

What is the Quality Improvement NAPS (QI-NAPS)?

The aims of the QI-NAPS are to:

1. Encourage frequent, small quality improvement audits with timely feedback to the prescriber
2. Prompt clinically appropriate interventions where there is inadequate documentation of antimicrobial indication or review/stop dates, or where therapy is non-concordant with guidelines
3. Assess in real-time the outcomes of any interventions made as a result of the audit.

This audit is a joint collaboration with the NSW Clinical Excellence Commission (CEC) and combines elements of the Hospital NAPS and the 5x5 Antimicrobial Audit (developed by the CEC and the Scottish Antimicrobial Prescribing Group). Further information about the 5x5 Antimicrobial Audit can be found at <http://www.cec.health.nsw.gov.au/patient-safety-programs/medication-safety/antimicrobial-stewardship/quah/5x5-antimicrobial-audit>

What is the difference between Hospital NAPS and QI-NAPS?

The QI-NAPS is designed to be *complementary* to, not a replacement for, the Hospital NAPS.

The Hospital NAPS is a more detailed audit which includes assessments of appropriateness and a more prescriptive methodology which allows for national comparative benchmarking. Participating hospitals usually conduct a whole-hospital point prevalence survey with Australia-wide benchmarking which is coordinated to coincide with Antibiotic Awareness Week each year. For more information, see [Hospital NAPS](#).

In contrast, the QI-NAPS is a quick audit designed to be conducted frequently on small numbers of patients and does not include appropriateness assessments. It encourages self-reflection and behaviour change amongst prescribers, and provides real-time assessment, reporting and feedback on several quality improvement indicators. The implementation of the QI-NAPS methodology is flexible to the needs of different hospitals, thus comparative benchmarking is not available.

We suggest that the Hospital NAPS be performed once or twice per year, as a whole-hospital snapshot survey to determine whether there are any specific areas that require improvement. Once these areas have been identified, the QI-NAPS can be utilised to facilitate regular targeted feedback.

Overview of the survey questions

The survey questions comprise of a series of six questions, three mandatory and three optional. Auditors are prompted to contact the treating team and intervene if necessary for some questions.

1. **Documentation of indication** (*mandatory*) – if not clearly documented, contact the treating team to clarify
2. **Documentation of review or stop date** (*mandatory*) – if not documented, contact the treating team to clarify
3. **Compliance with guidelines** (*mandatory*) – if non-compliant, contact the treating team to clarify and recommend guideline compliant therapy if appropriate.
4. **Compliance with restriction system** (*optional*) – if non-compliant, contact the treating team to obtain ID approval
5. **IV to oral switch** (*optional*)
6. **Communication with treating team** (*optional*)

There is also the option to collect outcome data at 24 hours (or 1 calendar day) after the initial audit for questions 1 to 5.

What training or support will be provided?

The NAPS team is available to provide support to participants. Online training videos can be accessed through the Resources page of the website – these videos explain how to conduct the QI-NAPS and how to enter and view data on the website.

The Clinical Excellence Commission (NSW) may be able to provide additional support to staff in NSW public health facilities participating in the QI-NAPS; please click [here](#) for further information.

Who do I contact for more information?

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