

New South Wales and Australian Capital Territory
ANTIFUNGAL USAGE – STATEWIDE BENCHMARKING REPORT
January – June 2023

Antifungal utilisation rates provided in this report are calculated using the number of defined daily doses (DDDs) of the antimicrobial class consumed per 1,000 occupied bed days (OBD). Usage rates represent total inpatient usage in the acute hospital setting, excluding emergency departments and operating theatres.

Contributing hospitals can find their de-identifying code via the NAUSP Portal 'Maintain My Hospital' drop-down menu.

Usage rates for antifungal agents are highly dependent on the casemix of the hospital, including whether the hospital provides transplant or haematology/oncology services. Usage of systemic antifungals is typically higher in larger hospitals, particularly Principal Referral hospitals. Usage rates reflect the quantity of antimicrobials dispensed from pharmacy and not actual consumption at patient level.

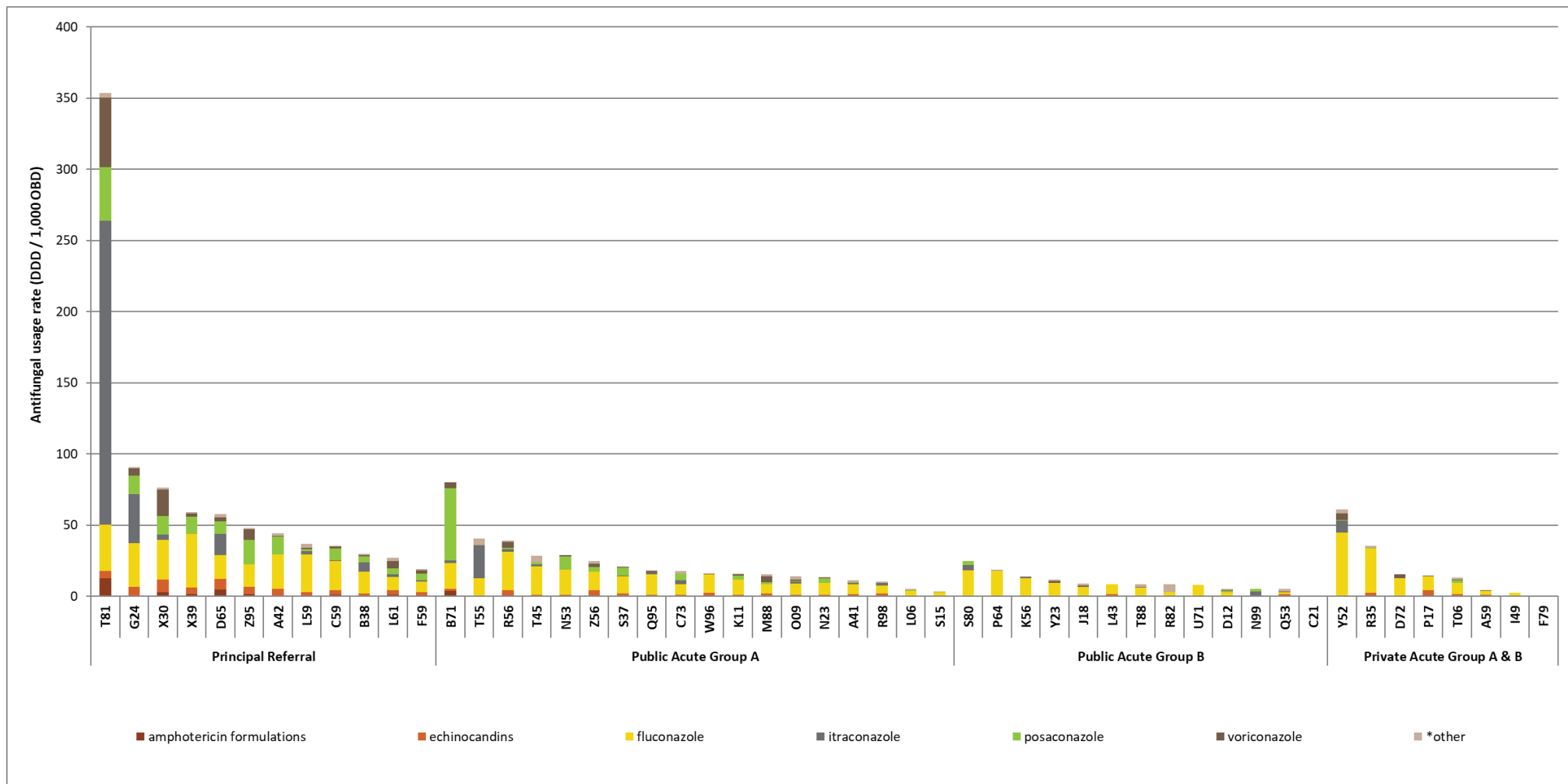
Contributing hospitals are assigned to Australian Institute for Health and Welfare (AIHW) defined peer groups.¹ [Note: Public and private acute group C and D hospitals have negligible systemic antifungal use and are excluded from this report].

DDD values for each antimicrobial are assigned by the World Health Organization (WHO) based on the "assumed average maintenance dose per day for the main indication in adults". DDDs are reviewed annually by the WHO as dosing recommendations change over time. For more information refer to: https://www.whocc.no/atc_ddd_methodology/purpose_of_the_atc_ddd_system/

The charts below present aggregated antifungal data for the six-month period from 1 January 2023 to 30 June 2023. Both charts illustrate the same data however the second chart (Chart 1b) excludes an outlier hospital (hospital T81).

¹ AIHW. *Hospital resources 2017-18: Australian hospital statistics*. Available from <https://www.aihw.gov.au/reports/hospitals/hospital-resources-2017-18-ahs/data>

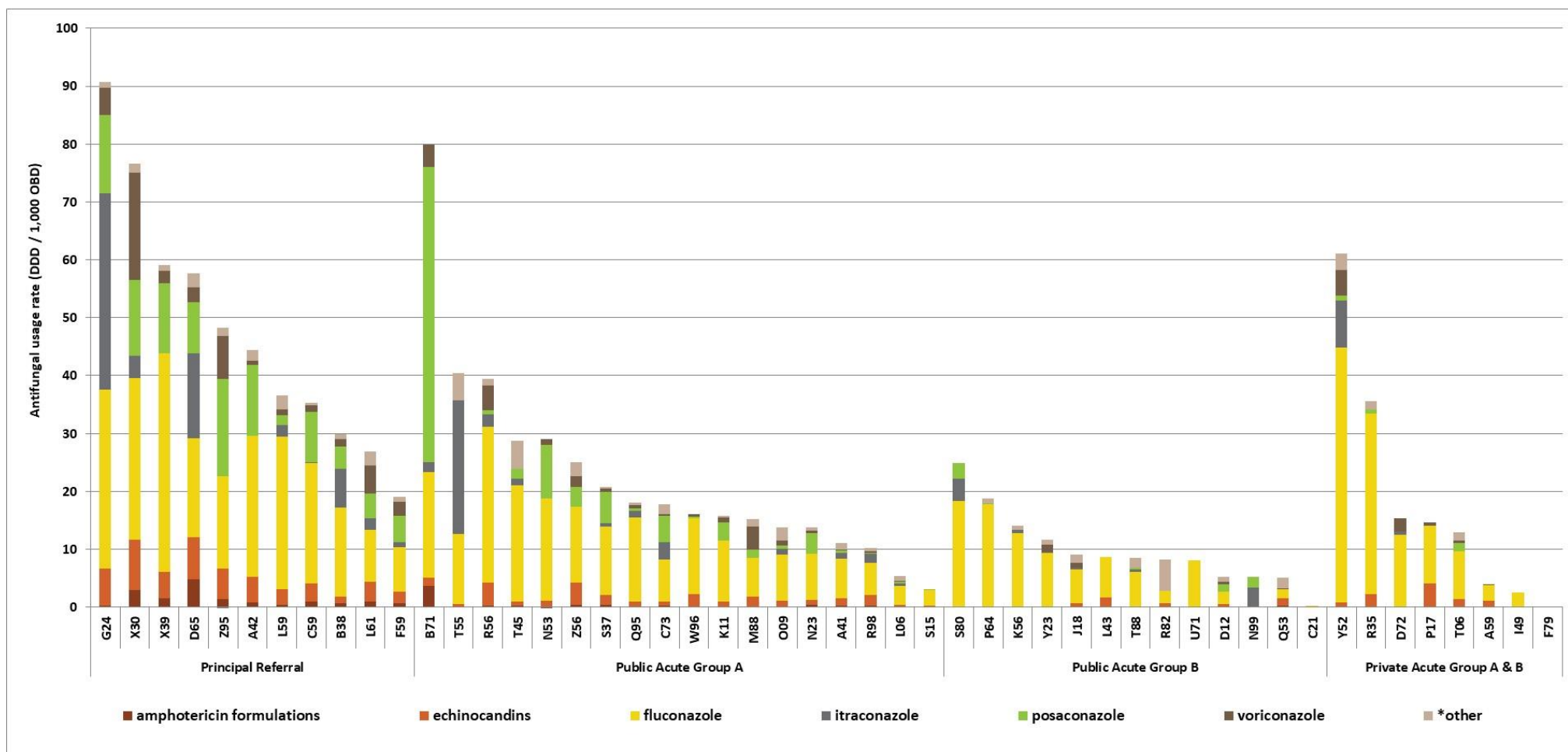
Chart 1a: Total acute hospital antifungal usage rates (DDD/1000 OBD) in NAUSP contributor hospitals, by peer group, New South Wales & Australian Capital Territory, Jan-Jun 2023 (excluding emergency and theatre)



*Other = flucytosine, griseofulvin, isavuconazole, ketoconazole and terbinafine.

Note: Liposomal amphotericin does not have a WHO-assigned DDD, and is assigned by NAUSP as 0.21g.

Chart 1b: Total acute hospital antifungal usage rates (DDD/1000 OBD) in NAUSP contributor hospitals*, by peer group, New South Wales & Australian Capital Territory, Jan-Jun 2023 (excluding emergency and theatre)



*Other = flucytosine, griseofulvin, isavuconazole, ketoconazole and terbinafine.

Note: Liposomal amphotericin does not have a WHO-assigned DDD, and is assigned by NAUSP as 0.21g.

‡ Excludes outlier hospital T81

This report includes data from 51 hospitals in NSW and ACT:

Armidale Hospital	Manning Base Hospital
Auburn Hospital	Mater Hospital North Sydney
Bankstown Hospital	Mt Druitt Hospital
Bathurst Base Hospital	Nepean Hospital
Belmont Hospital	Newcastle Mater
Bowral Hospital	Northern Beaches Hospital
Brisbane Waters Private Hospital	Orange Health Service
Broken Hill Base Hospital	Port Macquarie Base Hospital
Campbelltown Hospital	Prince Of Wales Hospital
Canberra Hospital	Royal North Shore Hospital
Canterbury Hospital	Royal Prince Alfred Hospital
Chris O'Brien Lifehouse	Ryde Hospital
Coffs Harbour Hospital	Shellharbour Hospital
Concord Hospital	Shoalhaven Hospital
Dubbo Base Hospital	South East Regional Hospital
Fairfield Hospital	St George Hospital
Gosford Hospital	St Vincent's Hospital Sydney
Gosford Private Hospital	St Vincent's Private Hospital Sydney
Goulburn Base Hospital	Sutherland Hospital
Griffith Base Hospital	Sydney Adventist Hospital
Hornsby Ku-Ring-Gai Hospital	Tamworth Hospital
John Hunter Hospital	Wagga Wagga Base Hospital
Kempsey District Hospital	Westmead Hospital
Lingard Private Hospital	Wollongong Hospital
Liverpool Hospital	Wyong Hospital
Maitland Hospital	

Disclaimer:

Data presented in this report were correct at the time of publication. As additional hospitals join NAUSP, retrospective data are included. Data may change when quality assurance processes identify the need for data updates.