Outpatient

Global-PPS

Frequently Asked Question (FAQ) list

Contents

METHODS AND INCLUSION CRITERIA

🕓 Questions related to the timing of the PPS

1) Question:

Can I participate multiple times within one survey period?

Answer:

We currently have 3 periods available for each year: January-April; May-August; September-December. In the outpatient module, it is possible to conduct the PPS multiple times per period. Surveying your institution multiple times might help to evaluate prescribing patterns throughout the year, but also to evaluate stewardship measures that were undertaken.

- Create your department
- Go to Surveys > Outpatient module and you create your unit. If you survey the unit multiple times on different days, you can create the unit multiple times and fill in a different *Date of Survey* to distinguish them.

2) Question:

Should all departments be surveyed on the same day?

Answer:

No, it is possible to do it on different days, preferably within one month. All departments must however be surveyed on working day, not a public holiday or a weekend day.

If you have for example different clinics that do not operate on the same day, it is perfectly fine to survey them on different days.

3) Question:

What time would you recommend to do the survey? For example, at 10 a.m. you might not know which patients waiting in the clinic will receive an antimicrobial prescription.

Answer:

This is a bit different in the outpatient module than the inpatient module. You should survey for a period of time, not one moment in time (like in the inpatient module). How long you survey depends on your setting, if your clinic is very crowded, it is possible to survey for just half a day. But if you have the means to survey an entire day, please do so, you will obtain more data and your results will be more representative.

4) Question:

Is it possible to retrospectively survey the departments?

Answer:

Yes, if you have access to all the requested information, it is possible to survey the departments retrospectively. But it is important that you include all patients seen during consultation, including the patients without antimicrobial prescriptions!
So if you have all the medical files and can retrieve all the information from those files, or if you even have electronic files, you can certainly retrieve the data you need for the PPS from your medical files at the end of the working day or even at a later stage (e.g. the day after).

However, it is important to gather patient records for consultations that occurred within a minimum 4-hour time frame. For instance, if you are collecting patient records from the preceding Thursday and begin data collection with patients who arrived for consultation at 9 a.m., ensure that you continue the data collection until at least 1 p.m.

If you do not have medical files and you do not record information on patients coming in for a consultation, you have to record all the data during consultation. For those patients with an antimicrobial prescription, you have to record additionally the detailed patient information and treatment information. But for patients without an antimicrobial prescription, you have to record very little information, so this should hopefully be feasible during consultation.

Questions related to the inclusion criteria

5) Question:

Can pharmacies participate?

Answer:

Unfortunately not. Our module is specifically designed for healthcare facilities, but not pharmacies.

6) Question:

Can I include only patients with for example acute respiratory syndrome?

Answer:

No, you cannot make a selection of patients. It is important that you include all patients, with all diagnoses and all symptoms.

7) Question:

Do I have to survey all departments each time I conduct the PPS?

Answer:

No, we recommend to survey all departments in your institution the first time you participate to set a baseline for your entire institution. However, it is possible to survey only a few departments in your hospital, but keep in mind that you should survey **all departments of the same specialty type**, because we report the numbers by specialty type in the feedback report.

8) Question:

Is there a minimum set of patients that should be surveyed?

Answer:

No, we do not specify a minimum number of patients. We recommend surveying for at least 4 hours, and perhaps a full day if you have very few patients that are seen for consultation throughout the day.

This additionally depends on the aim of your survey: if you want to design targets for antimicrobial stewardship, it is advisable to check if you have collected a sufficient number of patients who receive an antimicrobial prescription. If you do, it would be easier to see if there is a certain pattern of prescribing. If you have an insufficient number of patients on antimicrobial prescriptions, it might be difficult to distinguish whether this prescription was in line with the normal prescribing behaviour in your setting, or if it was an exception.

If you want to do a very first screening of your healthcare setting to see where the most antimicrobials are prescribed, you might need a smaller number of patients with antimicrobial prescriptions than when you want to effectively design targets for stewardship.

Questions related to hospital staff and clinical practice

9) Question:

Can prescribers ask advice from our infectious disease (ID) specialists regarding the prescription or dose?

Answer:

Yes, of course, that is perfectly fine. You should capture the regular situation in your setting. Please do not prescribe any differently in the survey period than you would usually.
In other words: If advice is regularly asked from your ID specialists, please continue to do so during the survey period. If you do not regularly ask advice from your ID specialist, it may be interesting to: (1) capture data in your regular situation, where you do not ask advice from your ID specialist, and (2) capture data maybe on another day where you do ask advice from your ID specialist, to see if there is a difference.

10) Question:

How do I make sure my staff doesn't feel judged?

Answer:

We think it is very important to address this issue before conducting the survey. In our feedback report, we never report by prescriber. Our aim is not to judge prescribers, only to improve prescribing practices in general. It might be good to take a look at our protocol and/or feedback report together with your prescribers/healthcare staff, so that your staff can see what the study entails and how the results are reported.

Furthermore, it is important to note that the results of your institution are never shared, only with the local admin of your institution.

11) Question:

What if the auditor perceives clinical malpractice or risk of a severe medical event for a surveyed patient? *(I.e., highly incorrect dosage, drug-drug interactions with other medications, not-considered medication allergies)*

Answer:

If during data collection or data entry, the auditor perceives questionable or potentially harmful prescribing practices, please inform the prescriber immediately to safeguard patient care. Please record the original (potentially harmful) prescription in the survey, even if the treatment was changed, since this would be the practice if the auditor had not informed the prescriber.

DATA COLLECTION FORMS

Questions related to patient forms and characteristics

12) Question:

What symptoms should I include?

Answer:

You can include up to 6 symptoms per patient, but it is perfectly fine to record only the most relevant symptoms. The list with symptoms is available in our protocol and data collection forms (see https://www.global-pps.com/documents/)

13) Question:

Can I ask the patients some additional information after the patients left the room?

Answer:

Yes, it is possible to contact them after the consultation. However, for some studies informed consent is required in order to do so.

14) Question:

We do not have information on previous or ongoing prescriptions, how do I collect or enter this data?

Answer:

At this moment, it is not possible to record this information. For in the future, we will add an 'Outpatient institution profile' where you can record this type of information for your healthcare setting.

15) Question:

What should the admission status be of outpatients who do not receive antimicrobials and who visit outpatient departments?

Answer:

For patients (both with and without antimicrobial prescriptions) who do not visit emergency or observation departments, you do not have to collect the admission status.
So only for patients who visit the emergency or observation departments you should collect the admission status. You should collect the admission status for both patients who receive an antimicrobial prescription and who do not receive antimicrobial prescriptions in the emergency department or observation department.

16) Question:

Regarding the guideline adherence, what if we don't follow specific guidelines? If we just use the WHILE App or any book referenced to us by our seniors

Answer:

You can say it's according to guidelines if it follows a written guidelines or a written protocol. This can be a local protocol, or national guidelines, or the WHO guidelines such as the AWaRe handbook.

Furthermore, if you adapt your prescription according to the antibiogram, or according to the weight or renal function of your patient, it is also considered as according to guidelines; since guidelines often state you should follow these practices.

However, there is an important exception: if you get a consult by an infectious disease specialist who is the expert in the institution, it is considered adherence to guidelines. But, if staff is following the advice of a peer or a senior, it is not following the written guidelines. So only if it concerns infectious disease specialist who is giving his/hers expert advice, then you can state it is according to the guidelines.

17) Question:

Why should I not count the dose of an enzyme inhibitor in combinations of an antibiotic and an enzyme inhibitor (such as piperacillin with tazobactam), but should I count the full dose of combinations of multiple antibiotic substances (such as sulfamethoxazole-trimethoprim)?

Answer:

You should not report the dose of an enzyme inhibitor (such as tazobactam), in prescriptions where an antibiotic (piperacillin) and enzyme inhibitor (tazobactam) are prescribed, because the enzyme inhibitor is not an 'active' antimicrobial substance, it only increases the stability of an antibiotic against some pathogens. Therefore, only the doses of the antibiotics should be reported because they are antimicrobial substances.

Examples of how to report the dose of a combination of an antibiotic and beta-lactamase inhibitor, are:

- 3.375 g piperacillin/tazobactam, of which 3 g is piperacillin. Only these 3 g should be reported.
- 1.2 g amoxicillin/clavulanic acid, of which 1 g is amoxicillin. Only the 1 g should be reported.

The doses of all antibiotic or antimicrobial substances should be reported. When a combination of multiple antimicrobial substances is prescribed, such as sulfamethoxazole-trimethoprim, you should report the dose of both antimicrobial substances. An example of how to report this dose, is:

- 960 mg co-trimoxazole, of which 800 mg is sulfamethoxazole and 160 mg trimethoprim. You should report the 960 mg.

WEBSITE, DATA ENTRY, FEEDBACK

Questions related to the website and data entry

18) Question:

How long does it take to enter the data?

Answer:

This depends on the availability of your data. If you have already collected all data on paper forms, it takes approximately 1-2 minutes to enter the data for a patient with an antimicrobial prescription, and (less than) a minute to enter the data for patients without an antimicrobial prescription.

If you want to enter the data directly in the web-based tool without collecting it first on paper, the time it takes to enter your data depends on whether you have to ask the patient all required information, if you have to look the information up from the patient file, and how organized and accurate your patient files are.
It can take ±3-8 minutes to enter the data of each patient with an antimicrobial prescription, again depending on how long it takes to ask the patient or to look up their file in the system of your institution. It usually takes 1-2 minutes to enter patients without antimicrobial prescriptions, since only a few questions are asked.

19) Question:

Can I edit the entered patients in the web-based tool, if I want to add new treatments or correct mistakes or update e.g. the admission status?

Answer:

Yes, you can edit patients at any time before the survey is closed.
But please make sure if you collect your patient information on paper forms, that you **write down** on the paper form each survey number assigned in the web-based tool once you enter the patient information.

If you've for example finalized your unit or finalized the survey, you can re-open the survey and unit if you find that you need to edit patient information.
If the survey is closed (for example you enter data retrospectively and the previous survey is already closed), you can e-mail us at global-pps@uantwerpen.be in order to ask if we can re-open the survey.

20) Question:

Do we obtain the results in the same format?

Answer:

Yes, you obtain the results in an Excel file where each row is one antimicrobial prescription. Some variables will be automatically added, such as ATC-codes and AWaRe classification. You can download this within the Global-PPS web application.