

Last but not least...

Data are completely anonymously entered online. The data remains the property of the hospital. Participation of hospitals and all fieldwork at the hospital level is done on a voluntary basis.

The Global-PPS team encourages regional or country specific analysis led by a “local collaborating participant” or the “national or regional GLOBAL-PPS Participant”.

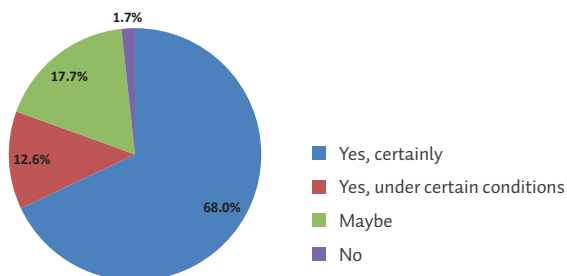
A publication policy is available on request.

Testimonials

“We followed your advice and made a survey team, and it was such a nice opportunity for us to develop nice interaction, to further develop our extremely good cooperation. It was extremely useful that we surveyed together most of the wards. It was easier than we expected, staff were very collaborative and efficient, and we were very surprised how well it was achieved, having in mind that we did not opt to distribute posters and other stuff. It seems that people liked and welcomed our action. We hope that we will continue to collaborate with you, we are looking forward for any kind of collaboration!” *(testimonial from Serbia)*

“We conducted the Global PPS study. All patients have now also been entered into the database. We wanted to thank the helpdesk for their cooperation, as such this study could run very smoothly.” *(testimonial from Belgium)*.

A simple questionnaire evaluated the Global-PPS. We asked whether they would participate again if a second PPS would be organised. Answered the question: n=235 participants. Conditions for next participation were mainly related to time constraints and manpower.



Foreseen timeline

Three surveys are available each year to allow investigating seasonal variation (January–April, May–August and September–December). Any hospital worldwide is welcome to participate. Bigger hospitals who have previously participated at least once to the Global-PPS are able to participate with a subsample of the hospital whereby a set of certain ward types are covered only (eg all ICUs, all surgical or all paediatric wards). They will receive, next to a one-point feedback report also a longitudinal feedback report by which most recent data will be compared to previous validated results.

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About bioMérieux

bioMérieux is the sole private sponsor of the GLOBAL-PPS. The Global-PPS is also funded by a personal Methusalem grant to Herman Goossens of the Flemish government. The funders have no role in study design, data collection, data analysis and data interpretation. Data are strictly confidential and stored anonymously at the coordinating centre of the University of Antwerp.

Supporting healthcare professionals
in the fight against resistance



Global Point Prevalence Survey of Antimicrobial Consumption and Resistance (GLOBAL-PPS)



Visit our website
www.global-pps.com

Background

The Global Point Prevalence Survey of Antimicrobial Consumption and Resistance (GLOBAL-PPS) coordinates surveillance of antimicrobial prescribing and resistance in hospitalised adults, children and neonates worldwide. The GLOBAL-PPS creates global awareness about antibiotic use and resistance and is instrumental in planning and supporting national and local stewardship interventions in a range of resource and geographical settings.

The first Global-PPS was conducted in 2015 and included 335 hospitals in 53 countries of six continental regions, using a standardised and validated method. The second Global-PPS in 2017 included over 400 hospitals. Since then, the Global-PPS is repeated yearly with the possibility to join 3 different time periods. The project is funded by bioMérieux.

Aims

1. Determine the variation in the quantity and quality (type) of antimicrobial prescribing in hospitalised adults, children and neonates locally and regionally across continents
2. Change practice and measure impact of interventions through repeated PPSs.
3. Increase public health capacity
4. Combat antimicrobial resistance

Critical benefits for the hospital and its patients

GLOBAL-PPS provides an easy tool to:

- Evaluate antimicrobial prescribing practices in your hospital
- Identify targets to improve the quality of antimicrobial prescribing in your hospital
- Help designing hospital interventions to promote prudent antimicrobial prescribing and to start designing sustainable antimicrobial stewardship programs

Methods

The conduction of a *One-day-Survey*

Who can participate ?

- Any interested hospital worldwide.

Which departments ?

- ALL wards admitting adults, children and neonates.

Included antimicrobial agents

- Antibacterials (J01), antimycotics (J02), antifungals (D01BA) and antivirals (J05) for systemic use, antibiotics used as drugs for treatment of tuberculosis (J04A), intestinal antiinfectives (A07AA), nitroimidazole derivatives (P01AB) and antimalarials (P01B) according to the WHO ATC classification.

Inclusion criteria patients

- All inpatients receiving an antimicrobial prescription at 8 am on the day of survey.

Denominator

- All admitted eligible inpatients and beds in the ward at 8 am on the day of the survey.

Essential data to collect

- Data on patients' age and gender, antimicrobial agent, dose per administration, number of doses per day, route of administration, anatomical site of infection or target for prophylaxis according to the list of provided reasons for treatment, indication for therapy (community acquired versus hospital acquired infection or prophylaxis) and whether the treatment choice is determined by biomarker data and available main resistance data.

Additional antimicrobial quality indicators include the diagnosis being documented in the patient's notes at the start of treatment; whether the antibiotic prescription (choice) is being compliant with local guidelines and if a stop or review date of the antimicrobial prescription was documented in the notes.

From data collection to reporting: "two-step process"

- Data collection is done on **paper forms** (a department form and a patient form) or immediately on a tablet or computer.
- Anonymous data entry using **the web-based Global-PPS programme**, an online application for data-entry, validation and reporting.

What kind of feedback is provided to you?

After final data-entry and validation, the hospital will be able to download a feedback of more than 45 pages, including several graphs and tables which can be used for local communications and presentations. A supplementary longitudinal feedback (provides time trends) can be downloaded by hospitals who participated at least two times. Hospital specific antimicrobial prevalence figures are plotted against overall mean national and continental results. The feedback reports also on several antibiotic quality indicators. See an example available at www.global-pps.com/documents/

Next, hospitals can at any time extract their own raw data in an Excel file. These data can be analysed for own purposes. Finally, we support and encourage collaborations between hospitals and networks.

Support

Every participant can benefit of:

- An efficient and client friendly helpdesk
- A dedicated web-site which provides all working documents, shared communications and publications, announcements etc.
- An educational E-learning tool on the usefulness of a PPS and to start designing antimicrobial stewardship programs www.futurelearn.com/courses/point-prevalence-surveys/1
- A network of sites ready to share experiences