NHS
Greater Glasgow and Clyde

Addressing increasing co-amoxiclav use and CDI rates at the QEUH in Glasgow

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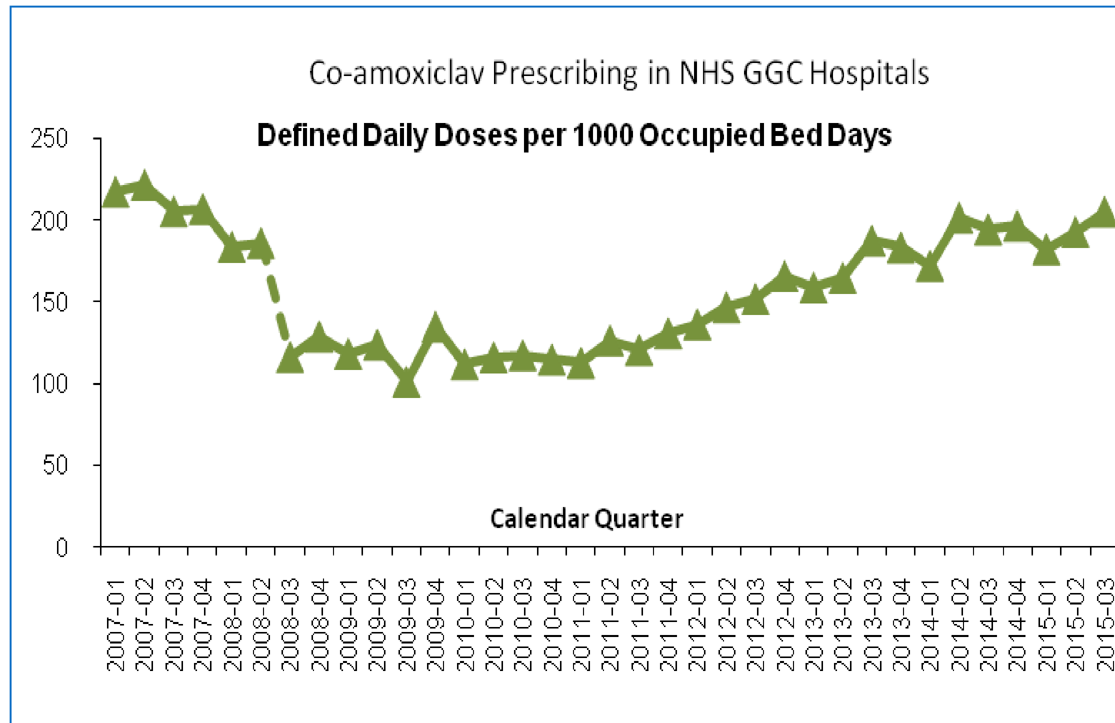
The starting point

- Concern over increasing use of co-amoxiclav in NHSGGC



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The starting point

- Concern over increasing CDI rates in NHSGGC

CDI in patients age 15 & over
GGC - Cases per quarter to achieve HEAT target 31st March 2016

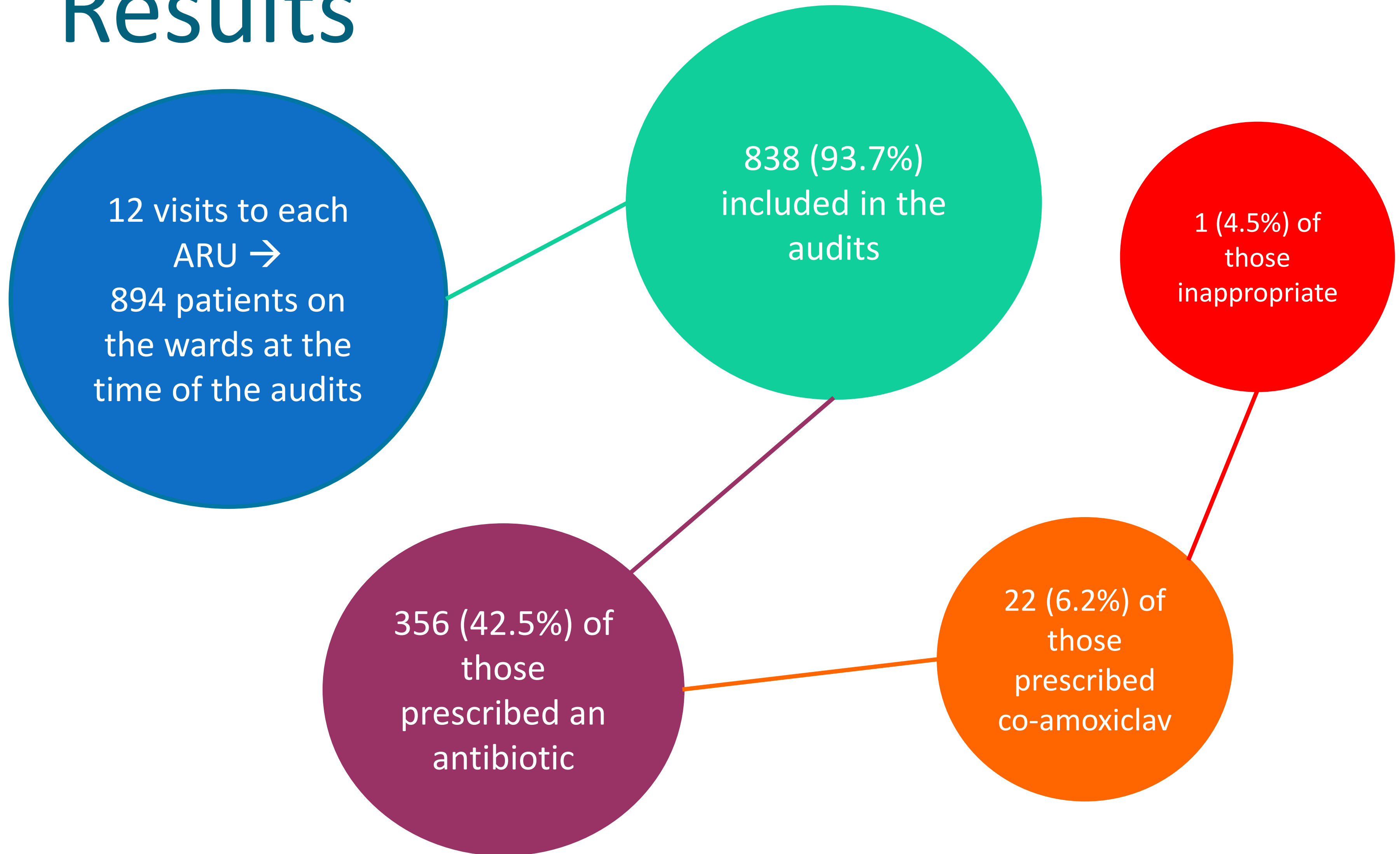
Total CDI patient cases per Quarter

	Apr-Jun 2013	Jul-Sep 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016
All CDI - GGC	116	114	110	86	95	112	114	87	107	101	140	
HEAT	110	110	110	110	110	110	110	110	110	110	110	110

The response

- Weekly audits of co-amoxiclav use in each of the 5 ARUs over 12 weeks (11th January – 31st March 2016)
  - Audits carried out by AMPs
  - Immediate feedback provided when off-policy use seen
- Issues highlighted at all 3 sector Clinical Governance Committees (January 20th, 25th and 29th)
- Communications highlighting the issues sent to prescribers and pharmacists late Jan/early Feb 16
- Issues highlighted to Lead A&E consultant who cascaded to A&E staff late Jan 16
- Issues highlighted to prescribers on infection consult rounds

Results



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Results: Jan 16 vs. Feb/Mar 16

Time period	Pts audited	Pts prescribed an antibiotic	Pts prescribed co-amoxiclav	Co-amoxiclav appropriate
Jan 16	198	87 (43.9%)	11 (12.6%)*	10 (90.9%)
Feb/Mar 16	640	269 (42.0%)	11 (4.1%)*	11 (100%)

*p = 0.008 (Fisher's exact test)

Limitations: ARU and co-amoxiclav focus

Since then

- Limitations of empiric co-amoxiclav vs. serious infections (G-ve resistance rates) emphasised in teaching and on ward rounds
- Unnecessary use of co-amoxiclav (LUTI, LRTI) emphasised in teaching and on ward rounds
- Co-amoxiclav re-positioned or removed from policy where possible (HAP, SBP, LRTI/UTI)
- Planning to look at co-amoxiclav use in A&E

Empiric antibiotic use audited in the ARUs in May 16 and Jan 17; 65/68 (96%) policy compliant, no no-compliance involving co-amoxiclav