

## Background And Objective

•HARP is a collaborative project between the Scottish Antimicrobial Group (SAPG) and NHS Education for Scotland (NES) that is aimed to support the national antimicrobial stewardship agenda and the growing threat of antimicrobial resistance.

- 1 in 3 antibiotics are administered intravenously with duration of >3 days.
- 1/3<sup>rd</sup> of IV antibiotics are continued without any documentation of a valid reason in clinical notes
- 1 in 7 oral antibiotics are prescribed for greater than 7 days

• There is no robust system in place within NHS Dumfries and Galloway that documents the review of IV and oral antibiotics. Therefore, impacting on the overall patient journey, such as developing complications, increased length of stay in hospital and increased mortality.

• The **SMART** aim for this project was to improve the review and documentation of IV and oral antibiotics daily, and to ensure there was a valid clinical reason for the continuation of IV or oral antibiotics initially in at least 75%, and post intervention the aim is to achieve 100% compliance.

• An effective antibiotic review in hospital patients can embrace the concept and principles of 'Realistic Medicine' that ensures:

- **High quality, patient centred care**
- **Reducing the burden of over treatment**
- **Reducing antimicrobial-associated harm**
- **Reducing unwarranted variation**
- **Ensuring value for money**
- **Combining the expertise of patients and professionals**
- **Identifying and managing clinical risk**

## Methods

FY1 + ANP + Anti-microbial Pharmacist +  
Anti-microbial Nurse + Microbiology Consultant



Initial Audit (Sample of 3 wards over 1 day)



Education through teaching, posters  
and trial use of documentation  
stickers

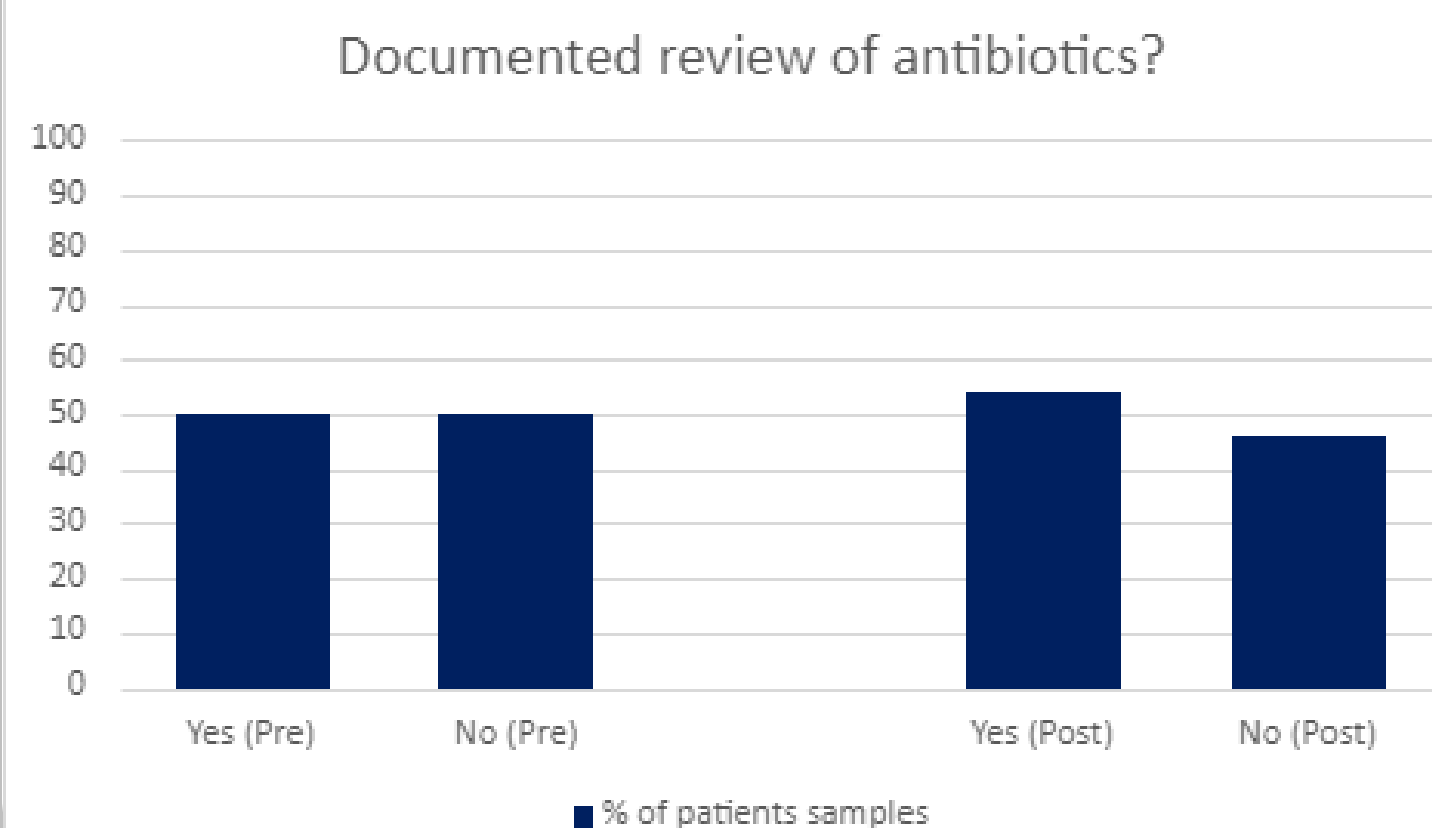
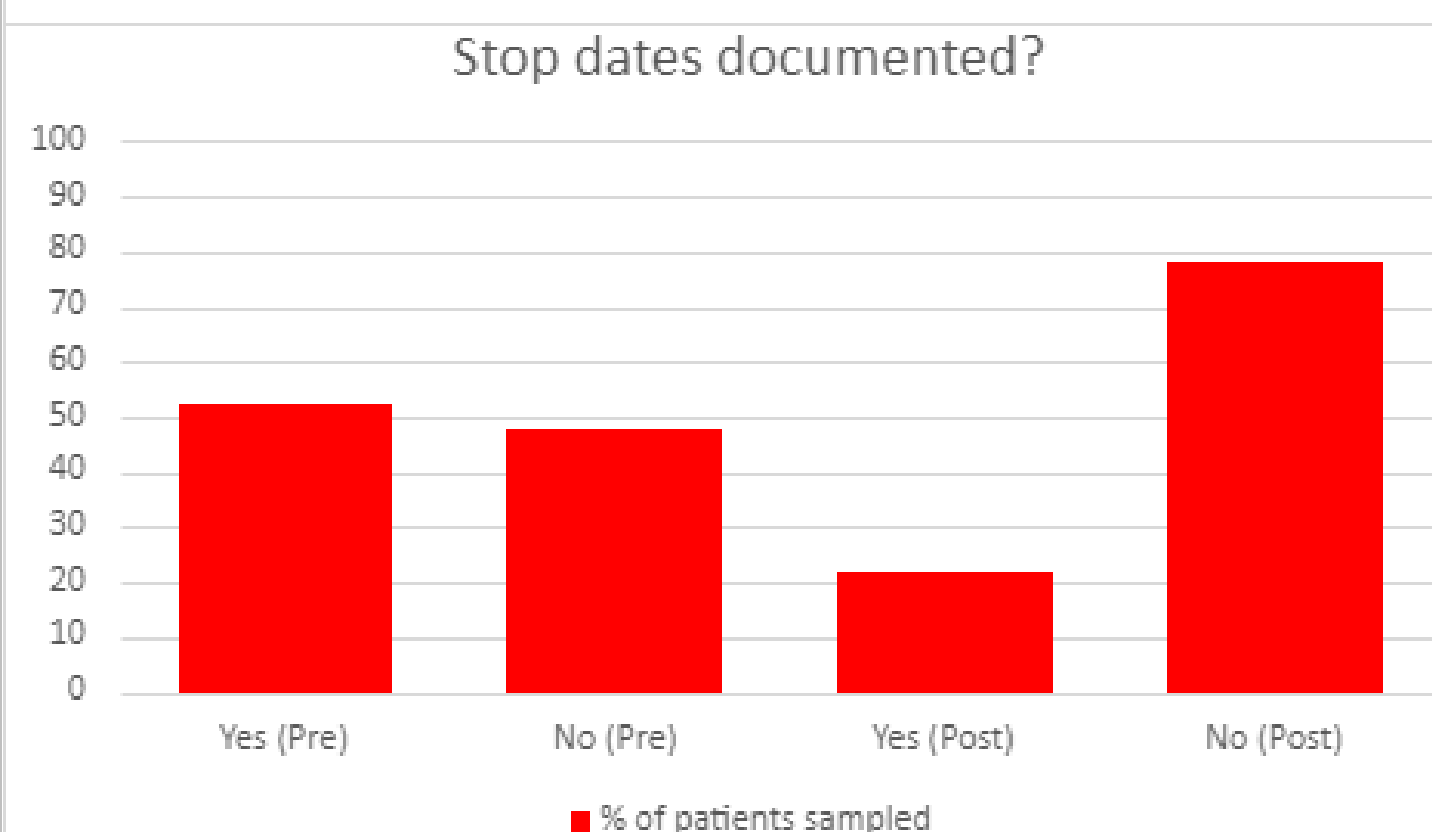
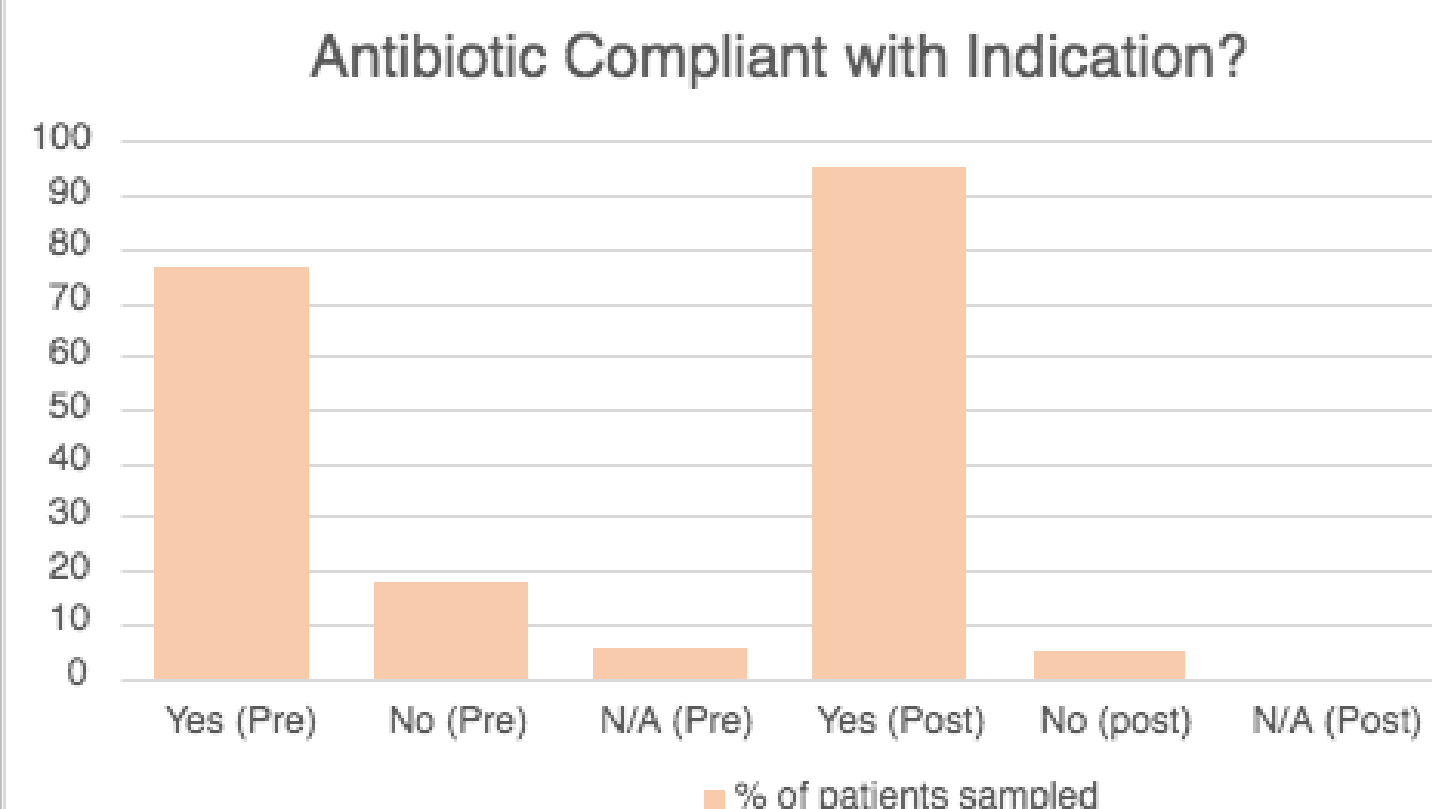
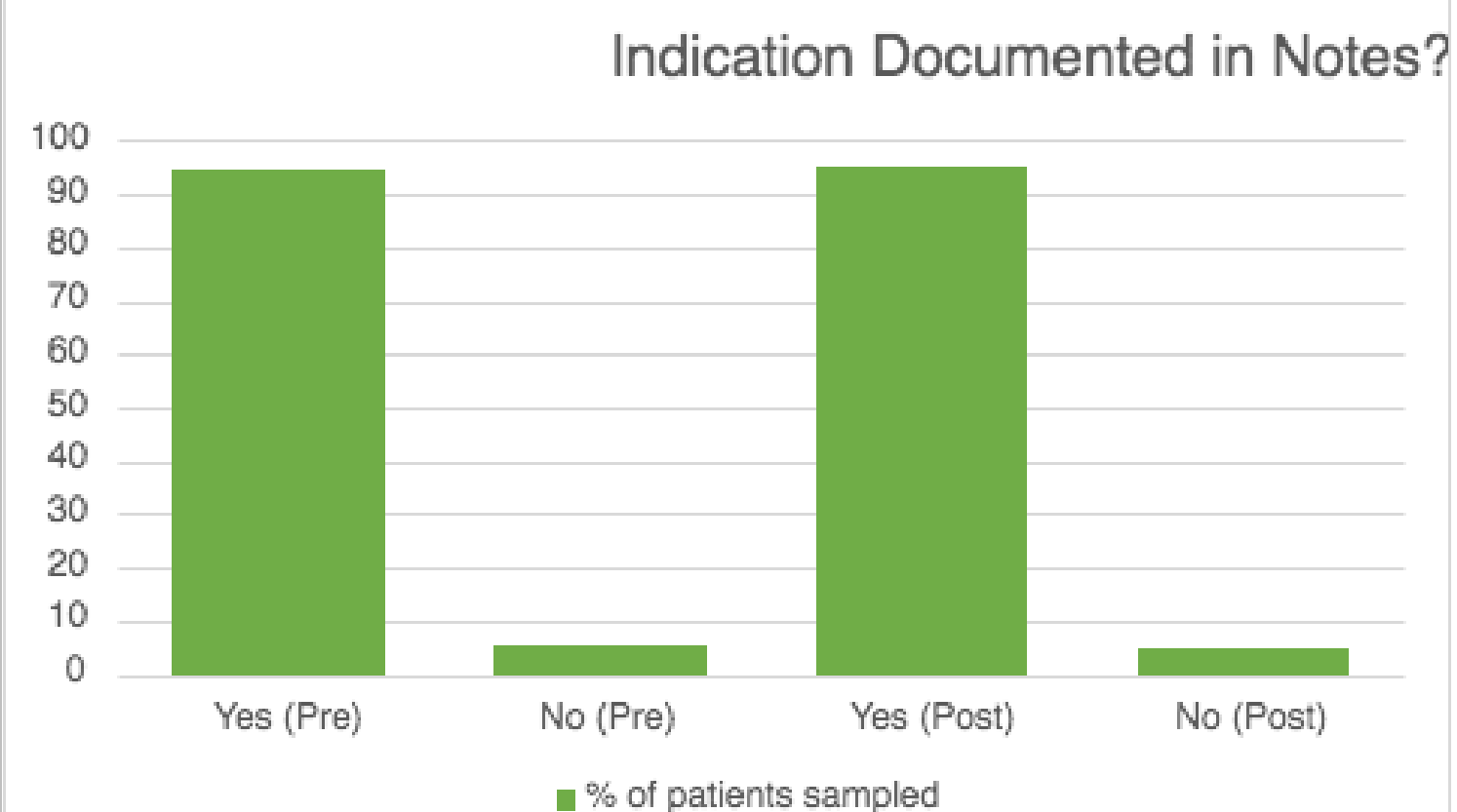


Repeat Audit



Analysis

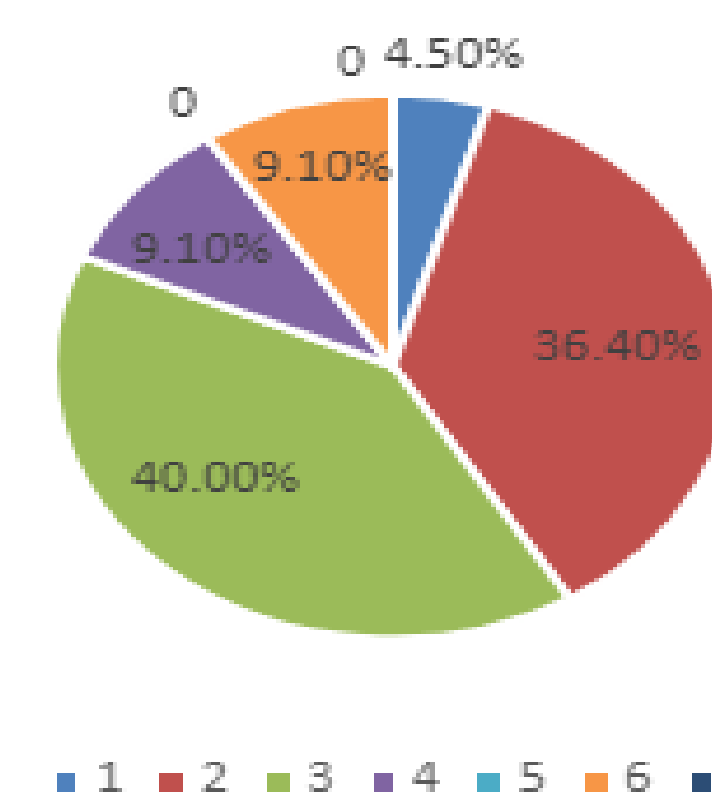
## Results



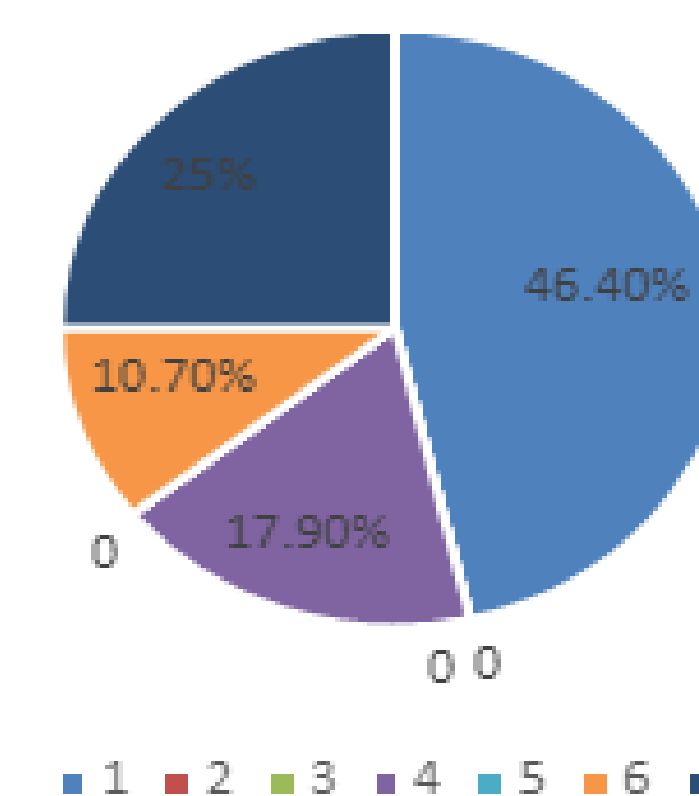
Outcome	Meaning
1	Stop antibiotics
2	Continue same IV/combination antibiotics with reason given
3	Continue same IV/combination antibiotics, no reason given
4	Escalate to another and/or additional combination antibiotic(s)
5	De-escalate to another IV/combination antibiotic(s)
6	IV to oral switch
7	Other

Table 1: Outcomes of review

If reviewed, what was the outcome pre intervention?



If reviewed, what was the outcome post intervention?



## Conclusions

The QI project has not achieved the SMART goals set – to have a daily review and documentation of IV and Oral antibiotics. The rotation of medical and surgical foundation doctors has been a limitation to the educational and clinical aspect of the project, resulting in lack of engagement to the project.