

Tasmania

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.

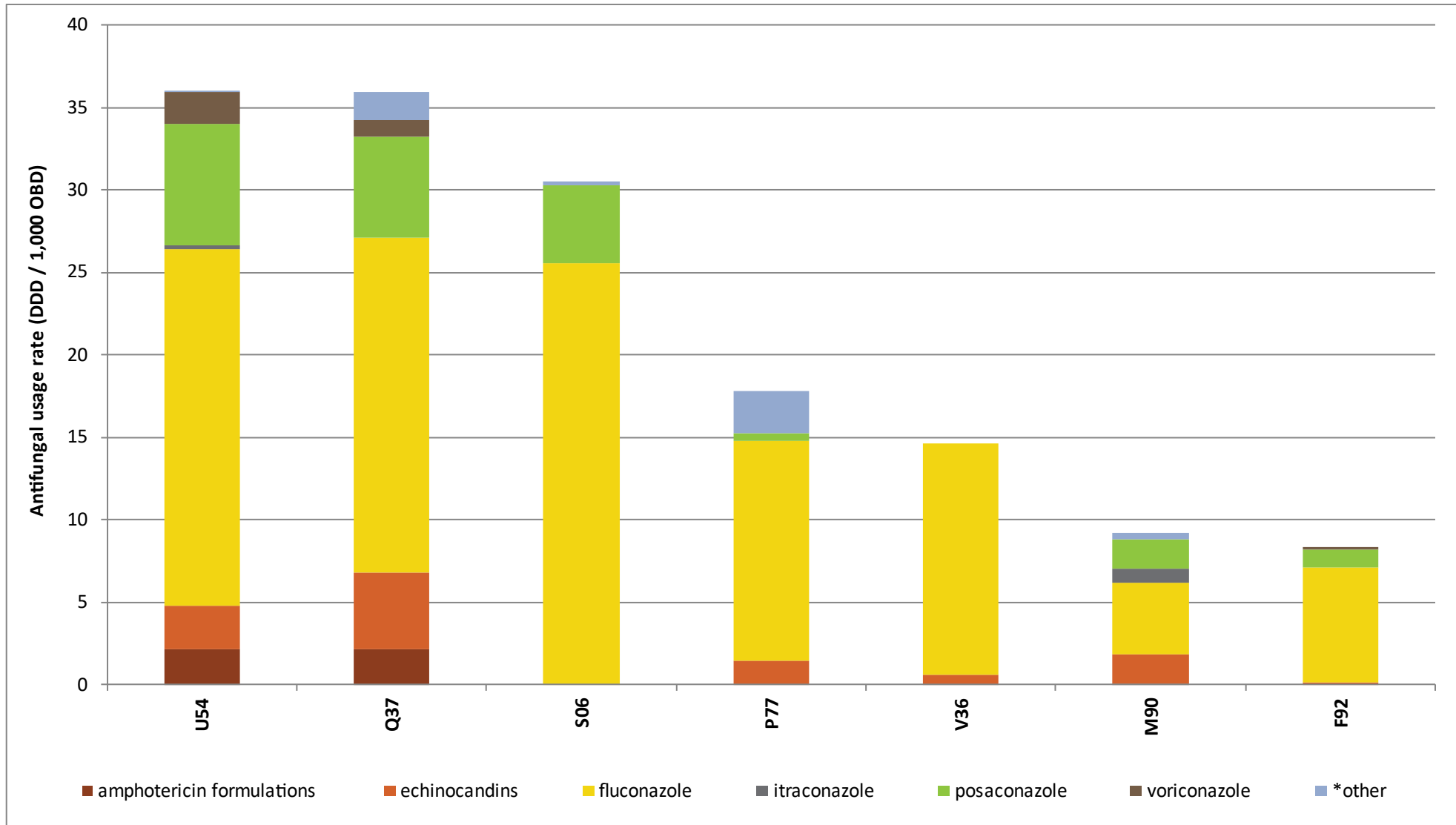
Contributing hospitals are assigned to Australian Institute for Health and Welfare (AIHW) defined peer groups.¹ [Note: Public and private acute group C and D hospitals have negligible systemic antifungal use and are excluded from this report].

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



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

This report includes data from 7 hospitals in Tas:

Calvary Lenah Valley Hospital
Calvary St. John's Hospital
Hobart Private Hospital
Launceston General Hospital
Mersey Community Hospital
North West Regional Hospital
Royal Hobart 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.

The National Antimicrobial Utilisation Surveillance Program (NAUSP) is funded by the Commonwealth Department of Health and Aged Care. NAUSP is administered by the Communicable Disease Control Branch, Department for Health and Wellbeing, Government of South Australia. All individual hospital data contributed to this program will remain de-identified unless otherwise agreed in writing. Aggregated data may be provided to all contributors, the ACSQHC and the Commonwealth.