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Outpatient Global-PPS

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

Agenda

- Methods of the outpatient module
- Ongoing research
- Degree of participation

Methods of the outpatient module

Which settings?

A method to measure antimicrobial use in outpatient settings:

Hospital departments:

E.g.: → Emergency
→ Outpatient
→ Day surgery

Outpatient clinics

E.g.: → Dental clinics
→ Ambulatory surgery centers

Primary or community healthcare centres

E.g.: → General Practitioner practice
→ Healthcare practice

Note: Pharmacies cannot use the outpatient Global-PPS

Inclusion criteria

All (out)patients seen in your survey

NOT admitted as inpatients &
DO NOT require overnight stay

All patients seen in consultation for any reason

Selection of patients is NOT permitted

Important exception: Include **all** patients seen in emergency/observation wards, but collect an additional variable for these: admission status.

Antimicrobials to include - type

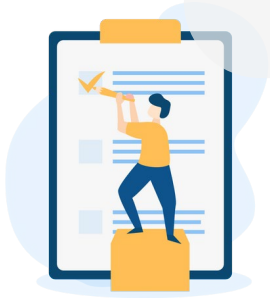
- Antibacterials for systemic use (ATC J01)
- Antimycotics & antifungals for systemic use (ATC J02)
- Drugs for the treatment of tuberculosis (ATC J04)
- Antibiotics used as intestinal anti-infectives (ATC A07AA)
- Antiprotozoa used as antibacterials, derivatives of nitroimidazole (ATC P01AB)
- Antivirals for systemic use (ATC J05)
- Antimalarials (ATC P01B)

Topical antimicrobials are excluded from the survey

How to collect the data?

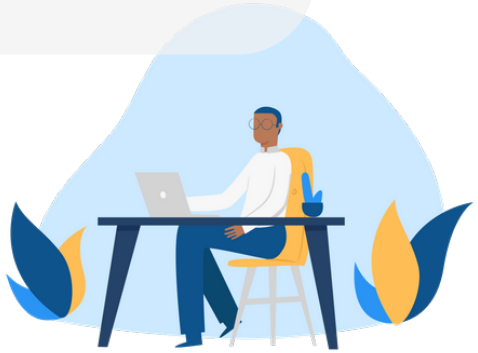
On paper forms

Printing and filling out the:
1. Unit description sheet
2. Patient file (denominators and numerators data)



In the web-based tool

Validation & generating your reports in the Global-PPS program:
https://app.globalpps.uantwerpen.be/globalpps_webpps/

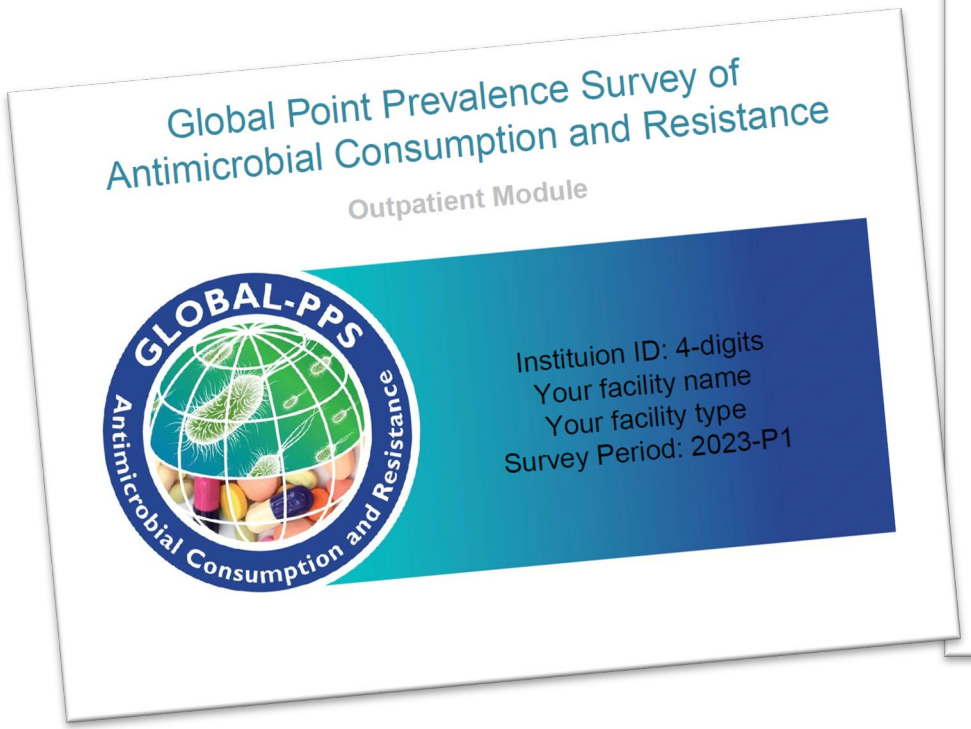


Support for after the survey

- Excel file with raw results
- One-point feedback report in PDF
- Merged feedback report in PDF
- Interactive feedback dashboard online

All available at www.global-pps.com or within the application

One-point feedback report in PDF



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One-point feedback report in PDF

Antimicrobial prevalence per age group (adult, child, neonate)

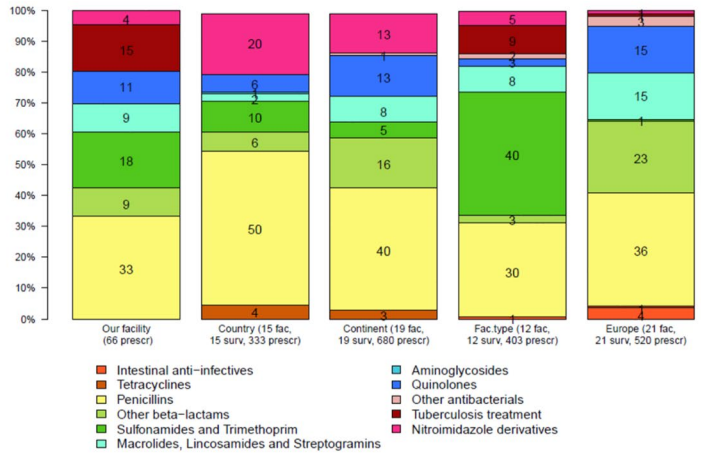
	Total	Adult	Child	Neonate
Our facility 2023−P1				
patients (N)	207	150	51	6
treated patients (%)	34.3	32.7	41.2	16.7
Country				
patients (N)	46			
treated patients (%)	63			
Continent				
patients (N)	180			
treated patients (%)	37			
Facility type				
patients (N)	20			
treated patients (%)	97			
Europe				
patients (N)	551			
treated patients (%)	11			

Patients (N) = number of patients
Treated patients (%) = 100*(number of patients

Country: Your country ; Continent: Your c

Adults are over 18 years old. Children are 1 month

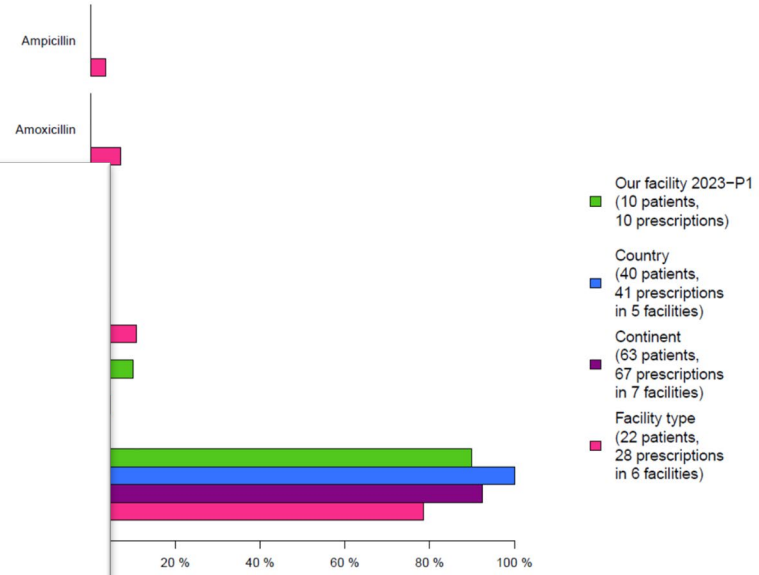
Overall proportional antibiotic use (% of prescriptions)



Percentage of antibacterials for systemic use (ATC J01, P01AB, A07A, J04A) at ATC3 level (pharmacological subgroup).
Proportional antibiotic use below 0.5% is not reported. fac = facilities, surv = surveys, prescr = prescriptions.

Country: Your country; Continent: Your continent; Facility type: Your facility type

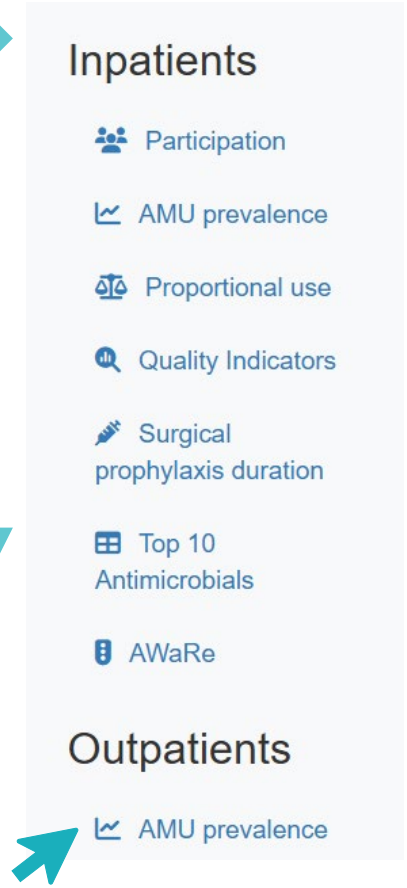
Top 5 most frequently used antimicrobials (% prescriptions) for Malaria

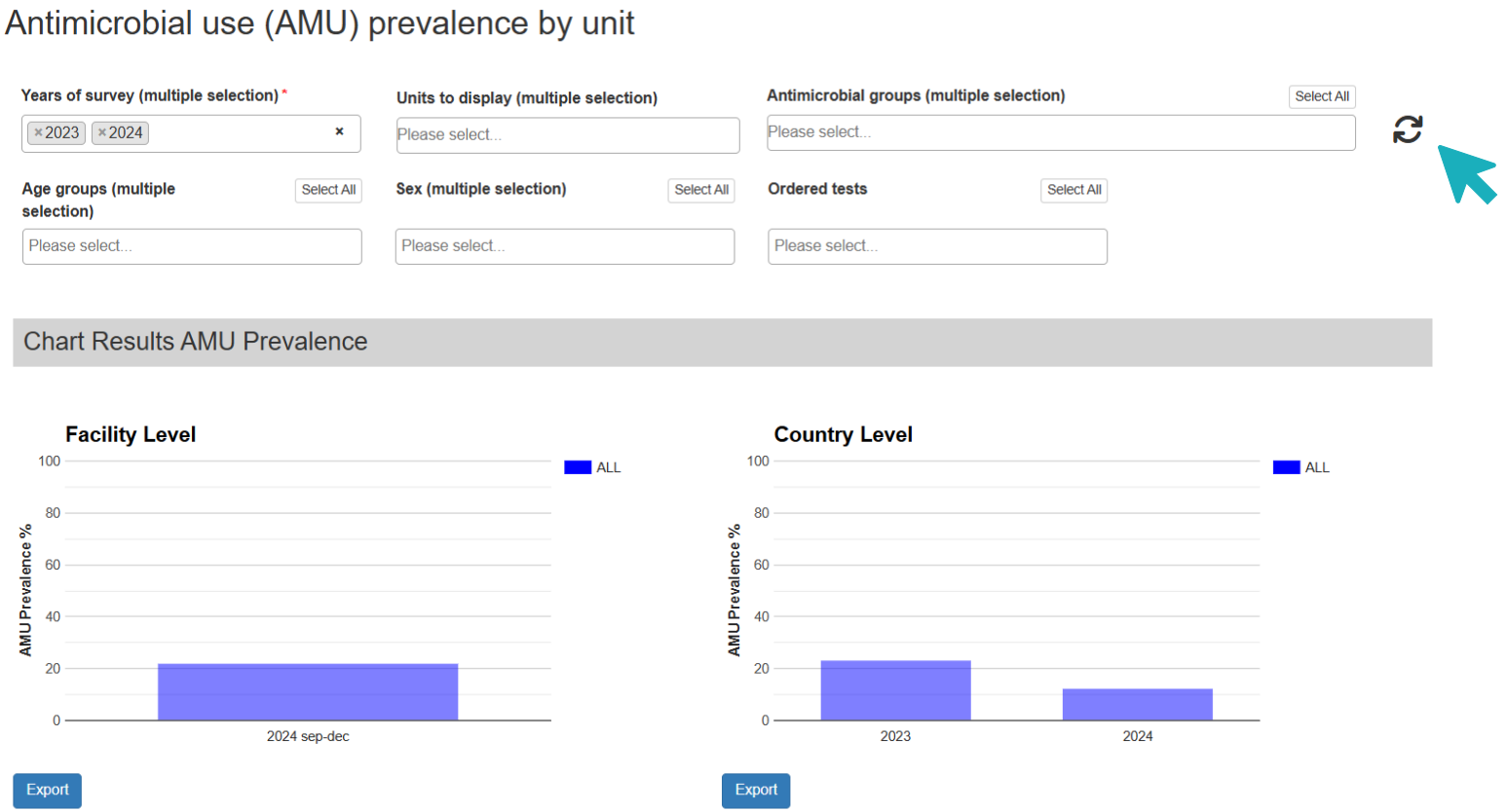


robials (ATC5, substance level) for Malaria at facility level, supplemented with the most
s at country, continental and facility type level if they do not fall within top 5 of the
facility. Selection on diagnostic code is Malaria;
Your country; Continent: Your continent; Facility type: Your facility type

Interactive feedback dashboard online

Scroll down to *Outpatients*





Interactive feedback dashboard online

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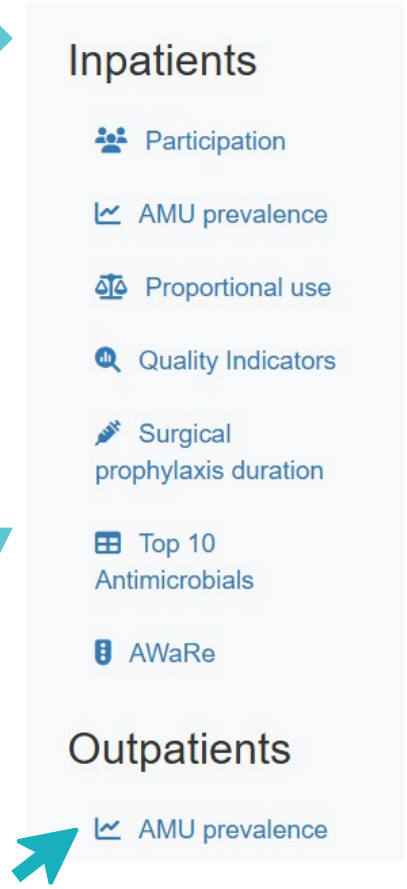
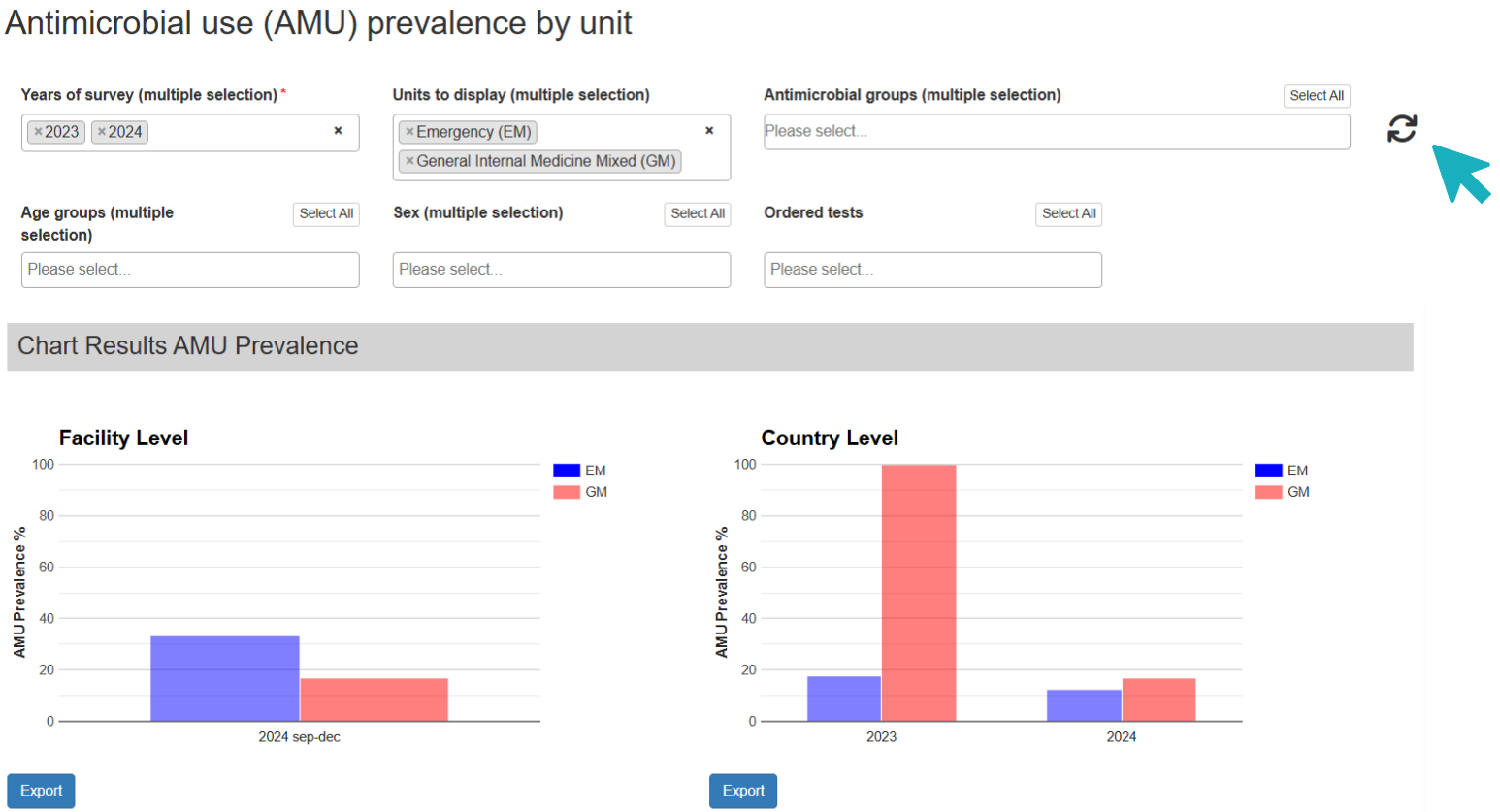




Ongoing research

Evaluation questionnaire

Questionnaire with **34 questions on user experiences**, including questions on:

- Organisation of the PPS
- Satisfaction with aspects of the tool
- Barriers to conducting the PPS

Sent to all (African) participants of the outpatient Global-PPS with finished or ongoing data entry

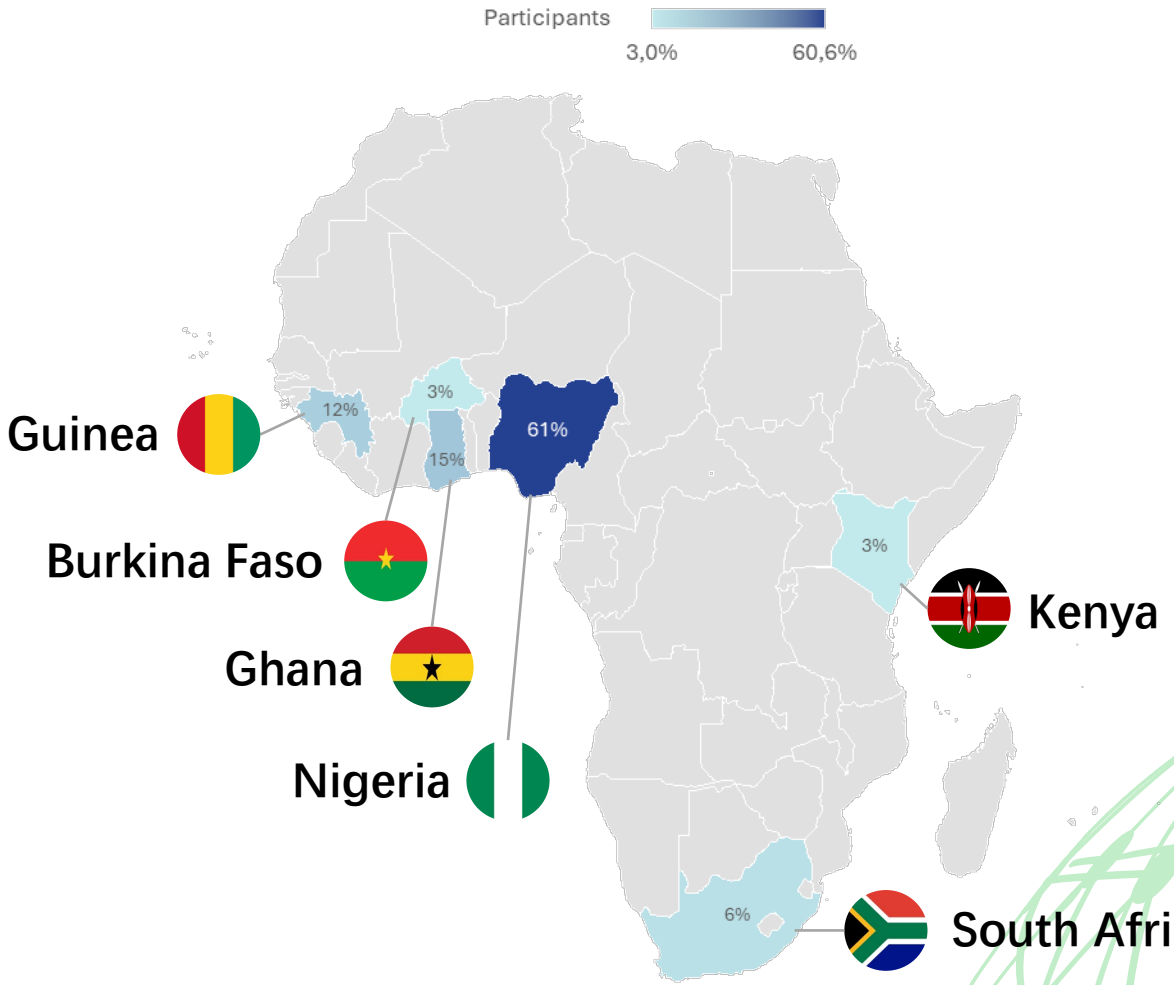
Evaluation survey - demographics

33 (33.7%)
participants

19 (57.7%)
facilities/networks

Mostly from West Africa
Nigeria (61%), Ghana (15%)
Guinea (12%)

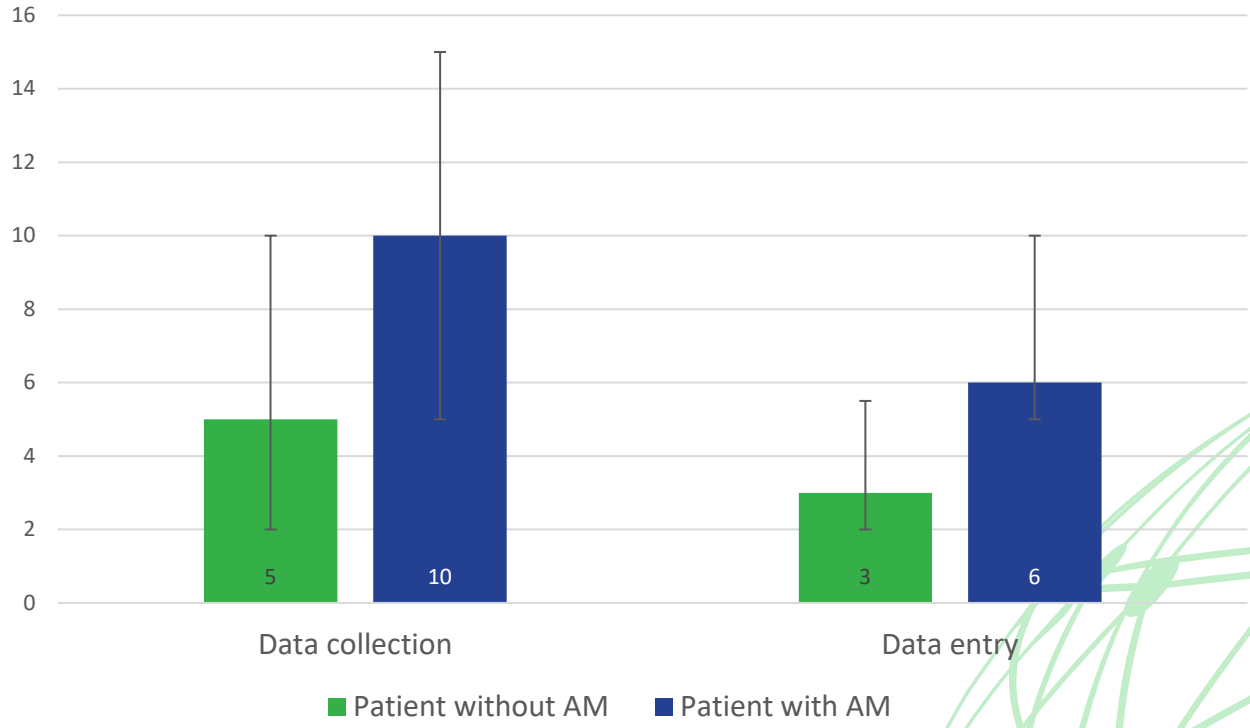
Mostly tertiary hospitals
42% tertiary hosp., 21% primary/secondary hosp., 37% PHCs/outpatient clinics



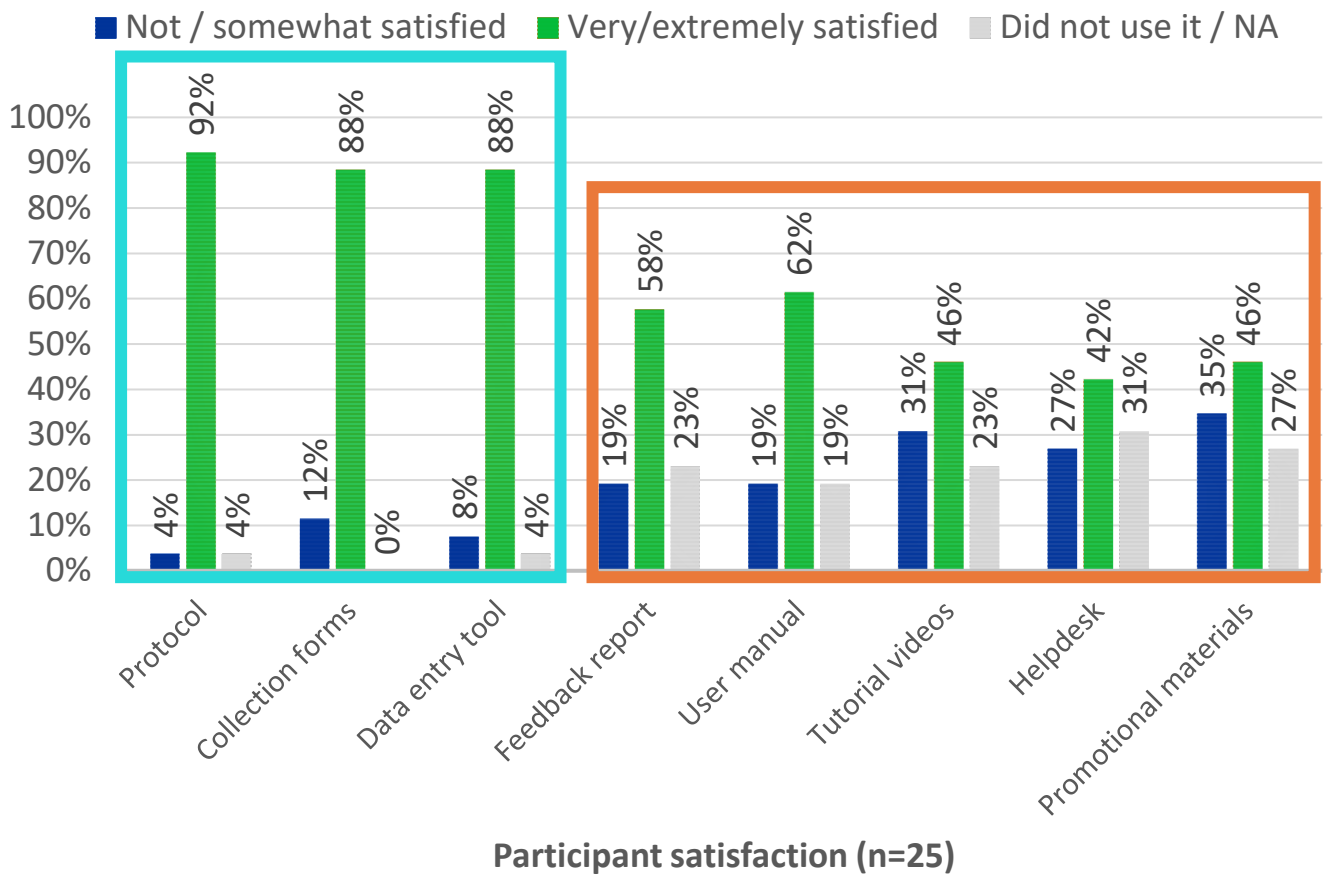
Evaluation survey - organization

Most data was collected **on paper** (according to 29 (88%) respondents)

30 participants reported **median (IQR) time to collect/enter data** for 1 patient:



Evaluation survey - satisfaction

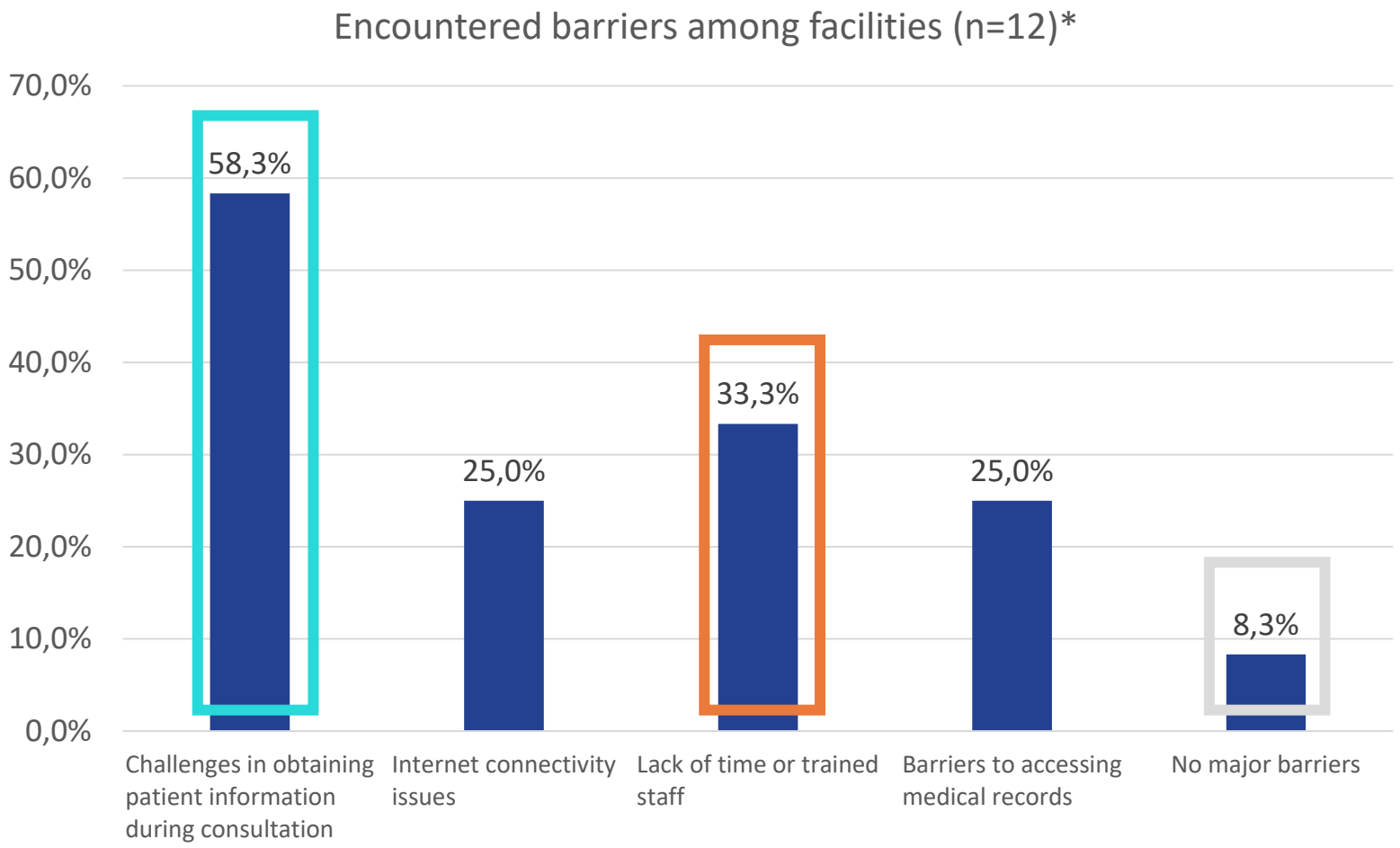


Participant satisfaction (n=25)

>80% of respondents were satisfied with the protocol, data collection forms & online tool

40-60% of respondents were satisfied with other supporting materials (tutorial videos, etc.)

Evaluation survey - barriers

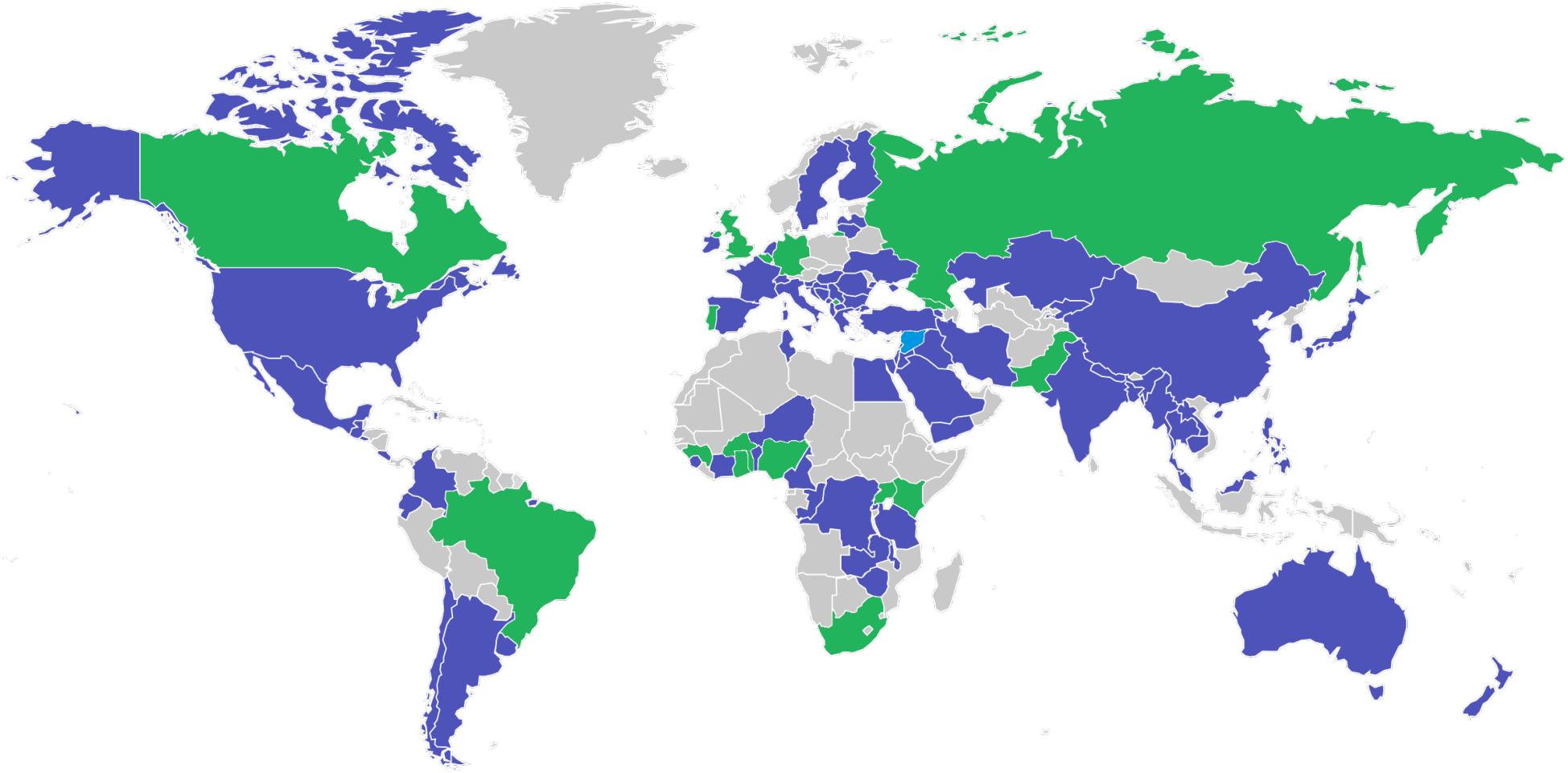


No issues with obtaining ethical approval or institutional approval were reported

* The median answer was taken in case of multiple responses form 1 facility/network. If there was a tie, the barrier was considered present

Degree of participation

Participation in outpatient module

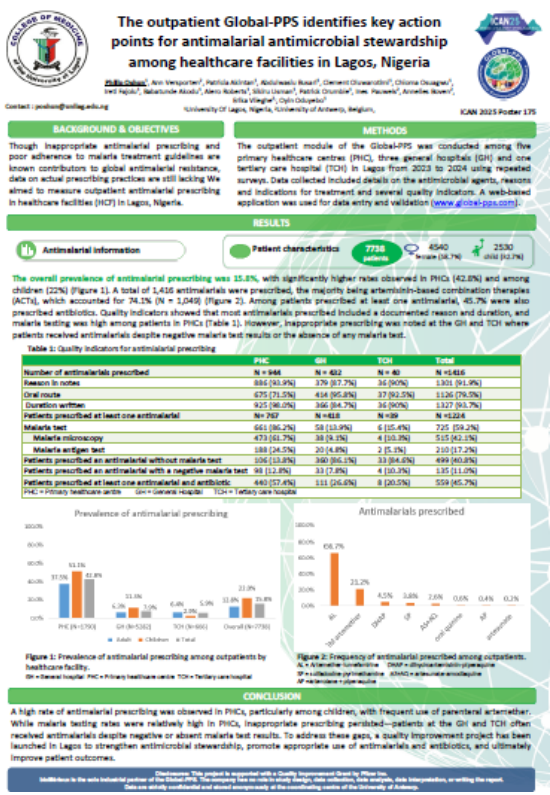


Outpatients & inpatients Inpatients Outpatients

Our sincerest thanks & gratitude to all participants in the questionnaire & outpatient Global-PPS!

And a big thank you for your attention!

Posters at ICAN 2025


The outpatient Global-PPS identifies key action points for antimalarial antimicrobial stewardship among healthcare facilities in Lagos, Nigeria

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BACKGROUND & OBJECTIVES

METHODS

RESULTS

CONCLUSION


The outpatient Global-PPS identifies key action points for antimalarial antimicrobial stewardship among healthcare facilities in Lagos, Nigeria

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BACKGROUND & OBJECTIVES

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LONGITUDINAL TRENDS HIGHLIGHT THE PERSISTENCE OF ANTIMICROBIAL PRESCRIBING PATTERNS IN NIGERIAN HOSPITALS

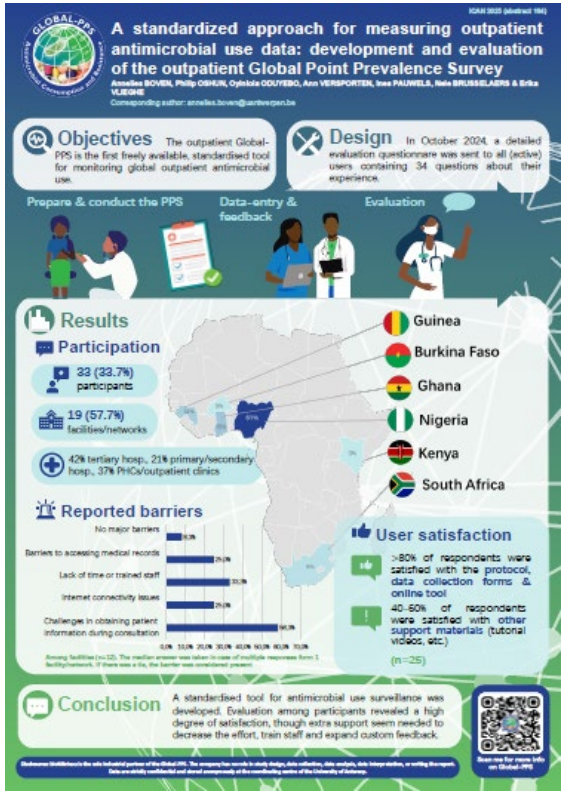
Background

Methodology

Results

Discussion

References


A standardized approach for measuring outpatient antimicrobial use data: development and evaluation of the outpatient Global Point Prevalence Survey

Objectives

Design

Prepare & conduct the PPS

Data-entry & feedback

Evaluation

Results

Participation

Reported barriers

User satisfaction

Conclusion