

Surveillance Programme Anti-infectious Drugs Consumption Why ? How ?

Working Party Hospital Care
Belgian Antibiotic Policy Co-ordination Commission

E. Hendrickx, C. Suetens, S. Vaerenberg
IPH



Introduction

- Government financing to appoint specialists in antibiotic policy:
 - 2002: in 36 acute care hospitals (pilot phase)
 - 2006: in 24 additional hospitals (stepped implementation)
 - 2007: in all acute care hospitals +
long term care hospitals ≥ 150 beds
- Goal: promote the prudent use of anti-infectious drugs (AI-D)

Objectives

- To provide a standard methodology to monitor AI-D use quantitatively
- To foster commitment of the hospital management to prudent use of AI-D
- To obtain comparable data
- To feed back observed trends to the hospitals (local / national)

Use (1)

■ Report your hospital AI-D use:

- As invoiced (3rd payers / patients)
- By calendar year (Jan. – Dec.)
- Definition AI-D: yearly updated list (Jan. – March)

■ Exclude:

- One day hospitalisations & surgery, consultations

■ Subdivide:

- Paediatric / non paediatric departments

Use (2)

Optional:

- Subdivide AI-D use in *non-paediatric* departments:
 - Intensive care
 - Haematology / oncology
 - Other departments
- Break down per month

Denominators (1)

Beddays:

- Per calendar year (Jan. – Dec.)
- Irrespective of AI-D use

Exclude:

- One day hospitalisations & surgery
- Psychiatric departments / beds

Subdivide:

- Paediatric / non-paediatric departments

Denominators (2)

Optional:

- Subdivide beddays in *non-paediatric* departments:
 - Intensive care
 - Haematology / oncology
 - Other departments
- Break down per month

Denominators (3)

Discharges from hospital:

- Per calendar year (Jan. – Dec.)
- Irrespective of AI-D use

Exclude:

- One day hospitalisations & surgery
- Psychiatric departments / beds

Subdivide:

- Paediatric / non-paediatric departments

Denominators (4)

Optional:

- Report separately discharges for *non-paediatric*:
 - Intensive care
 - Haematology / oncology
- Break down per month

Denominators (5)

Optional:

- AI-D treated¹ discharges from hospital:
 - Exclude:
 - One day hospitalisations & surgery
 - Psychiatric departments / beds
 - Break down:
 - Pediatric / non-pediatric
 - Per month

¹ only discharges of patients who used AI-D during their stay



Submitting Data

Until further notice: by E-mail

- Standard formatting, file names & codes (specified in protocol)
- Optional: compress & encrypt

By upload:

- Automated / immediate feedback
- Operational: beginning of 2008



Implementation (1)

Phase 1: pilot & voluntary reporting

■ Who ?

- The 36 hospitals with a SAB¹ and APG² since 2002

■ What ?

- Data for 2006

■ When ?

- Deadline: October 31, 2007 but ...

¹ SAB: specialist antibiotic policy; ² APG: antibiotic policy group



Implementation (2)

Phase 2: mandatory reporting

- Who ?
 - The 60 hospitals with a SAB¹ and APG² since 2002 / 2006
- What ?
 - Data for 2007
- When ?
 - Deadline: April 30, 2008

¹ SAB: specialist antibiotic policy; ² APG: antibiotic policy group



Implementation (3)

Finally:

- Who ?
 - All hospitals with a SAB¹ and APG²
- What ?
 - Data for 2008, 2009, ...
- When ?
 - Deadline: April 30 of the next calendar year

¹ SAB: specialist antibiotic policy; ² APG: antibiotic policy group

Spin-offs (1)

- Yearly updated list:
 - Belgian social security invoice codes of drugs under surveillance
 - With corresponding:
 - WHO ATC-codes
 - WHO Defined daily dose (DDD)
 - DDD per invoice code
 - Belgian prescribed daily dose (PDD)
- Available before March 30

Spin-offs (2)

■ Feedback:

■ Trends

- Comparison hospital *versus* national
- Total use
- Use specific antibiotics / ATC groups
- Ratios Oral / Intravenous use

■ Later :

- Scientifically validated quality indicators