**Q4 Antimicrobial Prescribing Audit Report 2021/22**

**Introduction:**

This audit report summarises the key findings of the antimicrobial prescribing audit conducted in February 2022 and it is used to monitor antimicrobial prescribing trends and quality indicators as part of the Trust wide Antimicrobial Stewardship initiatives

**Method and Standards:**

The ELFT pharmacy team collect data across all sites every quarter during a two weeks period. For each antimicrobial prescription found during the audit period, the clinical notes and medication charts are reviewed and compared against antimicrobial guidelines and/or microbiology advice provided. For each prescription, compliance is measured against standards, which are derived from the ELFT Antimicrobial Stewardship Policy. This policy defines the processes, which ensure that antimicrobial prescribing within ELFT is safe, effective and appropriate. The audit standards are as follows:

1. **Appropriate treatment choice:** All antimicrobials prescribed should be in accordance with the recommendations in the relevant local or national guidelines or microbiology advice.
2. **Completion of the allergy box:** 100% of antimicrobial prescriptions should also have a clearly documented allergy status for the patient on the prescription chart.
3. **Documentation:** All antimicrobial prescriptions should have the clinical indication clearly documented in the patient medical record or on the prescription chart
4. **Course length:** All antimicrobial prescriptions should have a clearly documented duration (or review date) which is appropriate for the indication and is in accordance with recommendations in the relevant local or national guideline or microbiology advice.

The RAG rating parameters are set as follows:

|  |  |
| --- | --- |
| **RAG Rating** | **Required parameter** |
| Red – Poor Compliance | Below 50% total compliance |
| Amber – Good Compliance, improvement needed | Total compliance between 50%- 89% |
| Green – Excellent Compliance | Above 90% total compliance (100% for allergy status documentation) |
| No colour  | Insufficient forms to RAG rate |

**Key Findings:**

A total of 21 antibiotic prescriptions were audited across all sites in February 2022 and findings for Q4 are summarised in table 1 below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Site | n | Completion of Allergy Status | Appropriate Treatment Choice | Documentation in RIO progress notes and medication chart |
| Indication  | Dose/Course Length | Stop/Review Date |
| Bedfordshire & Luton  | 12 | **100%** | **100%** | **83%** | **100%** | **75%** |
| Tower Hamlets | 3 | **100%** | **100%** | **100%** | **100%** | **67%** |
| Newham | 2 | **100%** | **100%** | **100%** | **100%** | **100%** |
| City & Hackney | 1 | **100%** | **100%** | **100%** | **100%** | **100%** |
| CAMHS | 1 | **100%** | **100%** | **100%** | **100%** | **100%** |
| Forensics | 2 | **100%** | **100%** | **100%** | **100%** | **50%** |
| CHN Adults | 0 | **-** | **-** | **-** | **-** | **-** |
| TOTAL | 21 | **100%** | **100%** | **97%** | **100%** | **82%** |

**Table 1: Compliance scores Q4**

Also, a comparison chart was developed for Q4, Q1, Q2 and Q3 in table 2 below:

**Table 2: Compliance scores summary Q1, Q2, Q3 and Q4**

**Bedfordshire & Luton**: Overall results showed good compliance with audit standards. Compliance with the indication stated in RIO or medication chart in Q4 was 83% (two audit forms were not-compliant) and compliance with the stop/review date recorded on the medication chart in Q4 was 75% (three audit forms were not-compliant)

**Tower Hamlets:** This service has demonstrated good compliance with most audit standards this quarter. Compliance with the stop/review date recorded on the medication chart in Q4 was 67%, this was due to 1 audit form which was non-compliant

**Newham, City & Hackney and CAMHS:** Overall results showed excellent compliance with audit standards.

**Forensics:** This service has demonstrated good compliance with most audit standards this quarter. Compliance with the stop/review date recorded on the medication chart in Q4 was 50%, this was due to 1 audit form which was non-compliant

**CHN Adults**: No patients on antimicrobials at the time of the audit

**Top TEN Wards Prescribing Antimicrobials**

As per attached graphic, the top 10 wards prescribing Antimicrobials for Q4 were:



**Top TEN Antimicrobials Prescribed**

**Action Plan**

The following action plan has been formulated to address areas of non-compliance and concern as well as some overarching antimicrobial stewardship objectives in order to improve use of antimicrobials.

|  |  |  |
| --- | --- | --- |
| Action No | Action  | By When |
| 1 | Circulate report to all Pharmacists, Prescribers, and Clinical Directors to discuss at respective quality and governance meetings. Present findings of the audit to each divisional IPC subgroup and IPC Committee. | April 2022 |
| 2 | Services with good to poor compliance (RAG rated as amber or red) will be asked to develop local action plans to improve antimicrobial prescribing. This will involve close working between local prescribers, pharmacy teams and the antimicrobial pharmacist. | April 2022 |