

CRITICAL BENEFITS FOR THE HOSPITAL AND ITS PATIENTS

The Global-PPS:

- Provides a standardized method and easy tool for assessing hospital antimicrobial prescribing which has proven to be applicable in a broad range of healthcare resource settings.
- Helps to identify targets for antimicrobial stewardship interventions without the need to invest time and resources in complex data analyses.
- Assesses the burden of HAI and related antimicrobial prescribing.
- Helps identify potential risk factors for HAI.

SURVEY TIMELINE

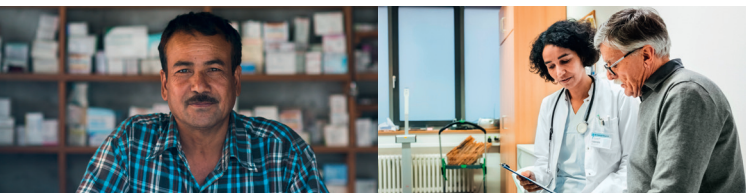
Three surveys are available each year (January-April, May-August and September-December). Hospitals can choose one or more appropriate periods of participation.

LAST BUT NOT LEAST...

Data are entered online completely anonymously. **The data remain the property of the hospital.** The data privacy excerpt is available on request. 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, national or regional coordinator.

A publication policy is available on the website.



bioMérieux is the sole industrial partner of the Global-PPS. The company has 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.



GLOBAL POINT PREVALENCE SURVEY OF ANTIMICROBIAL CONSUMPTION AND RESISTANCE (GLOBAL-PPS)

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The Global-PPS is coordinated by the University of Antwerp and supported by bioMérieux



SHARING
GLOBAL KNOWLEDGE
SUPPORTING
LOCAL ACTIONS



GLOBAL POINT PREVALENCE SURVEY OF ANTIMICROBIAL CONSUMPTION AND RESISTANCE (GLOBAL-PPS)

www.global-pps.com

THE PROJECT

The standardized Global Point Prevalence Survey of Antimicrobial Consumption and Resistance (Global-PPS) offers a **simple, freely available web-based tool to assess, compare and monitor antimicrobial prescribing, healthcare-associated infection (HAI) and antimicrobial resistance** in hospitalized adults, children and neonates (both inpatients and outpatients). Since 2015, this ambitious project has established a **global network** for point prevalence surveys.

MAIN AIMS OF THE GLOBAL-PPS:

- **Identify the burden:** provide survey performance indicators and identify targets for quality improvement of antimicrobial prescribing and HAI
- **Change practice:** support the design of hospital interventions that aim at promoting prudent use of antimicrobials as well as the prevention of HAIs
- **Measure impact:** assess the effectiveness of such interventions, through repeated PPS

The tool is instrumental in **planning and supporting local and national stewardship interventions** in a range of resource and geographical settings. Governments can use the Global-PPS tool to improve antimicrobial prescribing **as part of their National Action Plan** to combat antimicrobial resistance, with limited cost and investments of hospital staff.

METHODS

- Any hospital admitting adults, children and/or neonates is welcome to participate!
- Participants are asked to conduct a **“one-day” cross-sectional PPS** within a predefined period of 4 months.
- Each ward within the hospital needs to be surveyed only once within this period. Bigger hospitals who have previously participated in the Global-PPS are able to participate with a sub-sample of the hospital whereby only a set of certain ward types are covered (e.g. all ICUs, all surgical or all paediatric wards).
- Detailed information is collected for hospitalized patients receiving at least one antimicrobial agent at 8:00 am on the day of survey.
- Data are collected on paper forms, and subsequently entered in a database using the **Global-PPS web-based application** for data entry, validation and reporting.
- Currently, the Global-PPS is repeated yearly with the possibility to join at 3 different time periods.

WHAT KIND OF FEEDBACK IS PROVIDED?

A strength of the Global-PPS is that, after data entry and validation, the hospital is able to **download a one-point and longitudinal feedback report in real-time**, which can be used for local communications and presentations. Hospital-specific antimicrobial prevalence figures are plotted against overall mean national and continental results.

Hospitals can, at any time, extract their own raw data in an Excel file, enriched with additional categorized variables for **easy data verification and analysis**.

Finally, we support and encourage collaborations between hospitals and networks.

SUPPORT

Every participant can benefit from:

- **An efficient and friendly helpdesk**
- **A dedicated website** which provides all working documents, shared communications and publications, announcements etc.
- **A network of sites** ready to share experiences

DATA-DRIVEN ANTIMICROBIAL STEWARDSHIP (drive-AMS)

Sustainable AMS actions go hand-in-hand with the standardized Global-PPS surveillance methodology of antimicrobial prescribing. However, in order to fully understand and deal with the challenges of implementing effective AMS interventions, the **Global-PPS** team and **Radboudumc** joined forces and launched **drive-AMS**, a new project funded under the **EU4Health Programme**. The measurement aspect with feedback reporting, provided by Global-PPS, merges with Radboud University Medical Center's longstanding expertise on training healthcare professionals on the implementation of successful AMS programs.

drive-AMS will initially be implemented in **four European countries** (Greece, Lithuania, Portugal and Romania) where national AMS experts will be trained as trainers.

OUTPATIENT MODULE

As of 2023, Global-PPS also enables data collection on **antimicrobial use in the outpatient setting**. This new outpatient module is primarily targeted at emergency, outpatient and day surgery departments of hospitals, outpatient clinics; and primary or community health care centres for outpatients. This novel methodology is fully integrated into the existing Global-PPS data entry application to facilitate web-based data entry, validation and reporting.

