Antimicrobial utilisation rates provided in this report are calculated using the number of defined daily doses (DDDs) of the antimicrobial class consumed each month per 1,000 occupied bed days. Contributing hospitals can find their de-identifying code via the NAUSP Portal ‘Maintain My Hospital’ drop-down menu.

Peer groups are assigned according to AIHW definitions for public hospitals (1). Private hospitals are assigned by NAUSP to an AIHW peer group appropriate to their size and acuity.

The chart below presents aggregated contributor data over the six-month period from 01 July 2018 to 31 December 2018.

Chart 1: Total hospital antibacterial usage rates (DDD/1000 OBD) in NAUSP contributor hospitals, by peer group, Western Australia, Jul-Dec 2018

Other = amphenicols, monobactams, nitrofurans, other antibacterials (linezolid & daptomycin), other cephalosporins (ceftaroline, ceftriaxime-avibactam & ceftolozane-tazobactam), polymyxins, rifamycins, second-generation cephalosporins, steroids, streptogramins and streptomycin.

This report includes data from the following hospitals:

Albany Hospital
Bentley Health Service
Broome Hospital
Bunbury Regional Hospital
Busselton Health
Derby Hospital
Esperance Hospital
Fiona Stanley Hospital
Fremantle Hospital
Geraldton Hospital
Hedland Health Campus
Joondalup Health Campus
Kalgoorlie Health Campus
King Edward Memorial Hospital
Kununurra Hospital
Mount Hospital
Osborne Park Hospital
Rockingham Hospital
Royal Perth Hospital
Sir Charles Gairdner Hospital
St John Of God Bunbury
St John Of God Midland
St John Of God Murdoch
St John Of God Subiaco


The Australian Commission on Safety and Quality in Health Care (ACSQHC) provides funding for the development and coordination of NAUSP and analyses of NAUSP data and related reports for the AURA Surveillance System. NAUSP is conducted by the Infection Control Service, Communicable Disease Control Branch, Department for Health and Wellbeing, South Australia. All individual hospital data contributed to this program will remain confidential. Aggregated data will be provided to all contributors, the ACSQHC and the Commonwealth.