

herapeutic Independent evaluation Guidelines of the evidence

Antibiotic

Fighting Antibiotic Resistance in Melbourne Hospitals

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http://www.medreach.com.au/

40 Years of Antibiotic Guidelines Anniversary Seminar, 13 November, 2018





It started at the Royal Melbourne Hospital









Publish



Dr Robin Pavillard

- Pavillard R, Harvey K, Douglas D, Hewstone A, Andrew J, Collopy B, Asche V, Carson P, Davidson A, Gilbert G, Spicer J, Tosolini F. Epidemic of hospitalacquired infection due to methicillin-resistant Staphylococcus aureus in major Victorian hospitals. Med J Aust. 1982 May 29; 1:451-4.
- Harvey K, Pavillard R. Methicillin resistance in Staphylococcus aureus with particular *reference to Victorian strains*. Med J Aust 1982 May 29; 1:465-7. 3



Antibiotic guidelines



	ISSN 0729-218X		
ANTIBIOTIC GUIDELINES	ANTIBIOTIC GUIDELINES 3rd. Edition, 1982		
J. SHAW K. J. HARVEY B.J. PARSONS W. JOHN SPICER F. A. TOSOLINI			
	HEALTH COMMISSION OF VICTORIA		



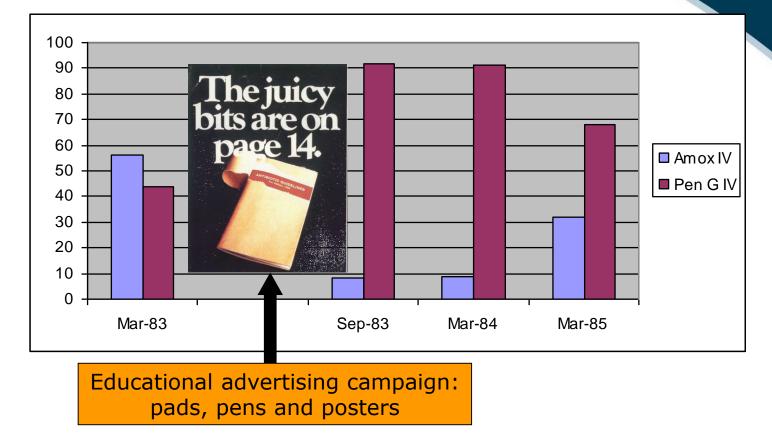
Educational campaigns





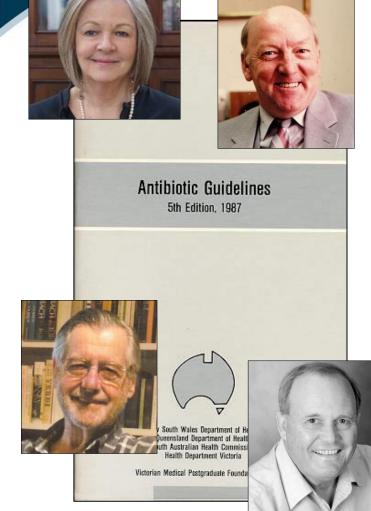
Educational campaigns

Antibiotic use for pneumonia at RMH





Educational campaigns



- Harvey K, Stewart R, Hemming M, Naismith N, Moulds RF. *Educational antibiotic advertising*. Med J Aust 1986; 1: 28-32.
- Landgren FT, Harvey KJ, Mashford ML, et al. *Changing antibiotic prescribing by educational marketing*. Med J Aust 1988; 149: 595-9.

Quality Assurance Cycle

Continually updated standards of practice: treatment guidelines

Feedback results to health administrators and guideline authors

Practitioner reflection / targeted education

Drug audit / utilisation review



Infection control







WASHING YOUR HANDS STOPS THE SPREAD OF GERMS



Barrier nursing

Val Humphries

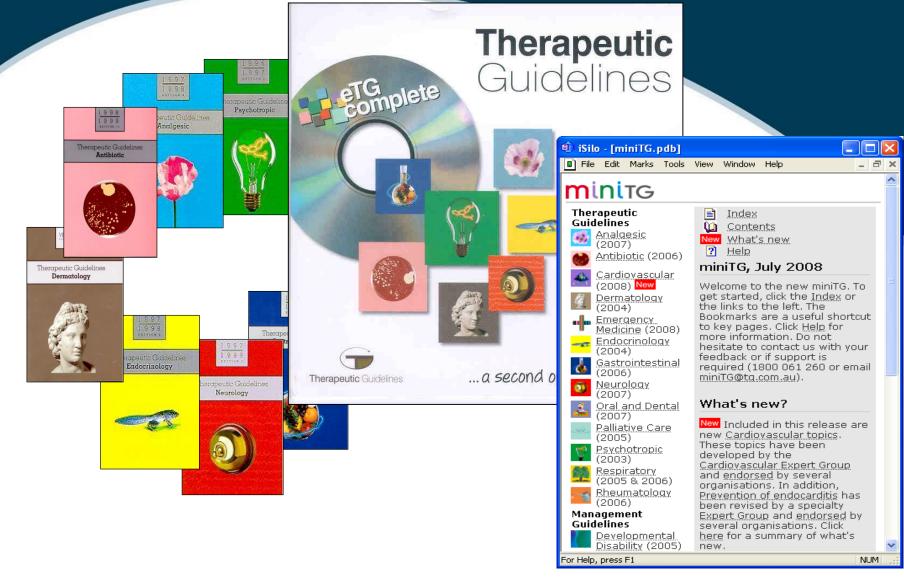
ABC and BBC Horizon program 1986







Guidelines evolution...



Scaling up nationally

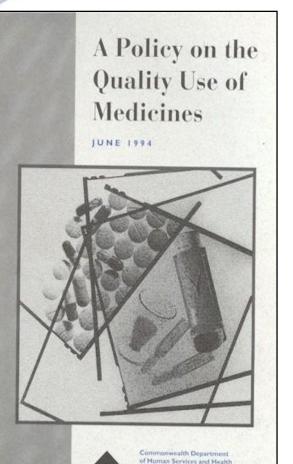




Health Minister, Peter Sharples, with members of the PHARM Committee during the development of the Quality Use of Medicines Policy



Quality Use of Medicines Policy 1994



in conjunction with the Pharmaceutical Health And Rational use of Medicines (PHARM) Committee

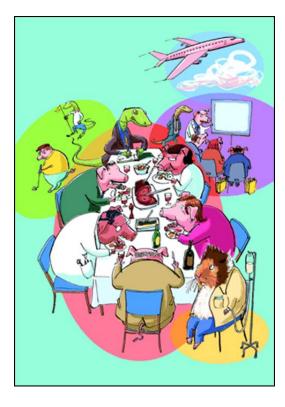
Strategies

- Policy development and implementation
- National facilitation and coordination (PHARM)
- Independent information
- Ethical behaviour
- Education and training (NPS)
- Campaigns (NPS)
 - Evaluation

Independent information

NPS INDEPENDENT, NOT-FOR-PROFIT, EVIDENCE BASED. MEDICINEWISE Australian Government Department of Health Therapeutic Goods Administration RADAR HOME BRO Medicines Safety Update ~ Volume 7, Number 2, April 2016 eTG complete My account Analges Therapeutic Guidelines Guidelines Drugs Quick links Favourites Antibiotic The **Therapeutic Guidelines** PBS) Pharmaceutical Nalgesic Australian Government **Benefits Scheme** Antibiotic **Department of Health** Therapeutic Guidelines Cardiovascular Dermatology Dermatology Endocrinology Fatigue Patient information and useful PDFs Pregnancy and breastfeeding Gastrointestinal Calculators Neurology **Sustralian** Guidelin<u>e Developmental Disabil</u> and figures bw features a new look, coupled wi nd navigation. These new feature AN INDEPENDENT REVIEW iided tour and summarised in th AUSTRALIAN MEDICINES HANDBOOK 14

Unethical conduct



- Trials manipulated; negative results suppressed.
- Journal articles "ghost-written".
- Off-label promotion.
- Well paid, but undeclared, medical opinion leaders used to promote company products (educational mercenaries).
- Excessive hospitality, kickbacks, bribery.
- Consumer groups manipulated.
- Spurious patents and legal challenges to delay the entry of generics. 15



Education and training

Popular activities

Home	Dashboard	Record of Learning	Find Learning 🔻	
Home /	Courses / Search			

Search Courses: 1 record shown

- Open a course by clicking on its title in the Course name colu
- Use the search field to find a particular course or topic.
- Filter by

Nurses (1)
 Pharmacists (1)
 Students (1)

CPD accredited (1) General practitioners (0)

Nurses (0)Pharmacists (0)Other (0)

Target audience ①
General practitioners (2)
GP Registrars (0)
Medical practitioners (1)
Nurse practitioners (1)





Search

Search by	antibiotic

Course Category 🔺	Course Name	Course Summary	Target audience	CPD accredited	Therapeutic area
Antimicrobial Surgical prescribing courses antibiotic prophylaxis 2018	antibiotic prophylaxis	In this course, a 67-year-old lady who weighs 90 kg, presents to your pre-admission clinic for review. She has a possible penicillin allergy and is due to have an elective left total hip replacement to manage pain due to osteoarthritis. Developed in collaboration with the Australian Commission on Safety and Quality in Health Care (ACSQHC).	Medical practitioners, Nurse practitioners, Nurses, Pharmacists, Students		Antibiotic
		Target audience: Health professionals working in a hospital setting. Health professional students.			
	CPD points: It is recommended that 45 CPD minutes be recorded for the purposes of self-directed CPD.				
		QPI PIP: No.			

Clear

https://learn.nps.org.au/login/index.php

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Consumer Campaigns

The difference between common colds and flu

Common cold

Symptoms include a runny or blocked nose, sneezing, minor throat irritation, mild fever and a feeling that your ears are blocked. Coloured mucus or nasal discharge does not mean you are getting worse - it means your immune system is fighting the infection.

Flu

Influenza is a much more serious illness. Often people call a 'common cold' the 'flu', but they are different illnesses. Symptoms usually start suddenly with a high fever and you may feel sick enough to go to bed. Symptoms include irritation in the throat or lungs, a dry cough, high fever, shivering, sweating and severe muscle aches. The flu tends to make the whole body ache, whereas the common cold usually affects. the nose and throat only.

Influenza vaccinations are available and recommended for older people, people with chronic illnesses, pregnant women and people who live in nursing homes. Ask your doctor for more information.

Medicines to treat influenza are available by prescription from your doctor. They have no benefit in the common cold.

When to see a doctor

See your doctor if your symptoms are severe, last longer than usual or if you have any of the following symptoms:

- severe headache or a stiff neck
- your eyes hurt when exposed to light
- you have difficulty waking up
- 🔿 a skin rash
- a fever that lasts longer than three days
- O vomiting
- a child develops high fever, a strange/high-pitched cry or skin rash
- Shortness of breath or difficulty breathing.

See your doctor if you are worried. Your doctor can check the severity of your illness, tell you how long it may last, give advice on treatment and provide you with a medical certificate if needed

National Prescribing Service Ltd (NPS)

NPS is a non-profit, independent organisation working to improve the health of Australians through appropriate prescribing and use of medicines. With 35 peak health bodies as members, NPS works in partnership with GPs, pharmacists, specialists, other health professionals, Government, pharmaceutical industry, consumer organisations and the community.

Antibiotics won't help a common cold. Common sense will.

of fluids.





Take it easy.

Drink plenty

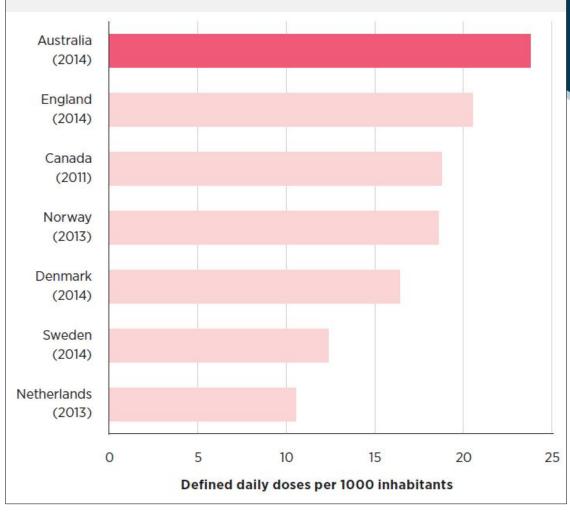
Treat your symptoms.

http://www.nps.org.au/site.php?page=2&content=/resources/ccncs/index.htm



Evaluation





https://www.nps.org.au/australian-prescriber/articles/antimicrobial-use-and-resistance-in-australia 18

All counties have the same problem





Review Open Access
Rational antibiotic use in China: lessons learnt through introducing surgeons to Australian guidelines
Yan Zhang, Ken J Harvey
Australia and New Zealand Health Policy 2006, 3:5 (30 May 2006)
[Abstract] [Provisional PDF] [PubMed] [Related articles]



All can learn from each other!

Review Open Access Rational antibiotic use in China: lessons learnt Yan Zhang, Ken J Harvey Australia and New Zealand Health Policy 2006, 3:5 (30 May 2006)

[Abstract] [Provisional PDF] [PubMed] [Related articles]

ng surgeons to Australian guidelines

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- John Andrew
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