospital (NT)
Royal Hobart Hospital (TAS)
Royal Melbourne Hospital (VIC)
Royal North Shore Hospital (NSW)
Royal Perth Hospital (WA)
Royal Prince Alfred Hospital (NSW)
Sir Charles Gairdner Hospital (WA)
St George Hospital (NSW)
St Vincent's Hospital Melbourne (VIC)
St Vincent's Hospital Sydney (NSW)
Sunshine Coast University Hospital (QLD)
Sydney Adventist Hospital (NSW)
The Prince Charles Hospital (QLD)
Townsville Hospital (QLD)
Wesley Hospital (QLD)
Westmead Hospital (NSW)
Wollongong Hospital (NSW)

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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