

Victoria

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.

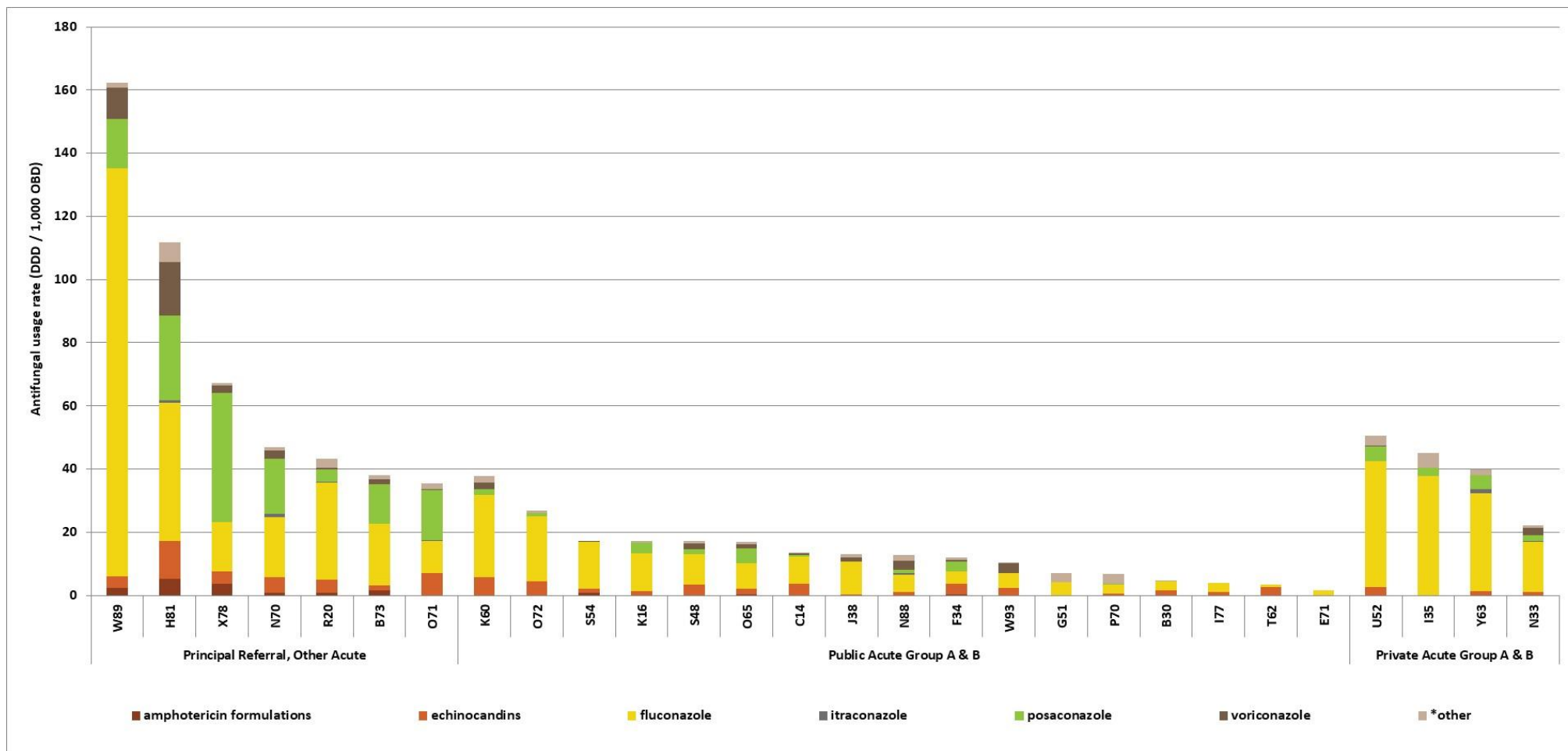
Contributing hospitals are assigned to Australian Institute for Health and Welfare (AIHW) defined peer groups.¹ [Note: Public and private acute group C and D hospitals have negligible systemic antifungal use and are excluded from this report].

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.whooc.no/atc_ddd_methodology/purpose_of_the_atc_ddd_system/

The chart below presents aggregated antifungal data for the six-month period from 1 January 2023 to 30 June 2023.

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 1: Total acute hospital antifungal usage rates (DDD/1000 OBD) in NAUSP contributor hospitals, by peer group, Victoria, 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.

This report includes data from 28 hospitals in VIC:

| | |
|--------------------------|---------------------------------|
| Albury Wodonga - Albury | Holmesglen Private Hospital |
| Albury Wodonga - Wodonga | Maroondah Hospital |
| Alfred Hospital | Monash Medical Centre Clayton |
| Angliss Hospital | Peter MacCallum Cancer Centre |
| Austin Hospital | Rosebud Hospital |
| Ballarat Base Hospital | Royal Melbourne Hospital |
| Bendigo Health | St John Of God Geelong |
| Box Hill Hospital | St Vincent's Hospital Melbourne |
| Cabrini Hospital Malvern | St Vincent's Private Fitzroy |
| Casey Hospital | The Northern Hospital |
| Central Gippsland Health | Warrnambool Base Hospital |
| Dandenong Hospital | Werribee Mercy Hospital |
| Frankston Hospital | Western Health Footscray |
| Geelong Hospital | Western Health Sunshine |

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.