

Victoria

ANTIFUNGAL USAGE – STATEWIDE BENCHMARKING REPORT

July – December 2024

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.

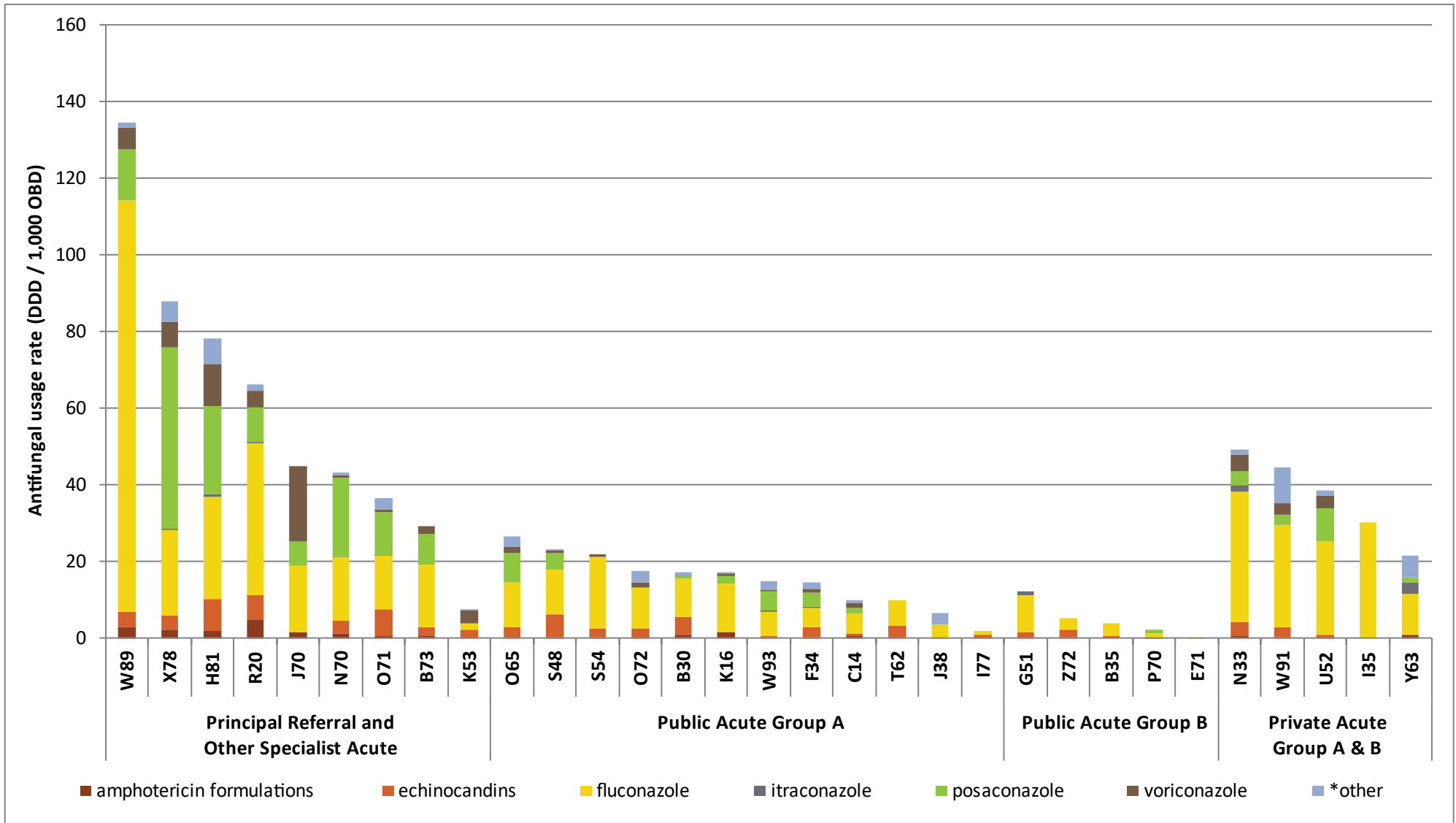
Contributing hospitals are assigned to Australian Institute for Health and Welfare (AIHW) defined peer groups.¹ [Note: Public and private acute group C and D hospitals have negligible systemic antifungal use and are excluded from this report].

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.whocc.no/atc_ddd_methodology/purpose_of_the_atc_ddd_system/

The chart below present aggregated antifungal data for the six-month period from 1 July 2024 to 31 December 2024. Unless otherwise specified, the aggregate rates include all acute care areas of the hospital, excluding usage in the emergency department and the operating theatre.

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, July-December 2024 (excluding Emergency Department and theatre)



*Other = flucytosine, griseofulvin, isavuconazole, ketoconazole and terbinafine.

This report includes data from 31 hospitals in Vic:

Albury Wodonga - Albury	Maroondah Hospital
Albury Wodonga - Wodonga	Monash Medical Centre Clayton
Alfred Hospital	Monash Moorabbin Hospital
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	The Royal Victorian Eye & Ear Hospital
Dandenong Hospital	Victorian Heart Hospital
Frankston Hospital	Warrnambool Base Hospital
Geelong Hospital	Werribee Mercy Hospital
Holmesglen Private Hospital	West Gippsland Hospital
John Fawkner Private Hospital	

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.