

NAUSP Portal

Frequently Asked Questions

The NAUSP Portal is an online platform that allows external user access to the NAUSP database. Registered users from contributor hospitals can submit monthly antimicrobial usage data and extract their own usage reports directly from the Portal at their convenience. Users have access to usage data for the full range of antimicrobials collected by NAUSP and are not limited to those agents routinely presented in standard reports.

General

What are the benefits of using the NAUSP Portal?

The NAUSP Portal facilitates streamlined data collection and access to antimicrobial usage data for ad-hoc analysis of their hospital's data by registered users. Benefits include:

- > Near-immediate access to data.
- > Flexibility to choose reporting period.
- > Access to extract usage rates for agents not routinely included in standard reports.
- > Ability to analyse usage rates at multiple levels (antimicrobial class, antimicrobial agent, and antimicrobial formulation).
- > Benchmarking against a range of comparator groups (e.g., statewide, AIHW peer group) for total usage or by class, agent or formulation level. See *Appendix 4. of the NAUSP Portal User Guide* for further information.

What support is provided for the NAUSP Portal?

New users of the Portal can request a 1:1 webinar with a member of the NAUSP team to guide them through the basic functions of the Portal. These sessions are intended to complement the comprehensive User Guide which is available via www.sahealth.sa.gov.au/NAUSP (See the 'Program Documentation' page under the NAUSP Portal tab).

The NAUSP administration team is available for any further enquiries. Please contact the Helpdesk via email (health.nausphelp@sa.gov.au).

Can private hospitals contribute to NAUSP?

Yes. All hospitals are encouraged to join the Program to assist in meeting accreditation requirements for antimicrobial stewardship. As more private hospitals have joined NAUSP it is now possible to generate benchmarking reports using the AIHW categories for private hospitals (Private acute Groups A-D). Refer to Section 3.4 *User registration (new contributor hospital)* of the NAUSP Portal User Guide.

Can specialist rehabilitation hospitals contribute to NAUSP?

Yes, NAUSP is now accepting data from hospitals in the AIHW peer group 'Public rehabilitation hospitals'. Please note, data from rehabilitation hospitals or rehabilitation wards are not included in acute usage rates published by NAUSP.

Why aren't paediatric patients/sites included in NAUSP surveillance?

The WHO published defined daily doses have only been validated in adult populations. Paediatric wards (including neonates) should be excluded from any data submitted to NAUSP.

If there are paediatric outliers on mixed-purpose wards at your site, please discuss with the NAUSP team.

Can I contribute stratified ward/location data if there are outlying patients?

Ideally, any stratified data reported at ward or location level will be homogenous to that patient type (e.g haematology/oncology, respiratory etc). It is acknowledged as a limitation that not all patients for a particular specialty will be accommodated in the same location. Interpretation of usage rates should be undertaken with local knowledge of outlying patients. If any of these areas routinely include outliers or you have mixed wards, please discuss the suitability of stratifying the data with the NAUSP team.

What is the process for assigning my hospital to an AIHW peer group?

The assignment of hospitals to the AIHW peer groups is determined by a formal process involving the AIHW, state and territory health departments, and private hospital organisations. NAUSP uses the [data published by the AIHW](#) on the peer grouping for each hospital. If you have any questions about the peer group to which your hospital has been assigned, you should contact your Chief Executive or Clinical Analytics team to initiate a new categorisation process. NAUSP will consider re-peering sites in extenuating circumstances on a case-by-case basis.

Is there a cost associated with NAUSP participation?

No, participation remains free of charge. NAUSP is funded by the Australian Government Department of Health and Aged Care (DoHAC) to contribute antimicrobial usage data to the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System. De-identified data are only provided to the DoHAC or to the Australian Commission on Safety and Quality in Health Care who publish the biennial AURA reports.

How does NAUSP secure and use submitted data?

NAUSP operates within the data governance framework of SA Health and in accordance with the participation agreement signed by your hospital Chief Executive or delegate. Hospital level data are not released to any other party except the registered users of the hospital that submitted the data. Only de-identified hospital-level data are published externally by NAUSP.

For public hospitals, the hospital's deidentified NAUSP code can be provided to the state or territory health department in which the hospital is located. For private facilities, the hospital's code is not released to any third party, such as a state or territory health department or a private hospital provider organisation, unless the Chief Executive that approved participation has agreed to therelease.

Portal Registration

Why can't I set my password from the emailed link?

The email containing the link to set your password expires 24 hours after receipt. Please ensure you action the set-password email promptly. If your email expires, please contact the NAUSP Helpdesk to re-issue the email.

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Why haven't I received an email after requesting reactivation of a deactivated account or forgotten password?

Please check your inbox and junk mail email folders first. If you have not received an email, please contact the NAUSP Helpdesk to re-issue the email or follow up.

How do I register another AMS pharmacist for our hospital?

Refer to the [NAUSP Portal User Guide – 3.3 User registration \(existing contributor hospital\)](#). Each individual user must submit a registration through the NAUSP Portal.

Submitting Data

Why do some drug lines appear in the 'Unknown Antimicrobial' box when I am submitting data?

These are records that the NAUSP database does not recognise. It may be the first time a new drug/product has been submitted to the Portal, or there is extra punctuation or detail in the product line that has not yet been encountered. You can still submit the data set and the NAUSP team will map the unknown product to its correct antimicrobial formulation and finalise the data submission for you.

Please ensure that you confirm any records flagged as unknown are **complete** – each product description should include strength, form, and volume (for topicals, eyedrops etc). The NAUSP team should be able to calculate how much of the active drug is in the product from the information provided.

Why are some antimicrobials 'discarded'?

These records will automatically be discarded by the database based on their description. For example, products that contain very small quantities of antimicrobials such as allergy desensitisation protocols. Monoclonal antibodies, vaccines, antiseptics and other non-antimicrobial drugs will also be discarded by the Portal.

Should I include pre-packs?

Historically, pre-packed antimicrobials were discarded on the assumption that they were to be used outside of the hospital. Due to some hospitals using pre-packs for inpatients, and feedback from some users indicating they would like to monitor pre-pack use, all pre-packs should be included in datasets commencing from the January 2024 submission. NAUSP will apply sorting rules based on a prefix, suffix, or whole entry. Please ensure that pre-pack data can be differentiated from non-prepack usage (i.e., pre-pack product lines include 'PP' or 'pre-pack' or a similar identifier in their name). Ideally pre-pack data should be supplied as the number of individual units not the number of packs. Interpretation of pre-pack usage rates should be undertaken with local knowledge of whether your data was supplied as the number of individual units or the number of packs.

Why is my data file empty?

If you receive an error message that says, "no data found", or there are no data in the upload summary, there is an error in your Excel file. Please copy your usage data into a fresh copy of the data upload template, which can be found on the NAUSP website.

Why won't my data file upload?

A data upload may be halted for several reasons on the File Upload screen:

- > Your file must match the expected file name (CODE_YEAR_MONTH.xlsx). Each month's submission must have its own individual Excel file. Refer to NAUSP Portal User Guide-

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5.1.2 Use of NAUSP antimicrobial usage template. Common errors include incorrect format for month, missing state from hospital/facility name or an old template file has been overridden with a new dataset producing a file size of >20 KB. For large files, delete blank rows to reduce file size. Also please ensure that only the first sheet of the Excel file contains data. (Do not add OBD data to subsequent sheets in the Excel file.)

- > Your worksheet contains an error in the validation fields, and the error message will tell you the reason (hospital/facility, month, year, or specialty fields) that has prompted the error. If this occurs you will need to remove the file, correct the error and re-upload the amended file.
- > Wards/locations do not match the Portal's expectation. If you have included usage data for a ward/location your site is not registered for, you will receive an error message. You must consistently submit data for areas that you are registered for. If you wish to add or remove a ward/location, you can edit this in the 'Maintain my Hospital' screen.
Some wards/locations may not register any usage for the submission period, especially for some subacute areas. If this occurs, you will see a warning message, but the load will not be halted.

Why won't my denominator (OBDS/cases/presentations) upload?

The field/s for your denominator data will accept **only a numerical figure**; please do not try to upload your denominator record file. We assume that you have already calculated your denominator figures for the period, based on ward inclusions and exclusions. (Maintain your OBD file and submit to NAUSP via email when requested for QA.)

Is usage from theatre and emergency included in NAUSP?

NAUSP reports antimicrobial utilisation in Australian acute adult inpatient settings. Since January 2021, usage in theatre and recovery and the emergency department has been separated from other inpatient usage, and usage rates are calculated relative to cases or presentations rather than occupied bed days. Day surgery usage is a program inclusion, and we encourage participation from day-only surgical facilities.

Is usage from discharge prescriptions dispensed to inpatients included in NAUSP?

No, discharge prescriptions are currently not to be included in NAUSP data. It is assumed that discharge prescriptions dispensed to inpatients are taken home and consumed outside of the hospital. Please refer to NAUSP Portal User Guide – [5.1.2 Use of NAUSP antimicrobial usage template for how to manage discharge supplies](#).

Can I extract data from electronic prescribing software rather than pharmacy dispensing software?

The NAUSP team welcomes data extracted from electronic prescribing software to test recent upgrades to the NAUSP Portal for reporting Days of Therapy (DOTs). Please note, denominator data is also required (the number of patient days for each specialty per month). Please contact the NAUSP team directly if you wish to be involved with trialling this new Portal functionality.

Data from electronic medical administration records will not replace pharmacy distribution data for the purpose of surveillance using the DDD metric. Rather, it will form the basis for the additional DOT metric.

Are clinical trial antimicrobial agents included in NAUSP data?

If clinical trial antimicrobials are administered at any time within your facility, please contact the NAUSP team regarding inclusion in monthly submissions. These will be addressed on a case-by-case basis.

Can I contribute stratified ward/location data if there are outlying patients?

Ideally any stratified data reported at ward/location level will be homogenous to that patient type (e.g., haematology/oncology, obstetric/gynaecology, respiratory etc.). If any of these areas are routinely include outliers or you have mixed wards, please discuss suitability with the NAUSP team.

What happens if I discover an error in my submission?

External users have 10 days from the date of submitting data to make any changes if needed. Outside of this timeframe, please contact the NAUSP team to remove completed submissions. If you discover the **only** denominators require amending, it is often simpler for the NAUSP team to update on your behalf. Please email to discuss.

When I am using the Portal, are there due dates to submit data?

Yes. The NAUSP team encourages submission as soon as data are available each month. Check when your facility finalises patient activity data so you only submit final/ratified denominator data. If data are overdue by two months or more, you will receive an auto-generated email each Monday until overdue data are loaded. If data have not been loaded to the Portal and routine reports are being generated by the NAUSP team, your hospital may be placed on restricted access while this occurs.

Rate calculation and Reports

I scheduled a report (or rate calculation) to run but never received an email containing my report. What happened?

If you received email confirmation of your report request but this was not followed by a report, your registered email address may not be recognised by the reporting server – *please contact the NAUSP Helpdesk*.

I have uploaded data but cannot extract a standard report, why not?

If you try to run a report before enough comparator data are available, the selection boxes for comparators will be greyed out and you will be unable to select.

Restrictions on report availability are more likely to occur in the first days of the month/period when not all contributing hospitals have entered their data, and if a short date range has been chosen. Please come back in a few days to try again.

Why do reports look different if I run them a few weeks apart?

The comparator rates may change as other contributing hospitals upload data. The discovery of data errors (resulting in amended data being uploaded) or new contributing hospitals joining NAUSP will also influence comparator rates.

How do I run a rate calculation for all antibacterials/antivirals/antifungals?

The NAUSP team have created a range of templates that you can copy and adapt to your own needs, saving you time. Once any of these rate calculations are edited and saved, they will appear in your list for future use.

What does 'Restricted Status' mean?

A facility may be placed on restricted access when national reports are being generated, your data are overdue, or if there are unresolved questions about the accuracy or integrity of data submitted. Because benchmarking rates are an aggregate of all facilities, any suspect data will be excluded. Hospitals whose status is restricted may extract rate calculations, but not reports. This restriction should only last a few days. If your site has been restricted, there will be a notification on the Portal home page. Please contact the NAUSP team to discuss if you have any concerns or queries.

Why can't I select a benchmark when I am scheduling a report?

If the benchmarking checkboxes are greyed out, not enough data within that comparator group have been loaded. NAUSP has set this level at 80% (calculated across the date range you have entered). It must be blue to extract a comparator report. If you do not select any box, you will receive a report defaulting to all National contributors. *This restriction does not apply to Rate Calculations – please interpret comparator rates obtained from this method of extraction with care.*

If I can't break down data to ward/location level, will this affect comparisons with other hospitals?

No, total hospital usage rates will remain as a benchmark option.

How do I create and interpret a rate calculation for topical agents?

Select the criteria (time range, hospital, ward/location, benchmark group etc.) and formulations of interest as you would for any rate calculation and run as per usual.

Most topical agents do not have an ATC-assigned DDD. Therefore, usage rates can only be measured in quantity or grams per 1,000 OBDs.

Example of output from a topical rate calculation

Date	Antibiotic	Contributor Name	Code	Quantity	Denom	DDD	Grams	Rate	Rate MA
01/12/2018	CLOTRIMAZOLE CREAM 1%, 50 grams, 500mg, TOPICAL	Test	Test	90	7256	45.000	45.000	6.201764	0.153
01/01/2019	CLOTRIMAZOLE CREAM 1%, 50 grams, 500mg, TOPICAL	Test	Test	48	8888	24.000	24.000	2.70027	0.153
01/12/2018	CIPROFLOXACIN EYE DROPS 0.3%, 5ml, 15mg, TOPICAL	Test	Test	33	4333	0.495	0.495	0.11424	0.001
01/01/2019	CIPROFLOXACIN EYE DROPS 0.3%, 5ml, 15mg, TOPICAL	Test	Test	40	6505	0.600	0.600	0.092237	0.001

In the example above, usage rates would be calculated as:

- > December 2018 – clotrimazole cream – $90/7.256 = 12.4$ tubes per 1,000 OBDs or $90 \times 0.5\text{grams}/7.256 = 6.2$ grams per 1,000 OBDs
- > January 2019 - clotrimazole cream – $48/8.888 = 5.4$ tubes per 1,000 OBDs or $48 \times 0.5\text{grams}/8.888 = 2.7$ grams per 1,000 OBDs
- > December 2018 – ciprofloxacin eye drops – $33/4.333 = 7.62$ bottles per 1,000 OBDs or $33 \times 0.015\text{grams}/4.333 = 0.114$ grams per 1,000 OBDs
- > January 2019 - ciprofloxacin eye drops – $40/6.505 = 6.15$ bottles per 1,000 OBDs or $40 \times 0.015\text{grams}/6.505 = 0.092$ grams per 1,000 OBD

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NAUSP is funded by the Australian Government of Department of Health and Aged Care and is administered by the Communicable Disease Control Branch, Department of Health and Wellbeing, South Australia.

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Version 3.5 (July 2024)



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