

Outcome studies: Neonatal Sepsis: Methodology

Dr C.Wattal

Chairman

Dept of Clinical Microbiology & Immunology
Sir Ganga Ram Hospital
New Delhi



Neonatal Sepsis: An outcome study at a Tertiary Care Centre in New Delhi, India



Department of Clinical Microbiology and Immunology, Sir Ganga Ram Hospital, New Delhi

INTRODUCTION

- As estimated it differ reunital deaths occur around the world aroundly and about one third of these are caused by severe infections, trails is horse to the highest morbes of resident-deaths in the world, of which hits are due to take that
- Knowledge of common partiagens and their antimionolist sensitivity pattern in a given area is expected to gooding occur empirical choice of antimionatical agents to expected recoration
- Discessed mortality has been reported to recruites with sepais rise to MORCs like ROB. positive grain registre bactiff and better outcomes of members with sepail caused by peny five includes has been seen as compared to those with regular his later.

GOALS AND OBJECTIVES

The study was projectured to review containty related to multiding resistant organisms [MDRC] at a 20 health recogni intensive one unit (RCU) in horts India. Recognic were studied deliberately on an assumption that the confounding faction may be the least.

MATERIAL AND METHODS

- Bood culture reports and death as an outsides of battles with culture positive sepais was replaced from Jan to Dec. 2000 to have an indirect evidence for attributable mortality in
- · MISCs. Included garm-regative backli (INNE) producing extended spectrum betalacturates (1984) and carbapenerisses, metholith-resistant attachylicoccis sureus (MMA) and amountain-resistant extensions (1985).

RESULTS

- A hotal of XPR failies were witnized to the NRCO study the period of study of whom RDR. were intrangual and this were extraorural.
- Of the \$25 samples received for outbore from recorded with Ulrically supjected woods, file.
- The proportion of rulture proper papers for information believant extension basis, see ASNUTANTALYS, repetitely.
- . Majority of the Sables whose developed sepals were preferre (76-29), and were make
- Mortality rate was 8k 8k intrinsed suffice positive recognist.

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	Manher
FICHTINIAL EXTRACTOR	71,98
<87 Wis/ >87 wis	4004
Fectule/ Mate	1486
45 Mg (42 H)	A
3 L499 N	· #
25.0 %	- 11
Spring Great segons / Safer conert exposis.	11.88
Mortality	30 (64.0%)

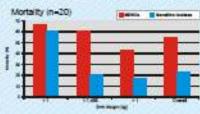
- · Gram regative settings was pretionity and (NC 892 full seed by years) CR 86) and times positive organisms (20,096).
- Rebowle, president and the most common actale.

etiology of mionatal seesis

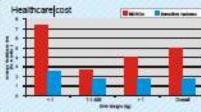
metrotogy or mediates andones	
Organism	No.
+ Erters Gram regative Social	20
Nebulale preumoniae	12
- Extensive col	20
- Enterphacter obsides - Semille marcecounts	2
+Non-Fernanting Gram Negative Bandii (NFGND)	-2
Account accounted makes readonal daring the country	12
- Other NEGAR	- 12
+ Gram positive	146
a Value	-17
Total	65
Total	165

 Of the 12 billion of prevenonies and 56 unificates, 28.3% (4 billion of presentate and 5. 6. (CB) were \$100, and \$1.7% () Elebowis preconcepts and 7.6. (cd) were called preventage

Outcomes: MDROs v/s Sensitive Isolates:







 The lookshow of multitring resistant organisms was associated with higher overall. mortality and average length & cost of houghtst stay (50% left 28.00%, 27.8 days left 20. Fideye, No. 9. 600 Sectly with No. 1 Attributed.

CONCLUSION

- + Neiralal septs is communicate they and has high morality.
- High rate of automorphisms (ALAN) is seen among expolutions.
- a righer mortality and increased average length and cost of hospital stay is assured to month decide the solution of multi-drug resistant organisms.

POLICY RELEVANCE OR IMPORTANCE TO PUBLIC HEALTH OR CLINICAL MEDICINE

The train area of unions is the increasing boothus of multitrug resistant organisms and its impact on breatment outcome. This study though cannot give absolute attributable mortality. associated with MERC fact there appears to be a case suggesting higher containly among tables who are infected with MERC. There is a need to have self-degreed case controlled studies for determination stato burgitie mortality (secto MDRD.



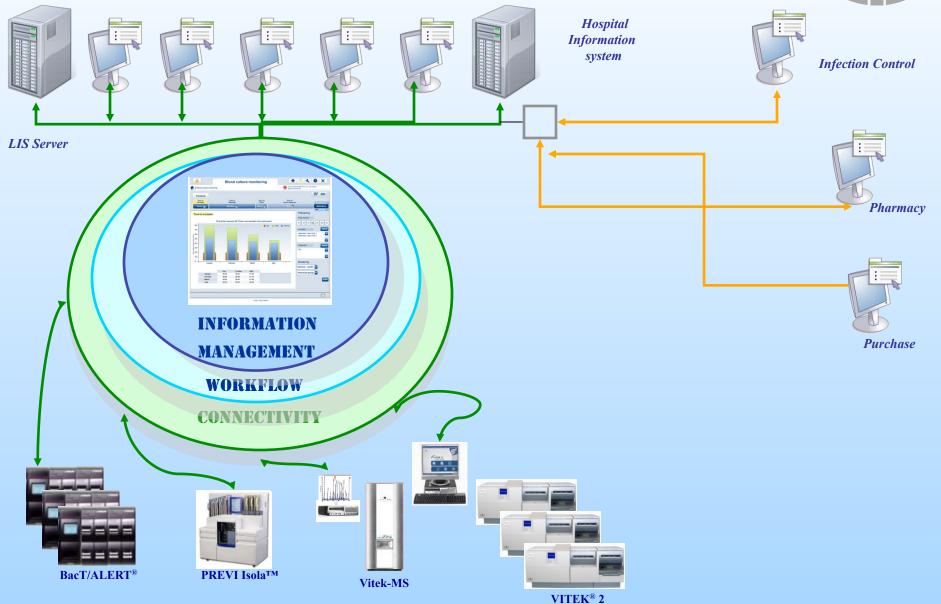


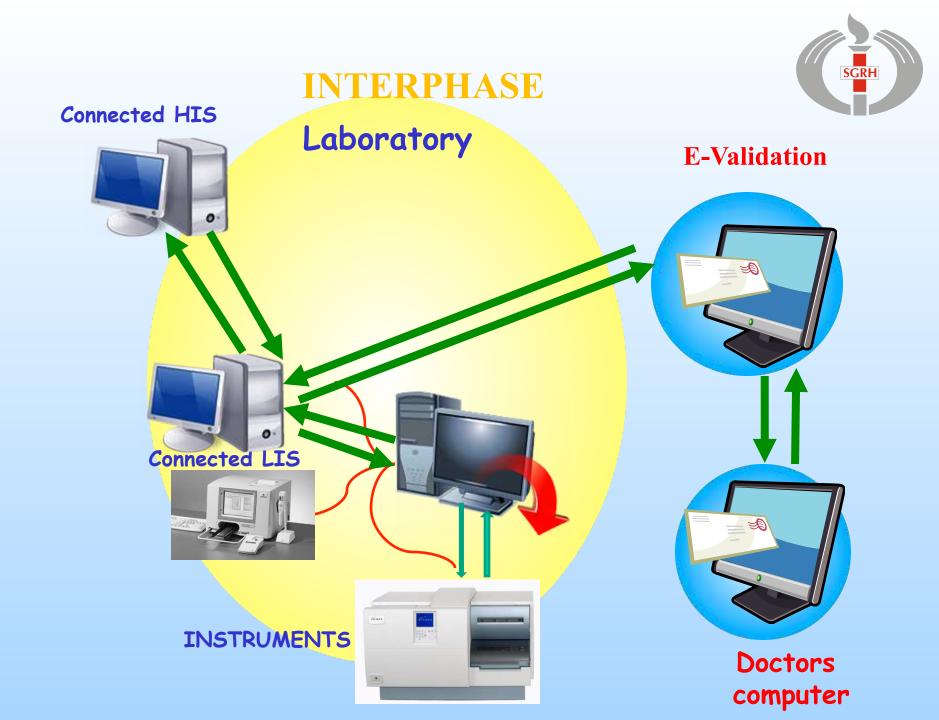
Methodology

- Blood culture reports death/ LOS/ cost of hospital stay as an outcome of babies with culture positive sepsis was reviewed from Jan to Dec 2010 to have an indirect evidence for attributable mortality in neonatal sepsis due to MDRO
- Use of HIS

Hospital Informatics







TRAKHEALTH Improving care for every person, by empowering every healthcare professional.

Welcome	to 9	GRI	н	LI.	Æ
---------	------	-----	---	-----	---

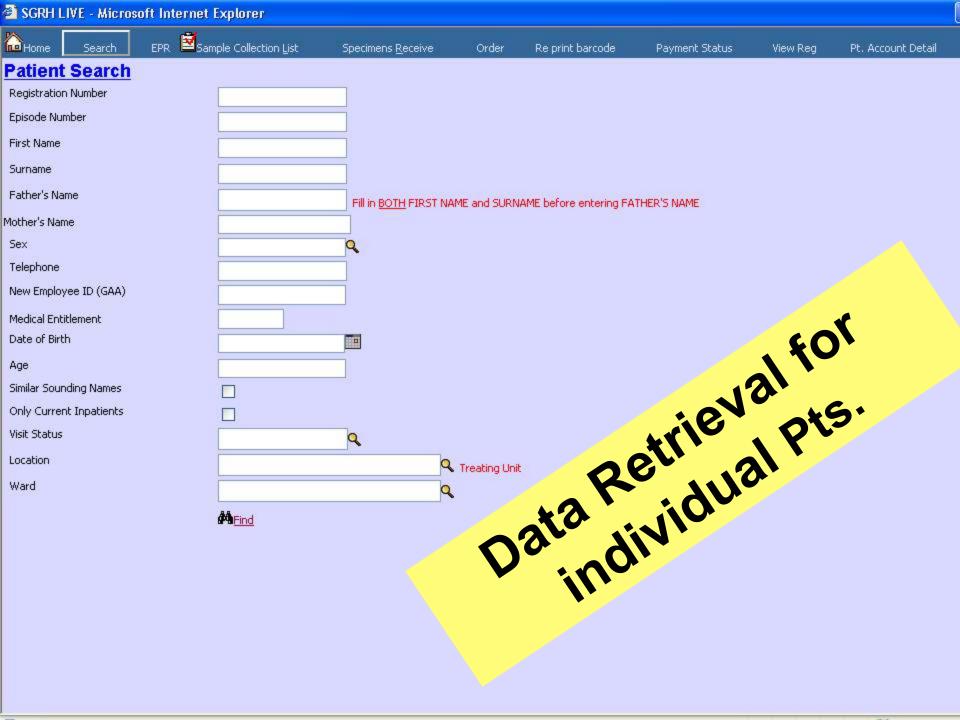
	enter minimum 5 character long password
Learn how to change Password?	
Username	

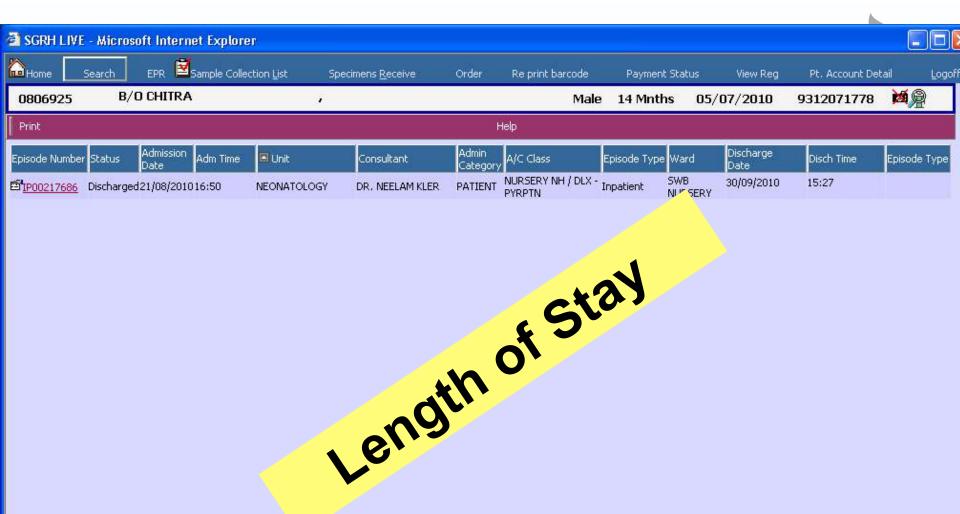
Password

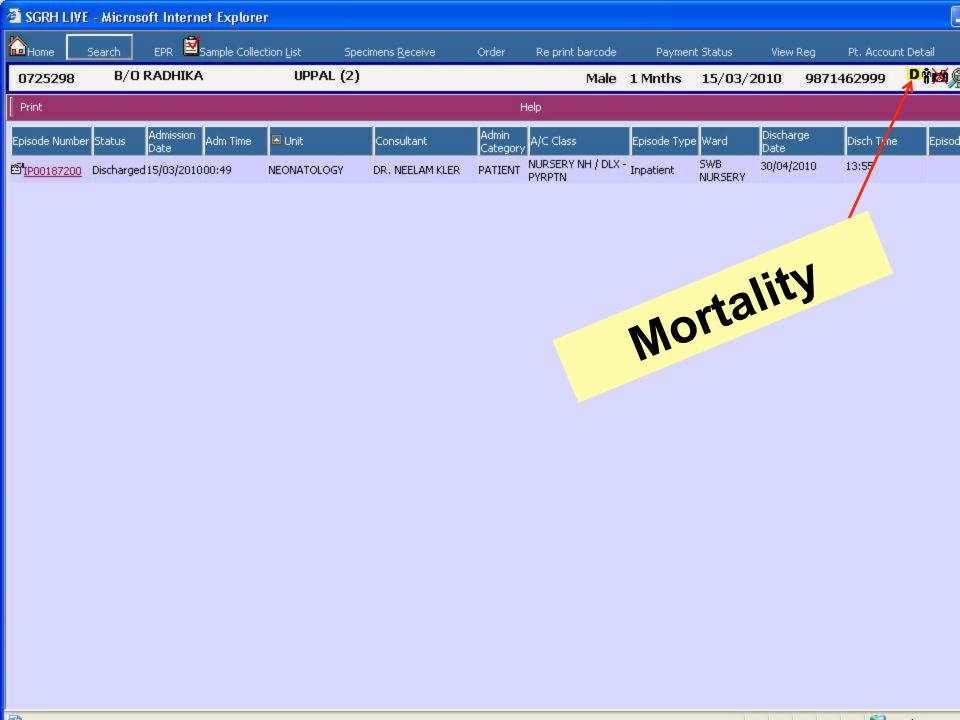
Department

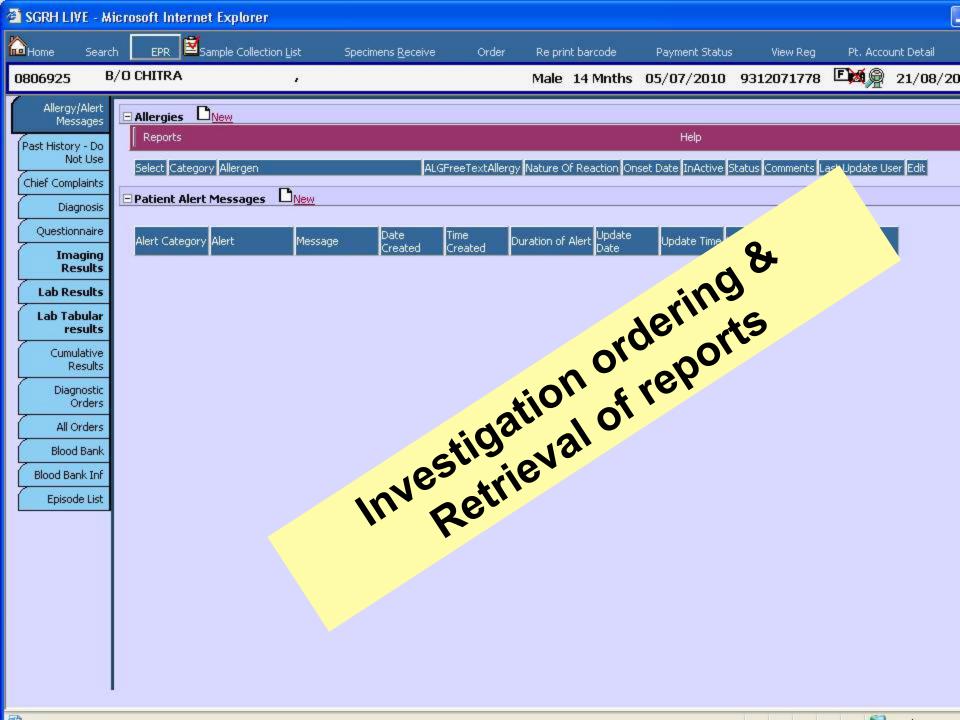
LOGON

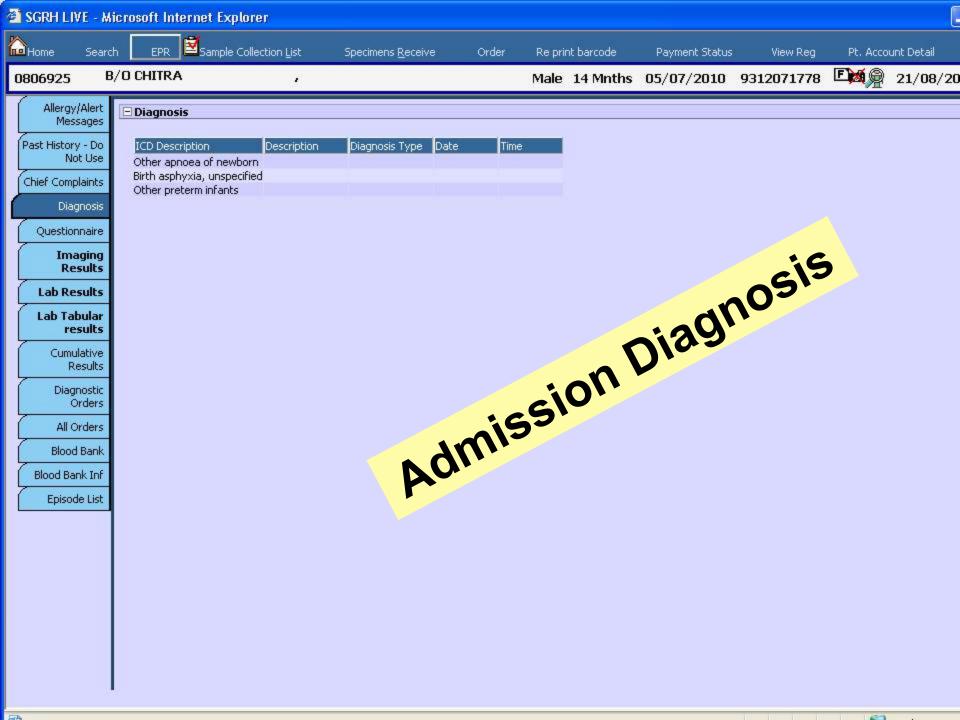
Hospital System

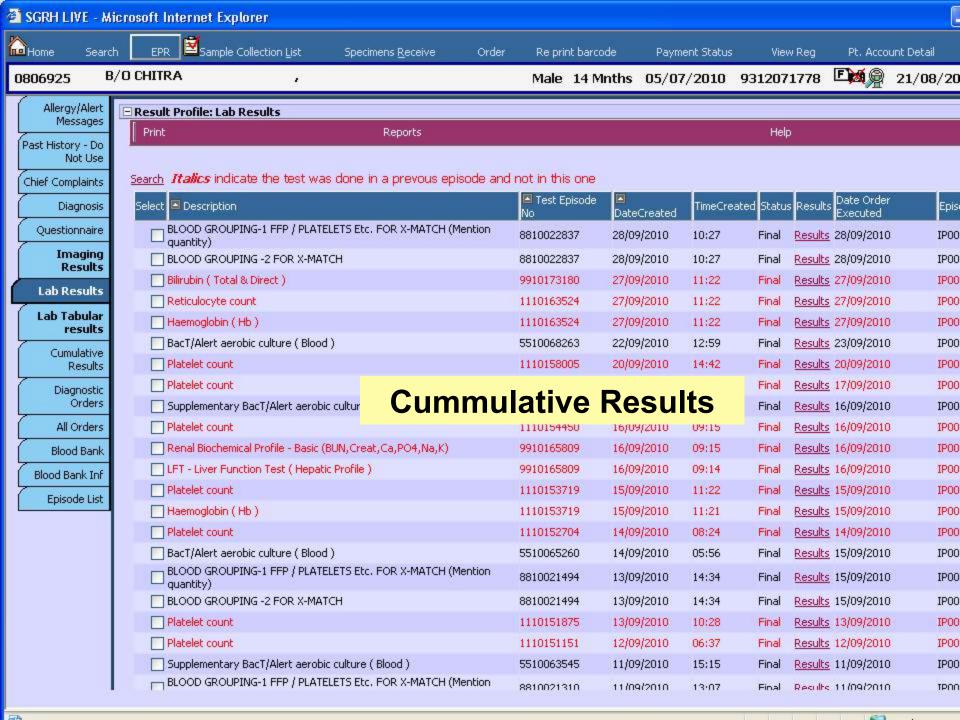


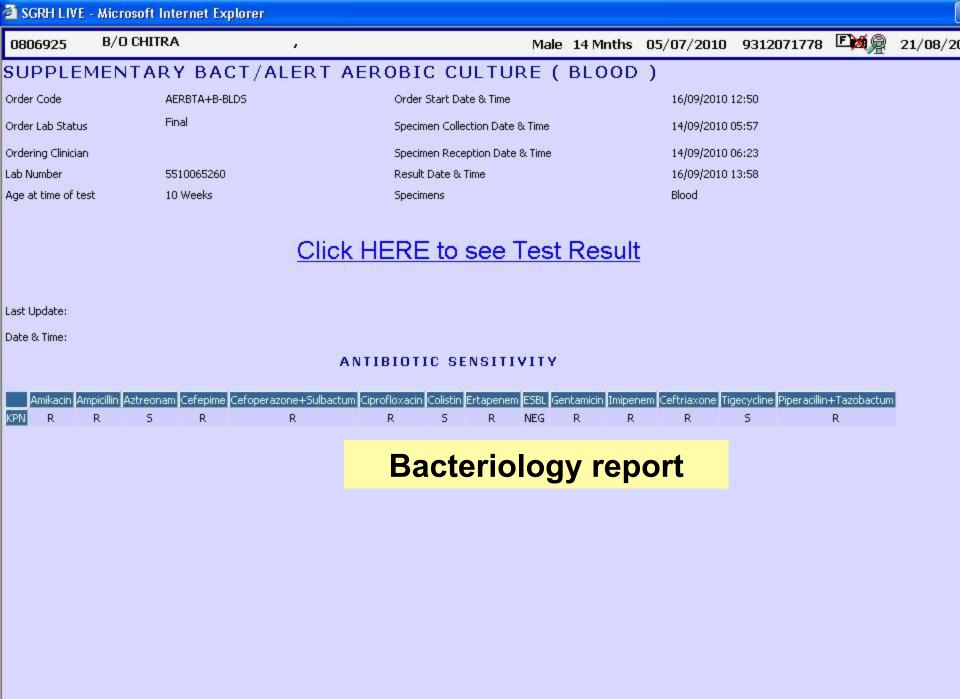












B/O CHITRA

0806925

Male 14 Mnths 05/07/2010 9312071778 🖼 🙊 21/08/20

Authorised by DR. JASWINDER KAUR OBEROI on 16/09/2010 at 13:58

Supplementary Report

Bact/Alert Culture (Blood)

1) Klebsiella pneumoniae

Antibiotic/Sensitivity:	1
Co-Amoxyclav	
Amikacin	R
Ampicillin	R R
Aztreonam	s
Cefotaxime	-
Cefepime	R
Cefazolin	2
Cefoperazone	_
Cefoperazone+Sulbactum	R
Ciprofloxacin	R
Colistin	S
Co-Trimoxazole	
Cefuroxime	_
Ertapenem	R
ESBL	NEG
Gentamicin	R
Imipenem	R
Meropenem	2
Netilmicin	<u> </u>
Ofloxacin	-
Ceftriaxone	R
Tigecycline	S
Piperacillin+Tazobactum	R
S : Sensitive MS : Moderate Sensitive	R : Resistant
Carbapenemase producing strain.	

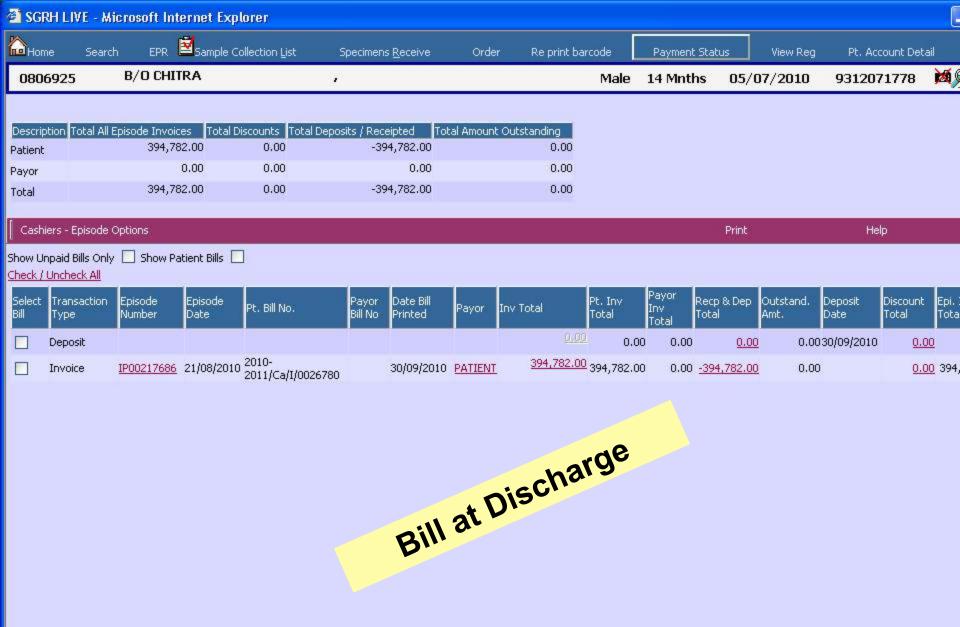
Positive after 0.40 days.

Final report.

Detailed Bacteriology ABST report

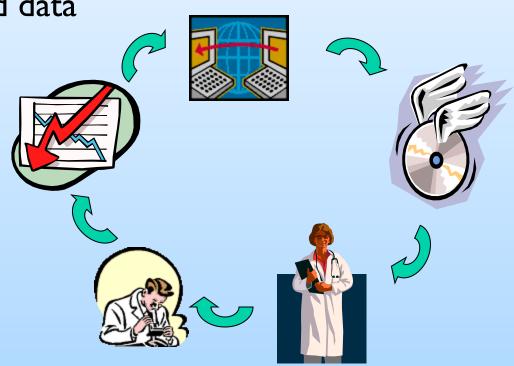
A CONTRACTOR OF THE PARTY OF TH			▼ Patient (ite/Ti	Coll. Date/Time	Location	E
Lab Req No. /Patient location	Test Set Current User Site	WorkSheet	Regn. No	Accession No	PR	Rec. Date/Time Reg. Date/Time	Entry-(Date/Time/User) Auth-(Date/Time/User)	
5510058156 B/O Chitra , SWB NURSERY	M627/RCULTURECSF Routine Culture and Sensitivity (WD-SWB-NURSERY -				OR	21/08/2010 5:53:00 P	23/08/2010 10:33:00 AM C434 23/08/2010 11:51:00 AM GAA4	Entry <u>Sir</u>
5510058205 B/O Chitra , SWB NURSERY	M005/URNCULT CULTURE URINE (C/S) WD-SWB-NURSERY -				OR		23/08/2010 10:48:00 AM C434 23/08/2010 11:45:00 AM GAA4	Fran
5510058444 B/O Chitra , SWB NURSERY	M825/CANDIFBLD Anti Yeast Sensitivity (Blood) WD-SWB-NURSERY -						25/08/2010 11:46:00 AM GAA4 25/08/2010 1 00 PM DR495	
5510060488 B/O Chitra , SWB NURSERY	M502/AERBTA+B-BLD BacT/Alert aerobic culture (Bloc WD-SWB-NURSERY -	Microbic			OR	30/08/2010 1:58:00 5 30/08/2010 5 30/05	ation AM C567	Cumu Mo
5510063545 B/O Chitra , SWB NURSERY	M056/CRPOLD C-REACTIVE PROTEIN WD-SWB-NURSERY -			46	F	Or CO113:00.	09/09/2010 3:06:00 PM C208 09/09/2010 3:44:00 PM DR784	Single
5510063545 B/O Chitra , SWB NURSERY	M502/AERBTA+B-BLD BacT/Alert aerobic culture (Bloc WD-SWB-NURSERY -		asl.	reports		09/09/2010 11:49:00 09/09/2010 12:21:00 08/09/2010 11:49:00	09/09/2010 2:28:00 PM C567 09/09/2010 2:43:00 PM DR495	<u>V</u> i
5510063545 B/O Chitra SWB NURSERY	M502A/AERBTA+B-BLDS Supplementary BacT/Alert aerob WD-SWB-NURSERY -	robic	1093		R	08/09/2010 11:49:00 09/09/2010 12:21:00 11/09/2010 3:15:00 P	11/09/2010 3:42:00 PM C520 11/09/2010 3:43:00 PM GAA28	
5510063554 B/O Chitra SWB NURSERY	M364/INDINK INDIA INK PPS WD-S\	Micio			OR	09/09/2010 12:53:00 . 09/09/2010 5:17:00 A 09/09/2010 12:53:00 .	09/09/2010 11:21:00 AM C291 09/09/2010 12:58:00 PM GAA2	
5510063554 B/O Chitra , SWB NURSERY	M596A GRAM S Sor J WD-SWB MURSERY				OR	09/09/2010 12:53:00, 09/09/2010 5:17:00 A 09/09/2010 12:53:00,	09/09/2010 12:11:00 PM C434 09/09/2010 12:58:00 PM GAA2	
5510063554 B/O Chitra , SWB NURSERY	M627/RCULTURECSF Routine Culture and Sensitivity (WD-SWB-NURSERY -				OR		10/09/2010 11:48:00 AM C434 10/09/2010 1:15:00 PM GAA46	
5510065260 B/O Chitra , SWB NURSERY	M502/AERBTA+B-BLD BacT/Alert aerobic culture (Bloc WD-SWB-NURSERY -				OR		15/09/2010 10:48:00 AM GAA3 15/09/2010 11:25:00 AM DR49	
5510065260 B/O Chitra SWB NURSERY	M502A/AERBTA+B-BLDS Supplementary BacT/Alert WD-SWB-NURSERY -				R		16/09/2010 1:22:00 PM G. 16/09/2010 1:58:00 PM D	
5510068263 B/O Chitra , SWB NURSERY	M502/AERBTA+B-BLD BacT/Alert aerobic culture (Bloc WD-SWB-NURSERY -				OR	22/09/2010 1:00:00 P	23/09/2010 9:31:00 AM GAA36 23/09/2010 10:15:00 AM DR49	Cļe Ei

SC 🔁	GRH LIVE	- Microsoft Intern	et Explorer						Į.
080	6925	B/O CHITRA		Male	14 Mnths	05/07/2010	9312071778	E M	21/08/20
Adr	nin		Print	Reports			Help		
Search	Select All								
Selec	t 🖪 Order	r Name		Quantity Receiving Location	≦ Si orde	tatus of Pharmacy Status	Last User Upda	te	Radiology St
	WATER F	FOR INJECTION 10 ml (/	ALBERT DAVID)(Solvent for	5 INPATIENT PHARMACY STORE (GF)	Verifi		Joginder Singh		Verified Orde
			(Solvent for injections)	5 INPATIENT PHARMACY STORE (GF)	D/C (Disc)	ontinued) Completed	Joginder Singh		Discontinued
	ALCOHO	L SWAB (MAK)		1 INPATIENT PHARMACY STORE (GF)	Verifi		Joginder Singh		Verified Orde
	AMIKANE	EX Vial Injection 500 mg	(Amikacin) (GW)	$_{1}$ INPATIENT PHARMACY STORE (GF)	Verifi	ed racked	Joginder Singh		Verified Orde
	AMICIN I	Injection Vial 500 mg (A	mikacin)	$_{1}$ INPATIENT PHARMACY STORE (GF)	D/C (Disc)	ontinued) Completed	Joginder Singh		Discontinued
	IV SET (ROMSONS)		$_{1}$ INPATIENT PHARMACY STORE (GF)	Verifi		Joginder Singh		Verified Orde
	DISPOSA	ABLE SYRINGE 1 ML (TUE	ERCULINE) C	₅ INPATIENT PHARMACY STORE (GF)	Verifi	ed Packed	Joginder Singh		Verified Orde
	DISPOSA	ABLE SYRINGE 2 ML (PO	MSONS)	5 INPATIENT PHARMACY STORE (GF)	Verifi	ed Packed	Joginder Singh		Verified Orde
	Disposab (Dispoya	ole Syringe 10 ml with ne	edle BD - Discardit	5 INPATIENT PHARMACY STORE (GF)	Verifi	ed Packed	Joginder Singh		Verified Orde
	Control of the Control	ABLE SYRINGE 10 ML (R	OMSOMS)	5 INPATIENT PHARMACY STORE (GF)	D/C (Disc	ontinued) Completed	Joginder Singh		Discontinued
	DISPOSA	ABLE SYRINGE O ML (RO	OMSONS.)	2 INPATIENT PHARMACY STORE (GF)	Verifi		Joginder Singh		Verified Orde
		Tre	atment	IENT PHARMACY STORE (GF)	Verifi	ed Packed	Joginder Singh		Verified Orde
		NAME OF LITTLE STATE OF A LOS	demone.	ZIENT PHARMACY STORE (GF)	D/C (Disc	ontinued) Completed	Joginder Singh		Discontinued
	MERSILK 26mm	(NW5028) 76 cm (3-0) 3/8 Circle Reverse Cutting	1 INPATIENT PHARMACY STORE (GF)	Verifi	ed Packed	Narayan Singh		Verified Orde
	Cut open	(venesection) / suturi	ng set usage charges	1 CSSD STORE	Exec	uted	Josmy Jose		Executed
	INTRALIF	PID 20% Injection 100 m	l (Parenteral Fat Emulsions)	1 INPATIENT PHARMACY STORE (GF)	Verifi	ed Packed	DEV PRAKESH		Verified Orde
	IV SET (ROMSONS)		2 INPATIENT PHARMACY STORE (GF)	Verifi	ed Packed	DEV PRAKESH		Verified Orde
	Blood Ga	s + S.Elect Analysis		1 Dummy Receiving Location	Exec	uted	Mukesh Kumar Veri	ma	Executed
		ROUP - 1 FOR BLOOD /	PACKED CELL X-MATCH	1 BLOOD TRANSFUSION MEDICINE	Verifi	ed	Josmy Jose		Verified Orde
	BLOOD G	ROUPING -2 FOR X-MA	<u>rch</u>	1 BLOOD TRANSFUSION MEDICINE	Verifi	ed	Josmy Jose		Verified Orde
1	Antibody	ccreening of nationt's h	lood (pre-transfusion) WITH	BLOOD TO MICELICTOM MEDICINE			Tormir Toro		Unvillad Avda



Total data: the sum of

hardware, software, people, procedures and data



Patient Demographics (n=59,Culture proven sepsis)

Parameter	Number
Intramural/ Extramural	21/38
<37 Wks/ >37 wks	45/14
Female/ Male	13/46
<1 Kg	8
1-1.499 Kg	20
≥1.5 Kg	31
Early Onset / Late Onset Sepsis	11 /48
Mortality	20 (33.8%)



Results

- A total of 879 babies were admitted to the NICU during the period of study, of whom 618 were intramural and 261 were extramural.
- Of the 426 samples received for culture from neonates with clinically suspected sepsis, 59 (13.8%) were positive.
- The proportion of culture proven sepsis for intramural babies and extramural babies was 3.4% and 14.1%, respectively.
- Majority of the preterm male (76.2%) babies developed sepsis (76.2%).
- Mortality rate was 33.8% in blood culture positive neonates.

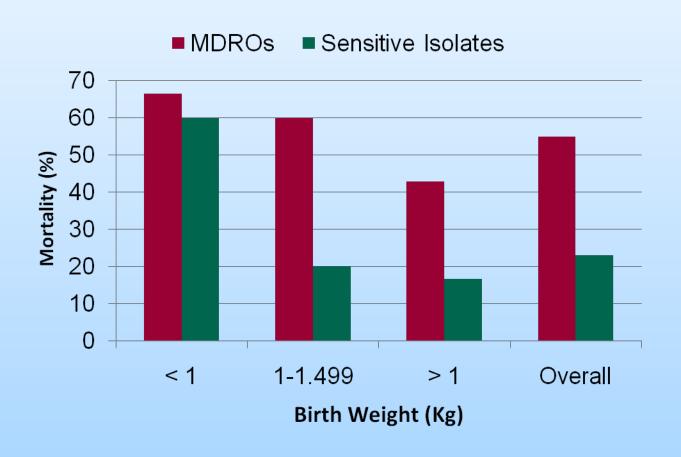
Aetiology of Neonatal Sepsis

Organism	Value
Enteric Gram negative Bacilli	20
Klebsiella pneumoniae	12
Escherichia coli	5
Enterobacter cloacae	2
Serratia marcescens	1
NonFermenting Gram Negative Bacilli	
(NFGNB)	12
Acinetobacter spp.	7
Other NFGNB	5
Gram positive	14
Yeast	17
Total	63

Outcomes: MDROs v/s Sensitive isolates: Mortality

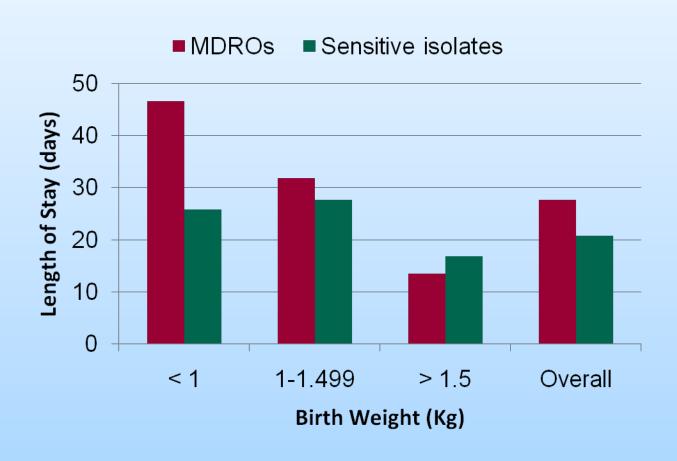
SGRH

(n=20)

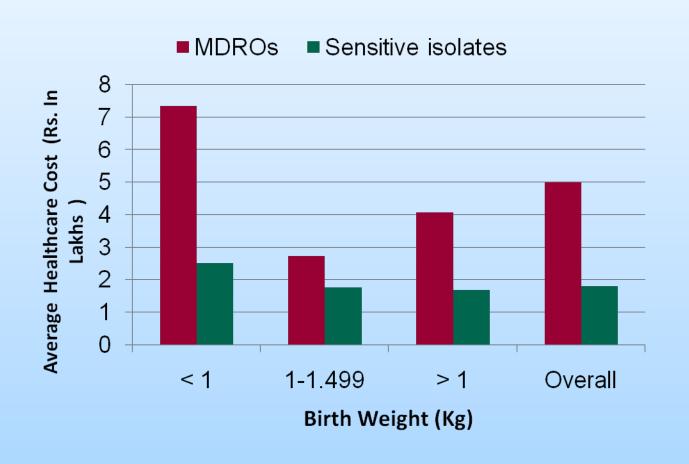




Outcomes: MDROs v/s Sensitive isolates: Los



Outcomes: MDROs v/s Sensitive isolates: Healthcare cost





MDROs outcomes

Birth wt. (Total nmber)	Parameter (N)	Deaths (%)	LOS (days)	Average Cost of hospital stay (Rs.)
	MDROs (3)	2 (66.6)	46.66	7,34,798.3
<1 Kg (8)	Sensitive isolates (5)	3 (60)	25.8	2,50,558.2
	MDROs (10)	6 (60)	31.9	2,73,352.9
1-1.499 Kg (20)	Sensitive isolates (10)	2 (20)	27.6	1,76,453.9
	MDROs (7)	3 (42.8)	13.4	4,07,786.7
≥1.5 Kg (31)	Sensitive isolates (24)	4 (16.6)	16.8	1,67,741.5
	MDROs (20)	11 (55)	27.65	4,99,841.3
Overall (59)	Sensitive isolates (39)	9 (23.07)	20.76	1,80,592.9



Confounding factors

- Outcomes: apart from isolation of MDROs
 - Severity of illness
 - Pt. specific risk factors (surgery, etc)
 - Associated co-morbidities
- Well designed case controlled prospective studies for determination of attributable mortality due to MDRO

Hospital level Resistance: Collection of data & Analysis

Antibiogram

Report generated by analysis of isolates from a particular institution in a defined period of time that reflects the percentage susceptibility to each of the antimicrobial agents routinely tested

Antimicrobial Consumption



Tools available for Data collection & Analysis





SGRH

- WHONET
- Viziguard
- Myela

- TrakHealth
- Speedminer
- Protech



MICROBIOLOGY MAIN DASHBOARD

Tests

Tests + Specimens information

Drug prescriptons

Susceptibility Analysis - Individual

Susceptibility Analysis - Grouped

GARP - Antibiotic prescription

ALL UNIT - Antibiotic prescription

GARP - Unit wise admissions & LOS

ALL UNITS - Unit wise admissions and LOS

GARP - Unit bed days and ICU days

ALL UNIT - Unit bed days and ICU days

Antibiotic sensitivity dataspeedminer (SGRH)



Clipb	oard 🖟	F	ont 5		Alignm	ent	15	N	umber	T _a		Styl	es		Cells			Editi	ng			
	H26	+ (f _x																			*
	A	В	С	D	E	e. Four	G	H	1	J	K	L	M	N	0	Р	Q	B		T	U	-
1	10100			Penicillin		Ampicilli		Ozacillia				Erythromy		Clindany			opepti					
2		Commission 3	The second of	\$	R	\$	R	\$	R	\$	R	\$	R	\$	R	8	R	\$	R	\$	R	- 70
3	Specimen	Ward Besc	Organism Name	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count			- 10	- 1	10	mt .	
4			Staph. aureus	190	22	1		15	7		8 3.	4		20	1.102	23					\rightarrow	
5			Staphylococcus group	্ৰ	71	- 8	3	9	60	8 8	3 - 3	6	2	24	47	_				1		
6			Enterococci group	277	1	4	37			- 6	37		- 3	8 8	8 - 8	29	10	8		13		
7			Strept. pneumoniae	6		8	3	3		3 9	3 3		- 8	3 3	3 9	7					_	_
8			Salmonella group			64				3	8 8			8 8	8 8					-1	\rightarrow	
9			E. coli			- 6	57	_		3 9	3 3	- 3	- 8	3 8	3 9	3 3					_	
10		SSW - 50	Klebsiella group				71			8 8	8 8	- 3		8 8	8 8	8 8	-	- 8				
11		₩ards	Enterobacter group			- 8	3			8	3 3	- 3		3 8	3 3		-					
12			Citrobacter group				3			8 8	8 8	- 3		8 8	8 8	8 8	-	- 8				
13			Morganella group			8	3 1	9		3 9	3 3	- 3	- 8	3 8	3 9	3 3					_	
14			Proteus group			3	1			3	8 8			8 8	8 8					-1	\rightarrow	
15			Pseudomonas aerugino			8	3 1	9		3 3	3 3	- 3	- 8	3 8	3 9	3 3					_	
16			Aciaetobacter group			3	32			3	8 8			8 8	8 8					-1	\rightarrow	
17			Aeromonas group			8	2	9		3 3	3 3	- 3	- 8	3 8	3 9	3 3					_	
18			Chryseobacterium grou			8	8 3	3		8 8	3 3		- 3	8 8	8 - 8	8 - 8		- 8		- 8		
19		Ī			2 3		3	9		3 3	3 - 3	9		. 8	9 9	3 3						
20						8	8 3	3		8 8	3 3		- 3	8 8	8 - 8	8 - 8		- 8		- 8		
21							3	3		3 3	3 - 3	9		. 8	9 9	3 3						
22		1	Staph. aureus		30	5.7	8 3	19	11	8 8	3 3	1	- 2	18	V/ // // // // // // // // // // // // /	100		- 8		- 3		
23			Staphylococcus group	2	180	8	3	14	169	3 3	3 - 3		13	27	156		_			6		
24			Enterococci group	103	3	- 6	77			11	77	- 3	- 8	8 8	8 8	54	26	- 8		33	\rightarrow	
25 26 27			Strept. paeamoniae	- 5	2	8	3) 21	3	3 3	3 - 3	9		. 8	9 9	3 7						_
26	Blood		Salmonella group			4	8			8 8	3 3		- 3	8 8	8 - 8	8 - 8		- 8		- 8		
27			E. coli		2 3	2	100			3 3	3 - 3	9		. 8	9 9	3 3						
28		ICU	Klebsiella group			9	182			8 8	3 3		- 3	8 8	8 - 8	8 - 8		- 8		- 8		
29			Enterobacter group			3	24	9		8 8	3 3	9		3 8	3 - 3	3 3		8	3-3	- 8		
30			Citrobacter group			- 8	4			8	8 8	- 3	- 8	8 8	8 8	8 2		8		8 8		
31			Proteus group			- 3	3			8	3 3	- 3		3 8	3 9	9 8		- 8	3-3			
32			Pseudomonas aerugino			9	8			8 8	3 3		- 3	8 8	8 - 8	8 - 8		- 8		- 8		
33			Aciaetobacter group			2	120	9		3 9	3 3	- 3	- 8	3 8	3 9	3 3					_	_
34			Aeromonas group			8	8 3	3		8 8	3 3		- 3	8 8	8 - 8	8 - 8		- 8		- 8		
35			Chryseobacterium grou			3	0 -	3		8 8	3 3	- 3	- 8	3 8	9 9	3 - 3		9	8 1			
36		1					8 3			3 3	8 8	- 2		8 8	8 8	8 8		- 8		8 8		
37		1			2 3	- 9	9 /			3 3	3 - 3	- 3	- 0	3 3	9 - 9	8 - 8		- 8	9-1	99		- 5
38		1	Staph. aureus		13	1	8 3	10	3	3 3	8 8	1		9	. 4	13		- 8		8 8		
39			Staphylococcus group		9	}	9 /	2	7	3 3	3 - 3	- 3	- 3	3	6	9		- 8	9-1	9		
40			Enterococci group	541			5			3 3	5	7		8 8	8 8	3	1	-8		2		
41			Strept. pneumoniae	- 5		1 1	3	2		3 3	3 3	2		9 3	3 - 3	7		1 8	3-	3		
42			Salmonella group			251	39			8	8 - 8	- 3	- 8	8 8	8 8	8 8		8	9-1			
43		Combined OPD	E. coli			5	38	9		3 3	3 - 3	- 2	-	8 6	9 - 9	8 - 8		- 8	8 - 1			W.
4 4	► H Fx		pv99a7_1684G5zy	y00 🍂		e 19	el w			o: 19	4		1004		-al	oek o		10	el s			Ī
-	LA	POLLI OLINCOL	P. 2201 _ 100 1002	WW.	AT .						10,000		HIII.									



Microbiology Susceptibility Dashboard - grouped

Tests with no growth and hence no entries in the antibiotic sensitivity tables will not be included in the analysis. Total list of all tests processed (including sterile ones) is via the Test Workload Report

Date fron	0	01/01/2009	▽ D	ate	Dat	e to	31/01/20	10	V 0	ate		Find	
			Penicillin		Ampicillin		Oxacillin		High genta		Erythromycin		Clindamycin
	Į.		s	R	5	R	s	R	s	R	s	R	s
Specimen	Ward Desc	Organism Name	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count	Count
		Staph. aureus	:1:	5			3	3			3	1	-5
		Staphylococcus group		17			7	10			4	7	11
		Enterococci group			2	4			1	5			
		Strept. pneumoniae	1								1		1
		Salmonella paratyphi A			1								
		E. coli			2	12							
Blood	Combined OPD	Klebsiella group				18							
		Enterobacter group				3							
		Citrobacter group				1							
		Proteus group			2								
		Pseudomonas aeruginosa											
		Acinetobacter group				1							
		Aeromonas group				1							
		Staph. aureus	1	12			6	7			5	8	6
		Staphylococcus group		31			2	29			4	21	12
											15 6	Page 1	of 5 > >



Dashboard - Microsoft Internet Explorer

SPEEDMINER GARP - Unit wis	se antibiot	ic prescript	tion	
Date from 01/01/2009 🗹 Date	Find			
Date to 31/01/2009 🔽 Date				
Warning! This is a very heavy report and car The data will eventually appear but will slow				85
GARP-Unit wise antibiotic prescription	Level 0	of 0 🗾 🕢 🤄	000	
		Amikacin	70	
	MIKACIN Vial Injection 500 mg (Amikacin)	AMICIN Injection Yial 500 mg (Amikacin)	AMIKANE Vial Injecti 500 mg (Amikacir	
Episode Department	Item Daily Qty	Item Daily Qty	Item Daily	
CARDIOLOGY (UNIT 3)-Dr.P.K.Khanna				^
Chest Medicine (Unit 1)-Dr.Neeraj Jain		7		
Chest Medicine (Unit 2)-Dr.Arup Basu	19			
GENERAL SURGERY (UNIT 1) - Dr. R. Sarangi	24	2		
GENERAL SURGERY (UNIT 2)-Dr.Vijay Arora				
GENERAL SURGERY (UNIT 3)-Dr.Vinod K.Malik				
Surgical Gastroenterology & Liver Transplant - Dr. Nundy		12		
MEDICINE (UNIT 2)-Dr.S.P.Byotra	4			
MEDICINE (P.S. GUPTA)		2		
MEDICINE (UNIT 3) - K. P. JAIN				
NEUROLOGY (UNIT 1)-Dr.P.K.Sethi	2	3		
NEUROLOGY (UNIT 2)-Dr.C.S.Agarwal	49	9		
NEUROSURGERY (UNIT 1)-Dr.H.N.Agarwal	8	3		*
NEUROSURGERY (UNIT 2)-Dr.Satnam Singh	<	and the second	>	

Generic drug





Find

Dashboard - Microsoft Internet Explorer

OBS & GYNAE (UNIT IV B) - Dr. A Majumdar

OBS & GYNAE (UNIT 2) - Dr. SK Bhandari

TIDE & PUNISE (HAITTO) - De V Prised

Date from 01/01/2009 Date

Date to 31/01/2009 Date

Unit hed days Total

ICU bed days

ORTHOPAEDICS (UNIT 4)-Dr.O.N.Nagi

	Free wards	PAID wards	
Episode Department	Item Daily Qty	Item Daily Qty	
CARDIOLOGY (UNIT 1)-Dr.J.P.S.Sawhney		249	
CARDIOLOGY (UNIT 2)-Dr.S.C.Manchanda		119	
CARDIOLOGY (UNIT 3)-Dr.P.K.Khanna		157	
Chest Medicine (Unit 1)-Dr.Neeraj Jain	10	39	
Chest Medicine (Unit 2)-Dr.Arup Basu		10	
GENERAL SURGERY (UNIT 2)-Dr.Yijay Arora	23	16	
GENERAL SURGERY (UNIT 3)-Dr.Vinod K.Malik		18	
Surgical Gastroenterology & Liver Transplant - Dr. Nundy	6	206	
MEDICINE (UNIT 2)-Dr.S.P.Byotra	10	38	
MEDICINE (UNIT 1) -DR. V.P. SACHAR	1	9	
MEDICINE (UNIT 3) - K. P. JAIN		37	
NEUROLOGY (UNIT 1)-Dr.P.K.Sethi		108	
NEUROLOGY (UNIT 2)-Dr.C.S.Agarwal	3	232	
NEUROSURGERY (UNIT 1)-Dr.H.N.Agarwal		119	
NEUROSURGERY (UNIT 2)-Dr.Satnam Singh		137	
OBS & GYNAE (UNIT 1) - Dr I. Ganguli		27	
OBS & GYNAE (UNIT IY B) - Dr. A Majumdar		1	
OBS & GYNAE (UNIT 2) - Dr. SK Bhandari		13	
OBS & GYNAE (UNIT 3) - Dr. K Gujral		25	
ORTHOPAEDICS (UNIT 2)-Dr.V.K.Nijhawan		2	
ORTHOPAEDICS (UNIT 3)-DR. GAGAN CHADHA		4	

GARP - Unit bed days including ICU CLevel 0	of 0 🗾	⊚ ⊖6
	Free wards	Paid wards
Episode Department	Item Daily Qty	Item Daily Qty
ARDIOLOGY (UNIT 1)-Dr.J.P.S.Sawhney		433
ARDIOLOGY (UNIT 2)-Dr.S.C.Manchanda		206
RDIOLOGY (UNIT 3)-Dr.P.K.Khanna		295
est Medicine (Unit 1)-Dr.Neeraj Jain	19	166
est Medicine (Unit 2)-Dr.Arup Basu	20	54
NERAL SURGERY (UNIT 1) - Dr. R. Sarangi	41	100
NERAL SURGERY (UNIT 2)-Dr.¥ijay Arora	37	217
NERAL SURGERY (UNIT 3)-Dr.Vinod K.Malik	105	111
gical Gastroenterology & Liver Transplant - Dr. Nundy		530
DICINE (UNIT 2)-Dr.S.P.Byotra	30	249
DICINE (P.S. GUPTA)		27
EDICINE (UNIT 1) -DR. V.P. SACHAR		94
EDICINE (UNIT 3) - K. P. JAIN	4	211
EUROLOGY (UNIT 1)-Dr.P.K.Sethi	32	307
UROLOGY (UNIT 2)-Dr.C.S.Agarwal	91	553
UROSURGERY (UNIT 1)-Dr.H.N.Agarwal	24	202
EUROSURGERY (UNIT 2)-Dr.Satnam Singh		213
EUROSPINE - Dr. V. S. Madan (Combined)	27	96
BS & GYNAE (UNIT 1) - Dr., I. Ganguli	210	244

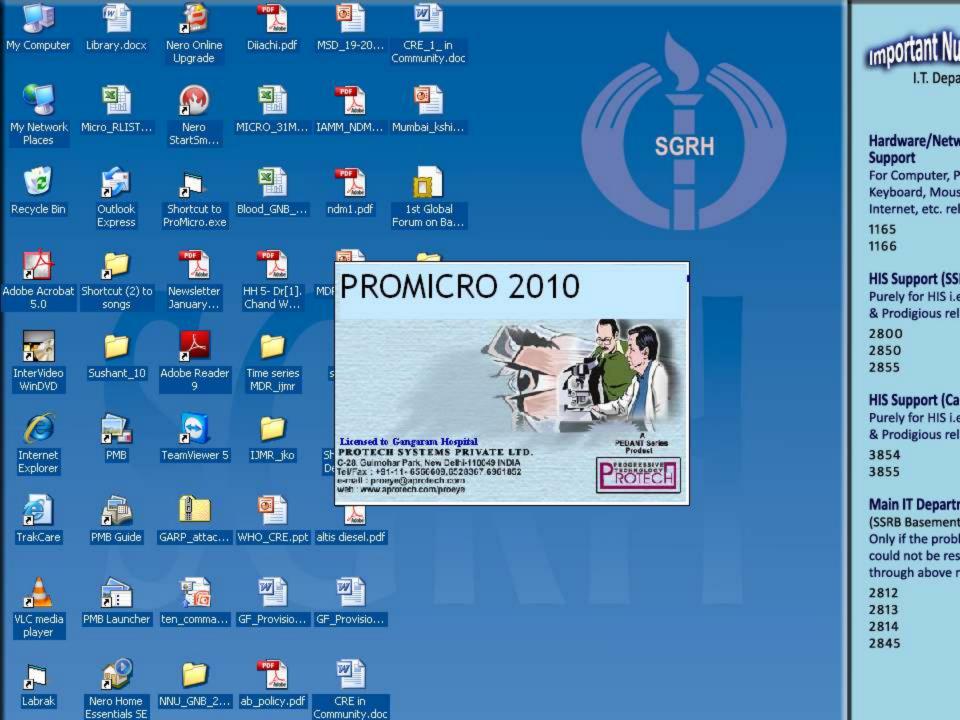
8

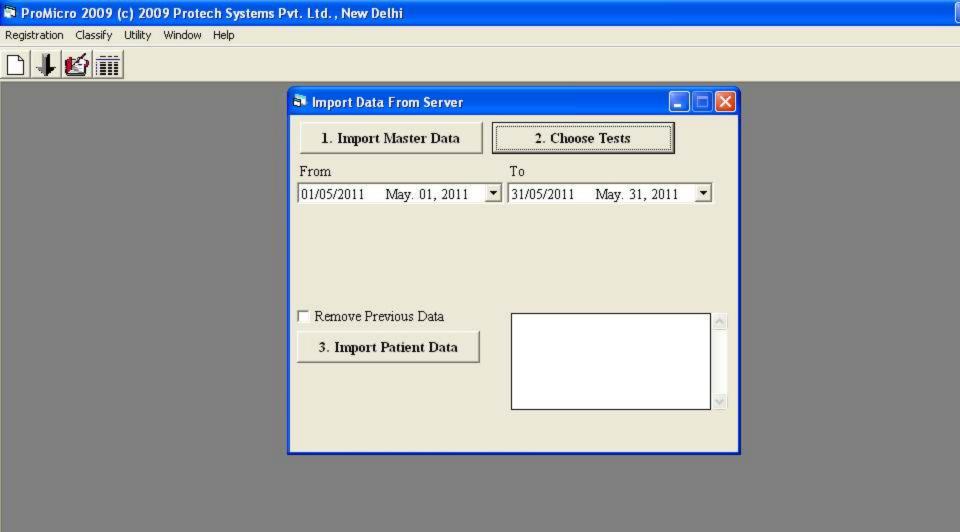
81

130

314

256

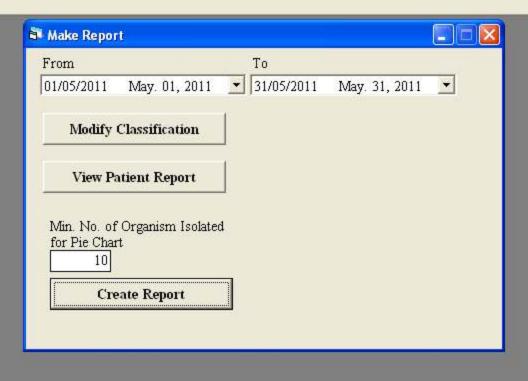


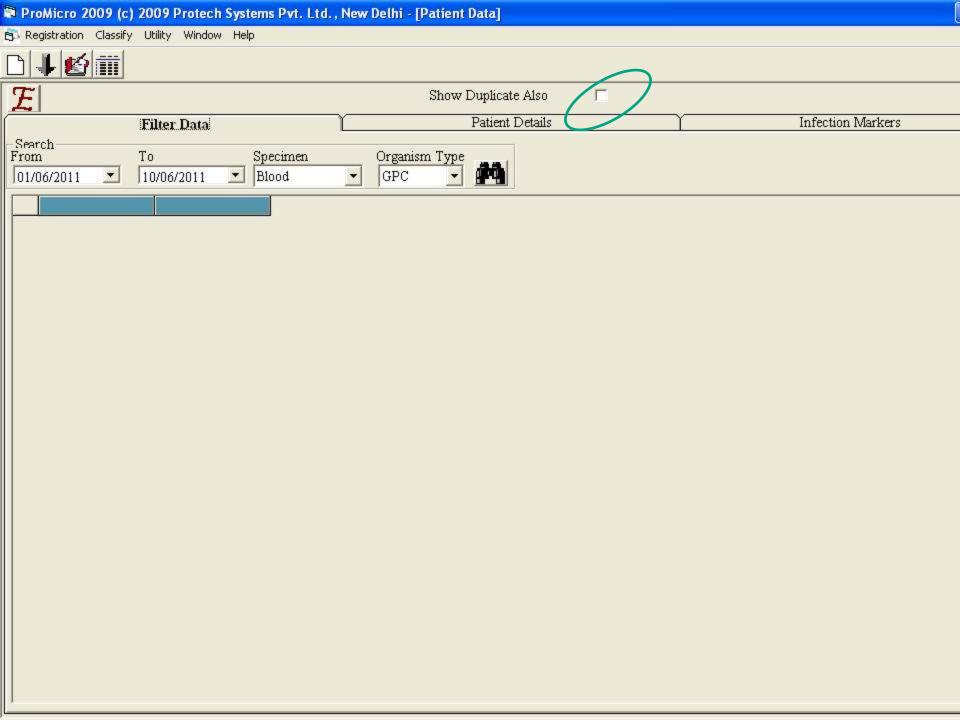


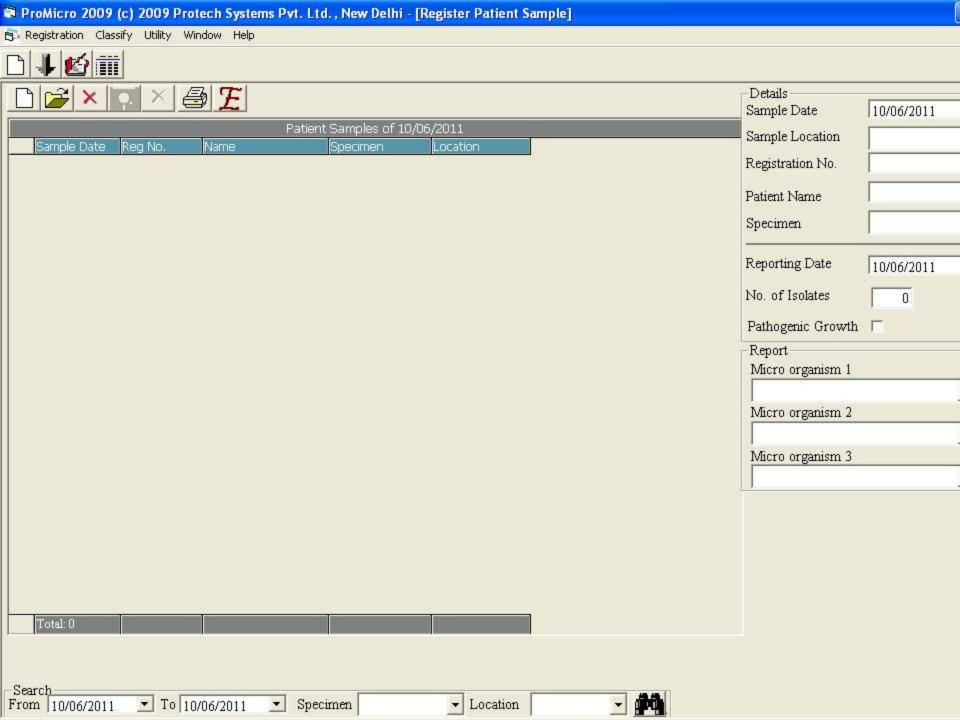
ProMicro 2009 (c) 2009 Protech Systems Pvt. Ltd., New Delhi

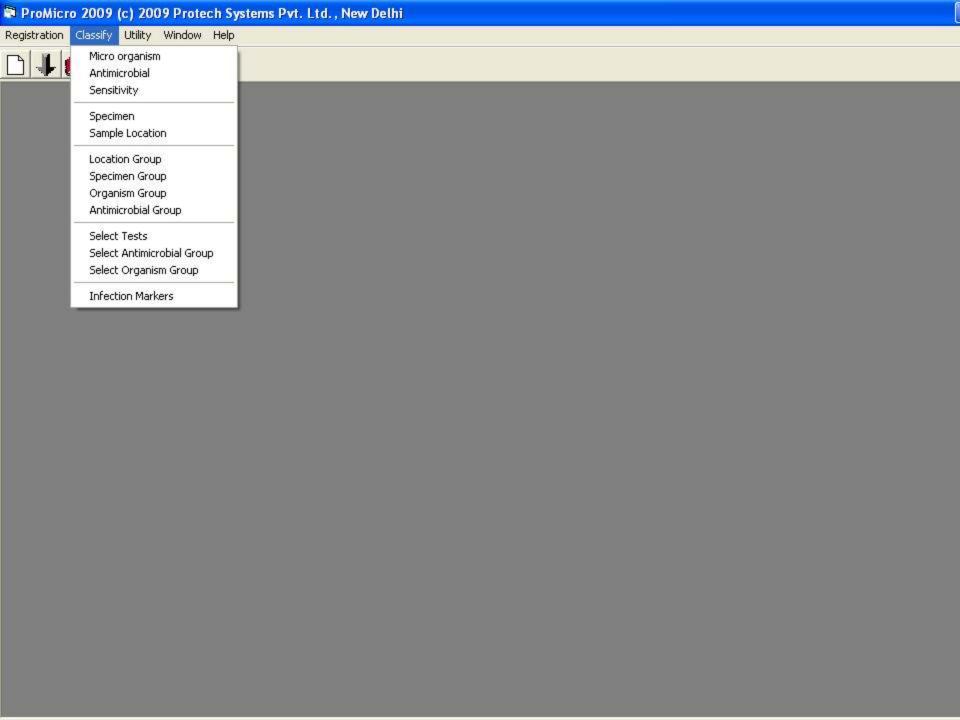
Registration Classify Utility Window Help













Distribution of Data

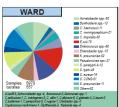
- Prescribers, Infection Control, pharmacists
 & microbiology personnel
- Format
 - Pocket guides
 - Laminated cards
 - Website intranet / internet
 - Printed newsletters

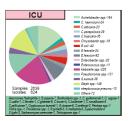
SGRH ABG & USE-Newsletter



BLOOD January - December 2008







WARD

PERCENTAGE SENSITIVITY

GPC	No. of Isolates	Pericillin	Ampicillin	Oxacilin	Ceftriaxone	Clindamycin	Levofloxacin	Gentamicin	Gentamicin 120	Vancomycin / Teicoplanin	Linezolid	Tigecycline			
	14	7	-	100		78	-	100	-	100	100	100			
Staph aureus	19	0	-	65	-	74	-	57	-	100	100	100			
	38	0	-	57	-	50	-	44	-	100	100	100			
	5		-	-	-	-	-	-	-	-	-	-			
Staph CNS	61	0	-	5	-	21.	-	34	-	100	100	-			
'	148	0	-	0	-	10	-	21	-	100	100	-			
	9		55	-	-	-	-	-	35	100	100	-			
Enterococcus spp.	60		47	-	-	-	-	-	25	90*	100	-			
	127		42	-	-	-	-	-	16	90**	100	-			
Strep. pneumoniae	5	100	-	100	100	-	100	-	-	100	100	-			
	11	100	-	100	100	-	100	-	-	100	100	-			
	10	80***	-	100	100	-	100	-	-	100	100	-			

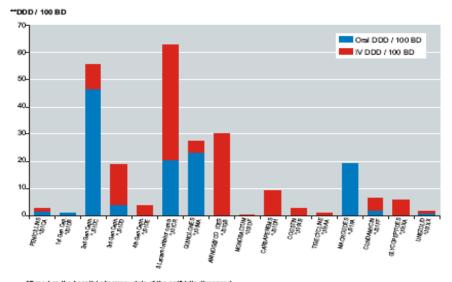
^{* 6} VRE **13 VRE (All VRE were E. faecium) *** 2 isolates were MS to penicillin (MIC- 0.25-1mg/l),

GNB	No of isolates	Ampicillin	Ceftriaxone	Cefexime	Ceftazidime	Cefepime	Gentamicin	Amikacin	Nalidixic Acid	Ciprofloxacin	Levofloxacin	Co-trimoxazole	Chloramphenicol	Azretonam	Piperacillin + Tazobactam	*Cefoperazone - Sulbactam	Ertapenem	Imipenem / Meropenem	Tigecycline	Colistin
S.typhi	113 46 3	92 88	100	100		-	-	-	7 8 0	77 81	-	86 72	90 87		-		-	-	-	-
S.paratyphi A	55 12	96 100 -	100	100 100	-	-	-	-	8	100	-	98 100	100 100 -	-	-	-	-	-	-	-
E. coli	8 75 42	12* 7 4	37 32 11	-	1 1 1	37 37 8	37* 62 24	95 73	-	12 17 6	-	-	-	37 37 9	83 82 68	82 92 66	87* 92 80	100 98 87	100 97 100	100°
Klebsiella spp.	4 52 225	-	25* 9 4	-		20* 8 5	40* 17 11	50* 72 42	-	33* 16 8	-	-	-	20* 9 4	33* 41 18	50* 39 22	55* 64 39	60° 69 49	75* 93 80	100 100
Enterobacter spp.	3 15 20	-	33 28	-		33 26	38 20	85 76	-	- 13 10	-	-	-	- 45 35	- 68 60	63 60	- 80 73	95 84	-	- 100 100
Pseudomonas spp.	4 27 131	-	-	-	- 58 58	59 57	33 33	38 37	-	30 36	-	-	-	- 15 39	- 68 72	54 52	-	61 41	-	92 100
Acinetobacter spp.	12 52 164	54 4 1	75 20 0	-	67 37 8	75 44 2	75 52 14	75 52 24	-	54 39 11	-	100* 100* 12	-	50 5 2	73 40 11	100 50 28		75 43 20	100 61 30	100 100 100
Burkholderia spp.	1 13 44		-	-	100 93	-		-		1 1 1	90 97	84 90	-	1 1 1	-	-	1 1 1	0 8 5		-

Microbiology Newsletter - Sir Ganga Ram Hospital (Vol. 15, No. 1)

Page 2

*PRESCRIPTION AUDITING OF ANTIMICROBIALS January - December 2009

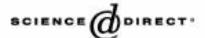


*Based on the hospital pharmacy data of the antibiotic dispensed.

** DDD - Daily Defined Doses: Calculated as per the Anatomical Therepeutic Chemical (ATC) classification index, WHO Collaborating Centre for Drug Statistics Methodology, OSLO, Norway.



Available online at www.sciencedirect.com





www.elsevierhealth.com/journals/jhin

SHORT REPORT

Prescription auditing and antimicrobial resistance at a tertiary care hospital in New Delhi, India

C. Wattal*, S. Joshi, A. Sharma, J.K. Oberoi, K.J. Prasad

Department of Clinical Microbiology, Sir Ganga Ram Hospital, Rajinder Nagar, New Delhi 110061, India

Received 19 December 2003; accepted 19 September 2004

KEYWORDS

Antibiotic use; Antimicrobial susceptibility Summary This paper reports the antibiotic consumption data of Sir Ganga Ram Hospital, New Delhi and bacterial resistance over a seven-year period. Cephalosporins, penicillins and fluoroquinolones were the most widely prescribed antibiotics. A correlation was seen between *Escherichia coli* resistance to third-generation cephalosporins and increased cephalosporin use, as well as resistance to coamoxyclav and its use.

© 2004 Published by Elsevier Ltd on behalf of The Hospital Infection Society.

Stratification of data



- Location:
- OPD, WARD, ICU
- Specimen type
- Blood, urine, respiratory tract, pus and fluids
- Organism type
- GPC
- GNB



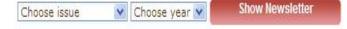


> Publications

Current issues:



Hospital Newsletter - The hospital has been publishing the quarterly newsletter since July 1996, and the recent issues (after 2002) are available online.



Microbiology Newsletter Sir Ganga Ram Hospital

Microbiology Newsletter - The department of Clinical Microbiology publishes a departmental newsletter, containing the 6 monthly antibiogramme, case report, highlights, departmental news& proscription auditing. Though started in July 1995, the issues from May 2002 are available online.

June 2011 December 2010 June 2010 December 2009 July 2009 December 2008 May 2008 January 2008 July 2007 January 2007 June 2006 October 2005 May 2005 October 2004 May 2004 October 2003 April 2003

Microbiology Newsletter SGRH

✓Online from May 2002 http://www.sgrh.com

OUR JOURNEY WITH TOOLS FOR MONITORING AMR & USE

SGRH is publishing microbiology newsletter since: 1995

1998: Manual software (Foxpro)

Manual data entry, retrieval, calculations

- > 2000 sheets of paper
- > 1000 manhours

Chances of error in entry, retrieval and calculation

2008: Speedminer

Data entry and retrieval automated, manual calculation

Electronic data: No paper

50 manhours to compile the data

Manual calculations of data

Chances of error due to calculations

2010: SGRH Protech software –

No paper

o manhours

Data entry and retrieval automated

No errors



SGRH







Thank you